

# F M S (Scunthorpe) Limited

# Amber House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Amber House is registered with the Care Quality Commission (CQC) to provide accommodation and personal care for up to a maximum of 13 people who may have learning disabilities or autistic spectrum disorder. It is situated in the village of Broughton, close to local amenities. The service also provides support to one person living in their own home in the community, supporting them with activities and promoting their independent living skills.

Accommodation is provided over two floors, in single bedrooms with en suite facilities. There are a range of separate lounges and a large dining area situated on the ground floor. Enclosed gardens to the side and rear of the service are easily accessible.

This comprehensive inspection took place on 25 April and the 8 May 2018 and was unannounced. At the last inspection on 17 and 18 August 2017 the service was found to be non-compliant with regulations; 9, person-centred care, 11, consent, 12, safe care and treatment, 15, premises and equipment, 17, good governance and 18, staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were insufficiently detailed to enable staff to meet people's needs, there were restrictions in people's lives that had not been agreed as in their best interest and people did not always have risks to their safety mitigated. It was also because elements of the environment were unsafe, quality assurance systems and oversight of people's needs were ineffective and staffing recruitment checks were insufficiently robust.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and the timescales this would be achieved to improve the key questions, is the service safe, effective, responsive and well-led? We received a comprehensive action plan and regular updates, which demonstrated the progress made with the improvement programme. At this inspection we looked at the previous breaches of regulations and the action plan to check that improvements had been made and sustained over a period of time. We found significant improvements had been made in all areas.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

In our last report of 17 and 18 of August 2017 we reported that a management company had been contracted by the provider to support the necessary changes required. The management company purchased the service since then and became the nominated individual.

The new provider, registered manager and staff had worked hard to make improvements. People, relatives, staff and professionals provided only positive feedback about the service and the improvements made. The leadership and management had improved, with both working alongside staff and taking an active role in

the running of the service. Everyone spoke highly of the management team and said they were approachable and supportive.

Quality assurance systems had been fully implemented and maintained since the last inspection and we saw action had been taken when issues had been identified. The provider had worked hard at implementing many positive changes and was committed to ensuring improvements were sustained and developed further, to ensure people received high quality care.

A robust recruitment process was in place, which ensured staff had the necessary skills and experience and were suitable to work with people who used the service. Staff received the training and support they needed to carry out their roles and meet people's needs. The provider monitored staffing levels regularly, to ensure staffing levels were sufficient and staff deployment was effective.

Staff knew how to safeguard people from the risk of harm and abuse. They had completed safeguarding training and knew how to raise concerns and who to speak to, about them. The provider operated effective infection control and prevention within the service. Systems were in place to ensure people received their medicines safely. This included key staff receiving medicines training and regular competency assessments.

People's mental capacity was appropriately assessed and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We found improvements in records when people were assessed as lacking capacity to make their own decisions. Staff were clear about the need to obtain consent prior to carrying out care tasks.

Staff worked closely with health and social care professionals to ensure people were supported to maintain good health. People received a well-balanced diet that offered variety and choice. People told us they enjoyed the meal provided and their nutritional needs were met. People were supported to participate in a range of activities of their choosing within both the service and the wider community.

Health and social care professionals were complimentary about the new leadership and the dramatic improvements made within the service. People's support plans were person-centred, reflected their needs and provided staff with detailed information.

Complaints were appropriately addressed. Although no one was in need of end of life care at the time of the inspection, systems were in place for when this time would come.

The management team promoted an open and inclusive management style where people and their relatives were invited to share their views and to comment on the service through surveys and meetings.

Extensive improvements and refurbishment had been made to the environment to ensure it was suitable to meet people's needs.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Improvements had been made in staffing numbers and they were sufficiently deployed to meet people's needs safely. Staff received safeguarding training and knew how to protect people from abuse and avoidable harm. Staff were recruited safely.

Systems were in place for the safe management of medicines. People's medicines were securely maintained and staff had completed relevant training. Audits on medicines and records were carried out.

Risks to people's health, safety and welfare were assessed and mitigated. Environmental checks took place regularly and equipment was well maintained. Infection control and prevention was effectively managed.

### Is the service effective?

Good ●

The service was effective.

There had been improvements in staff's understanding and implementation of mental capacity legislation. When people lacked capacity to consent to care, best interest's decisions were made in consultation with relevant people.

Staff had access to a range of training, supervision and support to ensure they had the necessary skills and were confident when caring for people and meeting their needs.

Improvements had been made to the environment to ensure it was safe and met people's needs. Health care and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff maintained confidentiality and personal records were stored securely.

Staff were observed speaking with people in a kind and patient way and treated them with dignity and respect. People were provided with information and explanations, so they could make choices and decisions about aspects of their lives.

### **Is the service responsive?**

The service was responsive.

Personalised care and support was delivered by staff and relevant professional to help maintain people's health and well-being.

There was a complaints procedure on display and people felt able to raise issues, which were appropriately addressed.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Previous regulatory breaches had been met. There had been improvements in the quality monitoring of the service delivered to people. Quality assurance systems highlighted shortfalls and appropriate action taken.

The new nominated individual provided strong leadership and effective management of the service. People, relatives, staff and professionals told us the service was well managed and the culture within the service had improved.

**Good** ●

# Amber House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The comprehensive inspection took place on 25 April and 8 May 2018 and was unannounced. The team consisted of two adult social care inspectors.

The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the PIR and our systems for any notifications that had been sent in as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service.

We contacted the local authority safeguarding team and quality performance teams to obtain their views about the service.

During the inspection we observed how staff interacted with people who used the service throughout the day and at mealtimes. We spoke with one person who used the service, and two health professionals and a relative following the inspection. We also spoke with the provider, the registered manager, the quality and care manager, three staff members, the cook and a domestic.

We looked at four care files, which belonged to people who used the service. We also looked at other important documentation relating to them such as medication administration records (MARs) and monitoring charts for food, fluid and weights. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to talk with us.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, training records, the staff rota, and minutes of meetings with staff and

people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the premises to check general maintenance as well as the cleanliness and infection control practices.

# Is the service safe?

## Our findings

At the last inspection in August 2017, we identified some concerns in this key question. These were with regard to the provision of safe care and treatment and staffing. At this inspection, we found the provider had made the required improvements and was now meeting the regulations in these areas.

Not all people using the service were able to share their experiences with us, those people who we spoke with told us they felt safe living there and staff would listen to them and help them with any problems or worries they had.

When we asked professionals if they thought people were safe they told us, "Most certainly, they (the service) have had a tempestuous time over the last 12 months the new leadership has dramatically improved things. Rotherham Doncaster and South Humber NHS Foundation Trust monitor and support Amber House and there have been vast improvements. The care plans and risk assessment processes are massively better and we have real confidence in placing there, as do the commissioners."

We found risk was managed more effectively and safely. We saw people had assessments of their needs completed which included any area of risk. We saw risk assessments in a number of areas including, going into the community, vulnerability, and positive behavioural support plans that identified known behaviours and triggers. It also included least restrictive interventions with photographs identifying the right and wrong way for staff to apply these safely and in which circumstances. Risk assessments were complete, accurate and regularly reviewed and updated when necessary. The positive and proactive approach to risk that was adopted supported people to take risks safely.

The care records we looked at contained detailed personal profiles, 'about me' which included 'who's who' and 'what is important to me'. One person's record identified they enjoyed helping the gardener, and was observed assisting to cut the grass and said, "I have cut the grass today. I am the maintenance man's assistant."

Risks in relation to the environment had improved with substantial refurbishment of the service, including replacement windows with integral blinds, refurbishment of en suite's and bathrooms, high quality radiator covers fitted, additional laundry equipment and replacement furniture. These changes promoted a more homely and safe environment for people using the service. A window previously without a restrictor in place had one fitted. The provider told us they had considered sensory profiling assessments when considering the décor of the environment, but they had been unable to source this locally. They had involved people in choosing colours for their bedrooms and communal areas. These were neutral muted tones least likely to be stimulants.

We looked at documents relating to the maintenance of equipment and health and safety checks within the service. This included appropriate risk assessments for Legionnaires' disease, which had been identified at the previous inspection. The service employed a maintenance person who worked on a full time basis. We saw documentation that identified checks carried out within the service on a daily and monthly basis and

prioritised actions as required.

We found the service was clean and tidy throughout. Staff completed training on infection prevention and control and cleaning schedules were in place. The laundry was well organised and staff had personal protective items such as aprons, gloves and hand sanitiser available to help control the risk of infection.

People who used the service were safe and protected from abuse and avoidable harm. Staff had received training in how to safeguard people from the risk of abuse or harm. The manager told us, "We review the incidents and make referrals when we need to" and said, "When we know people are at risk we put risk assessments in place to try and protect people." The service documented safeguarding incidents appropriately and referred to the relevant agencies including notifications to the Care Quality Commission (CQC). We saw that accidents and incidents had been documented appropriately and action taken to minimise future reoccurrences. Appropriate analysis and investigation was completed in relation to accidents and incidents within the service so lessons could be learnt. For example, The pharmacy provider was changed when on going issues with delivery could not be rectified in a timely way.

We saw evidence that prior to confirmation of employment any newly recruited staff had the appropriate checks to ensure they were suitable to work with vulnerable people. This included a successful interview, the return of suitable references and a clear disclosure and barring service (DBS) check, which helps employers make safer recruitment decisions.

The number of suitable staff deployed was appropriate to meet the assessed needs of the people who used the service. The registered provider told us, "We have reviewed everyone's care needs and the care plans are checked and we have increased levels when we need to and decreased them too." We observed three members of staff supporting one person to undertake an activity. The service employed ancillary staff including a cook, administrative staff, a maintenance person and domestic staff. Staff told us, "Staffing levels are so much better now. It is better for the people living here, they have continuity now."

During the inspection, we observed staff preparing medication for a person going on home leave. A senior care worker explained the system used to ensure the process for taking medication home was safe. To reduce administration errors people's photographs were present in the medication administration records (MARs) enabling staff to identify people. MARs contained a quick reference guide used in cases of hospital admission. This identified when a person might be in pain by stating their usual expression and any body language or vocal sounds they may make and what would help to relax the person to those who did not know them.

We saw that medicines were stored in a suitable locked cupboard and there was a further locked cupboard for controlled drugs as per best practice guidance. We saw documentation, which ensured medicines were stored in line with the manufacturer's recommendations, including room and fridge temperatures. The provider told us careful consideration had also been given to ensure people were being provided with their medicines in the correct format. For example, one person whose medicine included large amounts of syrups had been replaced with a granular form of the medicine which made it easier for the person to take. Each person who used the service had personal emergency evacuations plans (PEEPs) which provided information for staff and emergency services of the support people would need in an emergency.

Weekly fire procedures were undertaken to ensure the service could respond to an emergency situation. Regular checks were completed to ensure the environment and equipment within the service was well maintained and clean.

## Is the service effective?

### Our findings

At the last inspection in August 2017, we identified some concerns in this key question. These were with regard to the need for consent and staff training. At this inspection, we found the provider had made the required improvements and was now meeting the regulations in these areas.

When we asked professionals if they considered staff to have the necessary skills to support people using the service they told us, "Yes, I have a number of people at Amber House either on respite or as residents. I had a chat with a front line support worker about an individual we had placed there in crisis. I spoke to them for about 10 minutes and we had a very comprehensive dialogue. They were a fantastic support worker, they were well informed and I did contact the management to tell them it is 100% better."

The Mental Capacity Act 2005(MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The application of MCA was consistent. We saw assessments for people's capacity had been completed and best interests meetings held when important decisions were required this included health care treatment and the use of equipment.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was acting within the MCA and had made appropriate applications for DoLS to the local authority. There were eight people who were awaiting assessment and a further five people who accessed respite services. All staff had received training in MCA and DoLS, and in discussions, they had a good understanding of their responsibilities.

Staff had a good understanding of the need to obtain consent prior to care tasks being carried out. In discussions, they told us how they supported people to make choices and decisions based on their individual needs and abilities. Staff told us people had comprehensive communication plans in place which guided them to understand how each person communicated individually, whether this was verbal or non-verbal and detailed their role in promoting effective communication. Throughout the building we saw pictorial signage, photographs of staff and individual communication aids within people's rooms, which they used to express their preferences and planning their daily routines and activities.

Care files looked at contained clear guidance on how to meet people's assessed health needs. People were supported to attend health appointments, for example; doctors, opticians and dentists. Where there was difficulty with supporting people with medical treatment, the registered manager liaised with health professionals and involved them in best interests meetings to consider how this could be facilitated. Each person had a detailed hospital passport document, containing information about how they communicated

if they were in pain and other important information about their health, medication and their preferences. This document supported people to communicate their needs to hospital staff and improve their experience of any hospital admission.

Health and social care professionals involved in the service told us, "All my colleagues are all acutely aware of lots of positive changes. It's hard to describe but it's a nicer place to be." Another commented, "The residents have learning disabilities and are on the autistic spectrum and strategically their needs are well met they have a very person centred approach and risk assessments are very good they have a strong emphasis on activities and accessing the community."

The environment provided adapted equipment including profiling and specialist beds, overhead tracking, a lift and adapted baths. Other environmental factors had also been considered for people with autism, these included; the use of subtle colours in communal areas to reduce sensory overstimulation. Integral blinds within window units had also been fitted to support people's privacy and dignity. These were blinds fitted within a window unit and opened and closed with a magnet. The blinds were tamper proof and useful where people found curtains and traditional blinds difficult to tolerate and removed them.

At our last inspection in August 2017 we found a number of agency staff were being used who had not had training in autism. At this inspection, agency staff had been replaced with trained bank staff who were familiar with the people and had completed training, including autism. All staff had completed a range of training to ensure they had the necessary skills and abilities to meet people's needs. Training records showed staff had received essential training including; safeguarding, infection control, first aid, health and safety and mental capacity legislation. More specialist training had also been provided including; autism, epilepsy, communication and management of actual or potential aggression (MAPA). Further training was planned in dementia.

Staff supervision records showed all staff received regular supervision and appraisal with their line manager. Supervision and appraisal is a process usually a meeting, by which an organisation provide guidance and support to staff. Staff were supported further through team meetings and on going competency assessments to ensure their skills were maintained.

People were supported to eat a balanced diet of their choosing. We saw menus included a weekly takeaway. When we spoke with the cook about how menus were planned they explained that people were asked at residents meetings or on an individual basis of what they would like to have on the menu. A menu was then developed from this and an additional option provided. They told us, "Even with the two options, there are still plenty of additional choices that we can provide. People can have what they want to eat. It is no problem at all."

The registered manager told us people had access to the kitchen and were involved in preparing their own meals and baking sessions, promoting their independence skills. People were also involved in shopping for ingredients.

## Is the service caring?

### Our findings

At the last inspection in August 2017, we identified an issue with senior staff not having access to records for the part of the service where supported living was delivered. At this inspection, we found this information was accessible by the senior management team and regularly audited.

We observed staff being attentive to the individual needs of people, and interactions were patient and caring. We observed a calm and comfortable atmosphere throughout the service. We found that a person centred approach was considered with people who had difficulty communicating their needs verbally. For example, we observed staff using intensive interaction with one person throughout the day. Intensive interaction is a practical support to interacting with people with learning disabilities who do not find it easy communicating or socialising.

We found people were given choices and supported to live as independently as possible. For example people were supported to do their own shopping, with preparing meals and budgeting skills. The provider, registered manager and staff knew people well and were able to describe people's preferences for their delivery of care, as well as their personalities and personal qualities. Staff were also observed during both days of the inspection, asking people what they would like to do and how they would like to be supported. Care plans we looked at showed people who used the service had been involved in planning their care and support. One person told us, "Yes, I have a care plan and the staff read it with me. I have meetings too to talk about what I want and how we can do it." People had regular meetings with their key worker to discuss their support plan and any new goals they wanted to include in line with their individual preferences.

People who used the service, were supported by a regular team of staff and were each allocated a key worker, which helped ensure there was continuity in people's care. One staff member told us, "I am keyworker for [Name]. They have very complex needs. We have worked together to help them reduce their anxieties around medical appointments. By planning a treat immediately after the appointment, they are less anxious."

People told us their privacy was always upheld by staff and they were treated with dignity. In their discussions with us, staff spoke respectfully about people showing appreciation of their individual characters, personalities and personal qualities. Staff were knowledgeable about people's background history and people and activities that were important to them and we saw this was used in their engagement with them.

People who used the service, without family, were supported to access external advocates. The provider was also clear about where external advocates could be accessed and in which circumstances they would be used. For example, if there was a conflict between people using the service and their relatives about their preferences for care delivery. An advocate is an independent person who can support people to speak up about the care service they receive.

We saw people who used or visited the service were provided with a good range of information on notice

boards about the staff team, activities, complaints, menus and access to advocacy. The registered manager told us that although a pictorial menu was in place further work was being carried out to improve this. We saw other accessible communication systems were in place for people in their own room, either to use as communication aids or for planning their activities.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

We saw staff maintained confidentiality. They completed phone calls and discussions about people's health care needs in private in office areas. Care files were held securely in the staff office and staff personnel files were held in the administration office. Computers were password protected.

## Is the service responsive?

### Our findings

At the last inspection in August 2017, we identified some concerns in this key question. These were with regard to the provision of person centred care. At this inspection, we found the provider had made the required improvements and was now meeting the regulations in these areas.

When we asked professionals if they considered the service provided person centred care, they told us, "I have been in and out and done work with positive behavioural support plans and the staff are all very engaged and there is good person centred delivery of care," and "When you walk around there is a very different atmosphere. People are engaged in activities or they are mostly away enjoying activities in the community."

Each person had a comprehensive assessment of their needs completed which included any areas of potential risk. Care records were individualised, person centred and reflected the wishes and needs of the people who used the service. They detailed the level of support that people needed and gave in depth information such as preferred daily routines and life history, what was important to the person and how staff were to ensure this was met. For example how the person communicated pain, happiness and distress. Care plans were provided in an easy to read format.

People's care plans were based on positive behaviour support. Positive behaviour support is a way of improving the quality of life and reducing challenging behaviour in people with autism and learning disabilities. Care plans contained detailed information, for example, on how staff could recognise signs when people were settled and happy or starting to become anxious and any potential triggers, which would escalate certain behaviours. Further information for staff detailing how they should respond, was also in place.

People accessing the service for respite care had detailed and informative care plans based on initial assessments completed prior to using the service. People were encouraged to meet other people using the service, get to know staff and gain an understanding of how the service operated, as well as maintain relationships with family and friends. Clearly documented information of planning for and during transition was maintained.

People who used the service told us they enjoyed planned activities provided both within the service and within the local community. This gave them the opportunity to try new things or do the things they enjoyed and meet up with friends. Community based activities included; cinema visits, bowling, day trips, eating out and shopping. In house activities were more based on the development of independence skills for example, cookery as well as manicures, watching films, listening to music and gardening.

The provider had a complaints policy and procedure, which detailed timescales for acknowledgement, investigation and response to the complainant. It also provided information to people on how to escalate complaints and concerns to senior management and other agencies.

People told us they felt able to complain and said, "I would go to [Name of provider] or any of the staff and they would help me if I was unhappy." When we asked relatives if they knew how to raise a complaint, they told us, "Yes I do, I have a meeting planned to discuss my concerns." There had been two complaints received since our last inspection and we saw issues raised were investigated and resolved. The management team used this information to help them maintain or improve the service.

Although at the time of inspection no one was receiving end of life care, this had been considered by the provider and their wishes recorded where possible.

## Is the service well-led?

### Our findings

At the last inspection in August 2017, we identified some concerns in this key question. These were with regard to the provision of good governance. Following our last inspection the provider had voluntarily agreed to stop all admissions to the service until improvements had been made. Regular updates of the action plan had been submitted to CQC to demonstrate the progress being made to address the identified breaches. At this inspection, we found the provider had made the required improvements and was now meeting the regulations in these areas.

There was an open culture within the service and they listened to people's comments and suggestions. The registered manager told us, "They [the people who used the service and staff] can come and speak with me at any time about anything. One person told us "If I get upset I go to the manager and tell them about things and it makes me happy because I have told someone."

The registered manager had a range of knowledge and experience to manage the home and took their role seriously. The registered manager had notified the Clinical Commissioning Group about incidents and events that occurred during the delivery of the service to enable us to take action when this was required. The senior staff team that included a quality manager supported the registered manager and this helped them keep up to date with good practice issues and developments in the care sector.

The service worked closely with other professionals from outside agencies and sought interventions when required. Links with learning disability nurses were strong and the service worked closely with the CCG and local authority including the relevant social work teams when required.

Professionals we spoke with told us, "There is very good communication now with the management team. One young man went to Amber House under exceptional circumstances and his mental health has fluctuated recently, but I have visited with the consultant psychiatrist and the service has been very responsive. They are not afraid to ask for help and if they need it they ask for it." Another commented, "It is certainly well led based on what I have seen, heard and by looking at records. That has filtered down to the front line staff."

The registered manager and staff were complimentary about the provider and the changes they had effected within the service. The registered manager told us, "I have learnt more from [Name of provider] in the last few months than ever before. I feel 100% supported by him." Staff commented, "The management team are all very visible within the service and spend a lot of time on the floor working alongside us. They are not scared to get their hands dirty and happy to help with any task, including deep cleaning. They are positive role models. They are very approachable and they listen. Things are so much better now." Another told us, "[Name of provider] has boosted morale so much and the people here love them. They spend so much time with people, are genuinely interested in their well-being and what they think."

Communication was described by staff as good and much improved. Regular meetings took place with managers, staff and people who used the service. We saw regular discussions were held around different

topics such as CQC inspection findings, standards of recording, care plan updates, and all aspects of care. People, relatives, staff and professionals were also consulted through surveys and questionnaires about where the service could be developed further. One person's survey stated they were 'happy', another stated they were 'content and fulfilled'. Comments from recent questionnaires included, 'Staff are very open with us all; service users and families. If we want to know something the provider will tell us', 'The management is much better, as we all have jobs to do and know where we need to go for whatever. It is so much better'. Other comments included; 'We are all working together now as a team for the benefit of the people living here. There is a more individual approach and people are leading on their lives. They are how they want them to be'. This ensured people who used the service were actively involved in developing the service to meet their needs.

Performance monitoring audits were in place and conducted on a rolling programme. Audits focused on specific areas of the service and care delivery, for example, care planning, cleanliness and infection control, medication, accident and incident monitoring and the environment. We saw evidence where issues had been identified that these were acted on and shared with staff to promote learning.

Systems and procedures were in place to monitor and assess the quality of the service, including regular input from the registered provider. These ensured action plans were developed and followed up in a timely manner for any identified shortfalls. The service had tools to analyse and reduce risks to people and to help identify areas that required further training and development.