

Woodspring Care Limited

# Woodspring 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

This inspection was unannounced and took place on 1 September 2016.

Woodspring House is a care home that provides accommodation and care for up to 28 people. The care is provided over two floors. There are a number of separate communal areas for people to reside in and two dining rooms. There were 28 people living at the home during our inspection visit.

There was a registered manager working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People received care from kind, caring and compassionate staff who had received enough training to enable them to provide people with good quality care. People were treated with dignity and respect.

The provider and staff had developed a culture in the home that was open and welcoming. People felt able to raise concerns if they wanted to and these were listened to and dealt with. People were treated as individuals and the care was delivered to meet their individual needs and preferences.

People were supported to participate in activities that they found stimulating and interesting. These enhanced their well-being and quality of life.

People were given choice about how they wanted to be cared for and these choices were respected. They received enough food and drink to meet their needs and were supported to maintain their health.

There were enough staff working in the home to meet people's individual needs and there were systems in place to protect people from experiencing abuse and avoidable harm.

The staff were happy working in the home and knew what was expected of them. All of the people, staff and visiting relatives we spoke with recommended Woodspring House as a place to live.

There were effective systems in place to monitor the quality and safety of the care provided. People's feedback on how to improve the quality of care they received was regularly sought and acted upon.

We have made a recommendation about calculating the number of staff required based on people's individual 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.

There were systems in place to reduce the risk of people experiencing abuse.

Risks to people's safety had been identified and actions taken to reduce these risks.

There were enough staff to meet people's needs and preferences.

### Is the service effective?

Good ●

The service was effective.

Staff had the required knowledge and skills to provide people with effective care.

Staff asked for people's consent before providing them with care.

People received enough food and drink to meet their needs. They were also supported by the staff to maintain their health.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

People were listened to and their opinion mattered. They were asked how they wanted to be cared for and were treated with dignity and respect.

People's independence was encouraged.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was based on their individual needs

and preferences.

People had access to regular activities to support their individual hobbies and interests and to provide them with stimulation.

People knew how to complain if they wanted to and systems were in place to investigate and learn from any complaints or concerns that were raised.

**Is the service well-led?**

The service was well led.

There was clear leadership at all levels, which demonstrated an open and inclusive culture.

There were effective systems in place to monitor the quality and safety of the service.

**Good** ●

# Woodspring 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.

This inspection took place on 1 September 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with regards to care being provided for older people.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). 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. This was received from the provider. We also reviewed other information that we held about the service. We had requested feedback before the inspection from the local authority quality assurance team.

Most people who lived at Woodspring House were not able to tell us about the care they received in detail. However, we did obtain feedback from three people who lived in the home and eight relatives who had family members living there. We also spoke with four care staff, the cook, a member of domestic staff, the registered manager and the provider.

We looked at the care records of four people who lived in the home, four staff recruitment records, medicine records of all of the people living in the home and information in relation to staff training. We also looked at how the provider monitored the quality and safety of the home.

## Is the service safe?

### Our findings

There were systems in place to reduce the risk of people experiencing abuse and avoidable harm. All of the people we spoke with told us they felt safe living at Woodspring House. One person told us, "The staff know what they are doing", indicating that they felt safe. Another person said, "There is nothing worrying or nasty here." A relative told us, "It is very nice here. [Family member] is very safe and secure."

All of the staff we spoke with understood how to protect people from the risk of abuse and avoidable harm. They demonstrated to us they knew the different types of abuse that people could experience and were clear about how to report these concerns should any arise. The records we viewed demonstrated that any allegations of abuse had been reported to the relevant authorities for investigation.

The registered manager had assessed risks in relation to people's personal safety. These included areas such as the risk of people falling, developing a pressure ulcer or becoming dehydrated. There was clear information within people's care records to guide staff on how to reduce these risks. The staff we spoke with demonstrated they knew what actions to take to keep people safe and we observed them putting this into practice during the inspection. An example of this was making sure that people had any equipment they needed near to them to reduce the risk of them falling. These actions had also been reviewed regularly to make sure that the staff had up to date information on how to reduce risks to people's safety.

The staff we spoke with understood how to deal with emergency situations. They gave us a good account of what they would do if they found someone unwell or if the fire alarm went off. They told they would seek assistance from the emergency services if needed.

The provider had assessed risks in relation to the safety of the premises. Most of these were being managed well. The gas system had been tested and deemed to be safe and the provider made checks to the home's water system regularly to reduce the risk of Legionella. We saw that the fire exits were free from obstructions and there was clear signage to guide people where the fire exits were if they needed to leave the building in an emergency. The equipment that was used to support people to move and the lift within the premises had been regularly serviced in line with relevant legislation. This was to ensure they were safe to use.

A recent inspection by the Norfolk Fire and Rescue service had found the provider was compliant with the relevant regulations in respect of fire safety. However, during our walk around the first floor of the home, we saw that the automatic closure mechanism on two doors had been switched off. Also, the main office door on the ground floor was not attached to the automatic closure mechanism as this was obstructed by a coat. The door also would not close easily as it was prevented from doing so by the carpet. This meant that if the fire alarm system was activated, these doors would not close to help prevent the risk of the spread of a fire. We brought these issues to the registered manager's attention who switched the automatic closure mechanisms back on and told us they would remind staff that it was important to leave these on. They also agreed to have the office door adjusted so it could shut properly in the event of a fire.

There were enough staff working to meet people's needs and preferences. All of the people living in the

home told us there were enough staff available to help them when they needed support. One person told us, "If I ring the bell, they are there." Another person said, "They come soon after I ring the bell." Most of the relatives agreed with this. However, two did comment that in the early evening they had noticed that some people living in the home became increasingly upset. They said they had witnessed people arguing and were concerned that they had not always seen a staff member present to deflate the situation.

All of the staff we spoke with said there were enough of them to meet people's needs and preferences. However, two did comment that the staffing levels fluctuated between six and four care staff during the day. They said that when the staffing levels were at four, they could still meet people's care needs but could not then spend as much time with them as they would like to. They added that the two representatives from the provider and the registered manager were normally present when this happened so they could offer assistance if required. On the day of the inspection, we observed that there were enough staff to meet people's needs.

We asked the registered manager about staffing levels. They told us that there were usually six staff working during the day and three at night which they felt was above the number of staff needed. They added they could safely run the service with five during the day and two at night and that any unplanned staff absence that may bring them below this number was covered by the provider, the registered manager or existing staff. We asked them how they calculated staffing levels at the home. They told us there was no mechanism in place to do this based on people's individual needs and said it was based on observation only.

We fed the concerns we had received from two relatives about staffing levels at a certain time of day back to the registered manager. Immediately after our inspection, the provider contacted us and told us the registered manager had conducted some observations in the home during the early evening. In response to their findings which reflected what we had been told, they told us they had re-deployed their staff. This was to make sure that one staff member was present within the communal areas so they could diffuse any potential situations that may place people at risk of harm.

The majority of checks that needed to be made when staff starting working at the home had been made. All of the staff records we looked at demonstrated the staff member had been subject to a Disclosure and Barring Services (DBS) check. This was to make sure they were deemed suitable to work in care. References had also been sought from the staff member's previous employers to enable the provider to assess whether or not they were of good character. However for two of the staff, gaps in their previous employment had not been explored. The registered manager confirmed that this had not been done as was required but told us they would ensure this was completed when recruiting any new staff in the future.

Twenty seven out of the 28 people who lived at Woodspring House had received their medicines when they needed them. However, one person had not. They had not been given two of their medicines in the morning, three days before our inspection. This was despite their medicine record indicating that it had been given. We brought this to the attention of the registered manager. They were unable to account for why the medicines had been missed but immediately implemented an extra check to their current medicine audit to prevent a similar issue from occurring in the future.

People's medicines were stored securely so they could not be tampered with or removed without authorisation. There was information available to staff to help them make sure they were giving medicine to the correct person. This included a photograph of the person. We observed staff giving people's their medicines in a safe way. Records showed that their competency to do this safely had been regularly assessed.

Some people received their medicines covertly. This meant they were hidden in either food or drink and people did not know they were taking them. Information had been obtained from the GP or pharmacist on how to prepare these medicines safely. The staff we spoke with were clear on how to do this and under what circumstances to give people their medicines in this way.

We recommend that the provider finds out more about using a robust recognised method to calculate the number of staff required to work on each shift based on people's individual needs and preferences.



## Is the service effective?

### Our findings

Staff had the skills and knowledge to provide people with effective care. All of the people we spoke with told us they felt the staff were well trained and professional. One person said, "The staff are well trained. I say this based on how they support me and others who are frail and need lots of support." Another person told us, "The carers always support me in a way that gives me confidence that they know what they are doing." The relatives we spoke with echoed this. One relative told us, "I am confident in the staff and the whole place." Another said, "The staff support the residents in a professional and competent manner."

All of the staff we spoke with told us they had received enough training to provide them with sufficient knowledge to provide good quality care. They said that the registered manager and provider supported them with their training and that extra training was provided when they requested it. This helped them to develop their knowledge and skills. We saw that staff had completed a variety of training and they told us the registered manager often monitored their competency to perform their role safely.

We observed staff using effective techniques when supporting people who lived with dementia. They engaged with people in an effective way, using distraction techniques when people became upset or distressed. The registered manager told us that some staff were training to be 'dementia champions'. This was so they could learn more about this condition and pass this knowledge onto other staff working in the home to help them develop their skills further. The registered manager also told us they were arranging for staff to have training in nutrition and dysphagia (difficulty swallowing) to enhance their knowledge and skills within these areas.

There was a low turnover of staff working in the home with most staff having worked there for a number of years. The registered manager told us there was an induction programme in place for new staff that would be used if appropriate. This would include the staff member spending time with more experienced staff to learn their role before working on their own. All of the staff we spoke with told us they received regular supervisions where they could discuss their training and development and any issues that they had.

All of the people we spoke with told us the staff asked for their consent before they performed a task. The relatives we spoke with agreed with this and said the staff were always polite and respectful.

The registered manager told us that some people living in the home lacked capacity to make their own decisions about the care they received. This meant they had to work within the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards (DoLS). The 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. We checked whether the home was working within the principles of the MCA.

All of the staff we spoke with understood how to apply the principles of the MCA 2005 to help people make

day to day decisions about their care. They were clear that if the person could not consent to any aspect of their own care, that any decisions they made on behalf of the person had to be in their best interests. They told us how they supported people to make decisions about their care such as showing them the types of clothes they could wear.

In most cases where people had been unable to consent to other aspects of their care outside of the usual day to day decisions, the principles of the MCA had been followed. For example, when bed rails had been used or people were being given their medicines covertly (hidden in food or drink), there was documentation to support that these decisions had been made in the person's best interests. However, during the inspection the registered manager told us that most people's rooms were locked from the outside at night. They said this was done in people's best interests to stop other people from entering their room at night and therefore protecting the person's privacy. People were still able to leave their rooms freely and were not locked in but there was no evidence within people's care records that the principles of the MCA had been followed when making this decision on behalf of people. Some people may have not wished for their room to be locked from the outside or may have preferred to have their door open.

We spoke to the registered manager about this. They said they would immediately assess people's capacity in relation to this decision and seek advice from the person's relatives if needed. This was to ensure the action they were taking was what people wanted and was in their best interests.

People can only be deprived of their liberty when this is in their best interests and legally authorised. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had assessed that some people living in the home were being deprived of their liberty. They had therefore made an application to the local authority for the necessary authorisation and were awaiting the outcome of this. The registered manager was regularly reviewing this to make sure they were using the least restrictive measures possible.

The staff supported people to eat and drink sufficient quantities to meet their needs. All of the people we spoke with told us the food was of very good quality and that they enjoyed it. They said they were offered choice and a good variety of meals. One person said, "The food is very good, I enjoy every meal." Another person told us, "The food is excellent. You get a good amount. I have never refused what they offer me because it is so good." All of the relatives we spoke with agreed with this. One relative told us, "The food looks excellent and of good quality. There is lots of choice." Another relative said, "The food is excellent, superb. I have eaten it myself so I should know."

We observed the lunchtime meal and saw that the staff supported people to eat and drink if they required this. They asked people if they wanted more food when they had finished their meal to make sure they had received enough to meet their individual needs. Some people enjoyed an alcoholic beverage with their lunch. The staff offered people drinks regularly and people could help themselves to drinks within their rooms.

The staff who worked in the kitchen had a good knowledge of people's individual needs and preferences in relation to food and drink. They could tell us about the different types of diets people required and the food they liked and disliked.

The registered manager had assessed the risks associated with people not eating and drinking enough. They had taken action where people had been identified as being at risk. For example, they monitored people's food and drink intake to make sure it was enough for their individual needs. Relevant healthcare professionals' advice had also been sought such as from the GP or a dietician.

The staff supported people to maintain their health. Records we looked at showed that the staff contacted healthcare professionals in a timely manner when there was a need for their advice. They supported people to attend healthcare appointments when necessary. This included with GPs, district nurses, chiropodists and dieticians.

## Is the service caring?

### Our findings

Positive and caring relationships had been developed with the people living at Woodspring House. All of the people we spoke with and the visiting relatives told us the staff were very kind and caring. Some of the words used to describe the staff and the provider were 'caring, compassionate, patient, gentle, lovely and friendly.' One person said, "All of the carers are excellent." Another person said, "The atmosphere here is fabulous, the staff are amazing." A relative told us, "I visit regularly and can see how well [family member] is cared for. The staff are compassionate and kind. As they pass by they stop and chat and smile. They are gentle and respectful." Another relative said, "This home was recommended to me because of the quality of care. It's family run so it's focused on care."

The relatives we spoke with also commented on how caring the staff were to them and how they and the provider made them feel welcome. One relative said, "They treat me like an old friend. We laugh and joke together, we are on first name terms and the owners are lovely." Another relative said, "The staff are kind, witty and funny. They are delightful and so welcoming and they are so compassionate. They have supported me too. There is no one here who is not caring. The kitchen staff and laundry also keep an eye open for the residents. "

People and visiting relatives told us that the staff, registered manager and provider knew them or their family member well. This was confirmed when we spoke with the staff and the registered manager. They were able to tell us about people's likes and dislikes, about people's personalities and preferences. It was evident when talking to all of the staff, the registered manager and the provider that they cared very much about the people they supported who were living in the home.

Throughout the inspection, we observed all of the staff interacting with people in a sensitive and caring manner. When staff spoke with people, they got down to their eye level and used gentle touch as a way to communicate with people and to provide comfort. Staff took their time when providing people with care and told people who could not understand what was happening to them, what they were doing and why.

People were often observed to receive gentle encouragement from the staff to do things for themselves and received praise. Cheerful chatter was heard and the staff and people who lived in the home were often seen smiling and looking happy.

All of the people we spoke with told us they could make decisions about their own care. The registered manager regularly reviewed people's care with them and their relative if required. This was to make sure that people were involved in making decisions about their care. We saw that people had been able to make choices about the furniture they had in their rooms. Items such as photographs and ornaments were in place to make the room personal to them. Meetings were held with the people who lived in the home and their family so they could express their views about the care they received.

The staff we spoke with understood the importance of offering people choice and allowing them to make decisions about their own care. We saw and heard staff regularly offering people choice about how they

wanted to spend their day. For example, whether they wanted to join in activities, sit in a communal lounge or spend some quiet time in their own rooms. These choices were respected.

We found that most people's doors were locked when they were not occupied. We therefore spoke to the registered manager and provider to ensure that people who wanted to return to their rooms, could do so freely when they chose to. The provider told us they had fully assessed this. They said that some people preferred to have their doors locked when unoccupied to protect their belongings. Others held a key to their room and some people's doors were left unlocked as the provider knew they liked to regularly access them throughout the day. We were therefore satisfied that the appropriate actions had been taken to make sure people's choice in relation to accessing their rooms was being respected.

People told us their independence was encouraged. The relatives we spoke with agreed with this. One relative said, "They encourage [family member] to do things for herself." Another relative told us, "They help [family member] to have a wash and to get dressed but they ask them to do what they can." The staff treated people with dignity and people's privacy was respected. All of the people we spoke with told us they felt treated with respect by the staff. A relative told us, "They respect [family member's] dignity and want to do things right." Another relative said, "They never talk about other residents in front of me."

We saw the staff knocking on people's doors before entering their room. Without exception the staff were heard to be polite and respectful when they spoke with people. The staff we spoke with explained to us how they protected people's privacy and dignity. One staff member said they protected people's dignity by keeping them covered when supporting them with personal care.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their individual needs. Care records were in place to provide the staff with guidance on the care that people required and their individual preferences. These had clear information within them about people's needs and how staff could meet these. We saw that these records had been regularly reviewed to make sure that the information within them was up to date and an accurate reflection of people's current needs.

All of the people and visiting relatives we spoke with said that the support provided at Woodspring House met individual needs and preferences. They also said that there were many different activities and outings that could be attended which were stimulating and fun. We found that there was as strong culture within the home of providing people with activities and experiences that were important to them and which helped to enhance their quality of life.

One person told us, "If a carer is going up to the shops, they will ask if I'd like to go with them." They also added that they accompanied the provider when they went shopping in the local town. Another person said, "We organise discussions and go for walks. I like the music and exercise sessions. A further person told us, "This place keeps me active, there is a real desire to keep us sharp in mind and body. I do quizzes and art classes and 'Natterjack' where we talk about things. A farm brought some lambs in and we have been on a boat trip. They offer new experiences. It cheers you up."

A relative told us, "There is so much going on. One visitor brings dogs round and the residents like that. There are activities going on all the time. If you suggest something they take notice and try to sort things out." Another relative said, "There is so much for the residents to do, it's a stimulating environment." A further relative told us, "They acknowledge the queen's birthday, Halloween and Armistice day. They put on barbeques. [Family member] has got involved in activities like planting bulbs and doing some painting. [Family member] has a bath when they need one, they are always clean. They are fully focused on the resident's needs."

For people who did not wish to participate in group activities or who preferred to stay in their room, one to one individual activities were provided by the staff. The registered manager and the staff confirmed that these took place regularly. One staff member told us how they projected photographs on the ceiling for one person who was being cared for in bed. The photographs were meaningful to the person and were used to help stimulate memories. Another staff member said that one person helped the gardener in the garden. The staff also confirmed that people who practiced a specific religion received support with this. For example, a local representative of the catholic faith attended the home to deliver Holy Communion to those who wished to receive this.

On the day of the inspection, we observed an activity that was called 'movement to music.' A number of people attended this, some of whom were unable to verbally communicate. We saw people respond to this activity in a very positive way. Staff gave encouragement throughout and there were lots of smiles and laughter. Part of the activity had been designed as a game and people were seen to work as a team to

achieve a specific goal which they were very enthusiastic about. In the afternoon, an outside performer attended the home and played music to people which again, they were seen to enjoy. The performer also spent time with others showing them how to use the internet.

The provider and staff made sure that if desired, people's birthdays were made special and celebrated. This was usually in the form of a party which was attended by all of the people living in the home, their relatives and the staff. An external performer was booked to provide the entertainment. The provider and staff took great care in making sure that the party was based on what the person wanted. This information was gathered through talking to the person or their relatives. For example, one party served traditional food that related to the person's nationality. One person told us, "On my birthday, they organised a party with an Elvis impersonator. The dining room was decorated and there was sparkling wine, dancing and singing." A relative said, "They made a special day of his birthday with a 'country and western' singer, cake, candles and so on."

During the inspection, we saw staff being responsive to people's needs. People were assisted with personal care when required or supported to eat and drink. Where people's needs changed, the staff told us that this information was communicated to them to enable them to provide people with the care they needed.

All of the people we spoke with told us they did not have any complaints. However, they said they felt confident they would be listened to and any concerns acted on should they need to raise them. One person said, "The staff are very nice. They make me laugh and they listen to any problem." Another person told us, "I don't need to complain about anything." A relative said, "If I had any issues I am confident I would be listened to by the management."

Fifteen compliments and two complaints about the care provided had been received in the last 12 months. We saw that any complaints that had been raised had been fully investigated and the person who had made the complaint had been involved within this process. Complaints both written and verbal were seen as a positive experience by the registered manager and they welcomed them to help them improve the quality of the care provided.

## Is the service well-led?

### Our findings

An open and empowering culture based on treating people as individuals had been embedded within the home. Good management and leadership was demonstrated.

All of the people and visiting relatives we spoke with told us they were happy with the care provided at Woodspring House. They also told us they thought the home was well led. This was because they felt the provider and staff created a family orientated atmosphere within the home. We found this to be the case. They added that the staff and provider were approachable and that nothing was too much trouble and that they would recommend the home to others.

One person told us, "I say from the heart that it is wonderful here. I never have to worry about anything, I don't have to give it a thought. I can talk freely to them and question them, it is not a problem." Another person said, "The owners are around a lot. I like it here because I don't feel a burden to anyone. I'm well looked after and the staff care for me and about me." The third person we spoke with said, "This home feels special. It's home from home."

A relative told us, "The minute we walked in here it felt like home. There is such a cosy feel. We hold the owners in high regard. They are genuinely kind and decent people. We are free to ask questions at any time if we need to." Another relative said, "The key to this place is its intimacy and size. Everyone knows everyone, that's the beauty of it." A further relative said, "The manager is very friendly and easy going but that doesn't mean she isn't leading. The management style is open, listening and hands on."

People and relatives were involved in the running of the home. Their feedback and ideas were sought and these were implemented. For example, we saw evidence within the latest minutes of a resident and relatives meeting that suggestions made in relation to trips out of the home had recently occurred. Relatives also told us they were actively encouraged to participate in aspects of their family member's care. One relative said, "The managers are really hands on. They ask me to help on trips and [family member] goes on them too. There was a resident's meeting two weeks ago. A suggestion was made about putting in a coffee machine for people and that has been sorted already. They are always looking for ways to improve things." Another relative said, "I am doing a book club, reading to the residents and reading poetry."

There was a stable team of staff working at Woodspring House. All of the staff we spoke with enjoyed working at Woodspring House. They demonstrated they understood their individual roles and responsibilities. They told us that their morale was good and that all of the staff worked well as a team to provide people with a good level of care. They also said the registered manager and provider were approachable and that they had no hesitation to raise any concerns if they had any. The staff were confident any issues would be sorted out quickly once they had been raised.

Most of the current systems in place to monitor all aspects of the care and treatment people received were effective. These included systems to monitor the cleanliness of the service, the completion of staff training, that advice had been sought from relevant healthcare professionals when needed and the accuracy of



people's care records. Audits were also in place to check whether people had received their medicines when they needed them. However, this had not been fully effective as we found that one person had not received their medicines. The registered manager quickly amended this audit following our feedback and therefore, we were confident that the risk of this type of issue occurring again in the future had been reduced.

The provider also conducted regular audits to make sure the home provided people with the care they required. They commissioned a regular audit by an external company as they were keen to improve the quality of care being provided. The last audit they conducted had identified some minor issues that required addressing. The registered manager had commenced working on these.