Mariposa Care Limited

Heather 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 was an unannounced inspection carried out on 24 March 2017.

We last inspected Heather House in November 2015. At that inspection we found the service was not meeting all of its legal requirements with regard to staffing levels, people receiving a choice of food and meeting the requirements of the Mental Capacity Act 2005. At this inspection we found that action had been taken to meet the relevant legal requirements.

Heather House provides accommodation and personal care for up to 13 adults who have a learning disability. This includes care for one person who is supported by staff in a bungalow which is separate from the main building. Nursing care is not provided.

A registered manager was in place. 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 2008 and associated Regulations about how the service is run.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. There were enough staff available to provide individual care to people. Arrangements were in place to handle people's monies safely. Systems were in place to ensure the home was well maintained and a programme of refurbishment was planned to take place around the building.

Staff received opportunities for training to meet peoples' care needs and in a safe way. A system was in place for staff to receive supervision and appraisal and there were robust recruitment processes used when staff were employed. The registered manager and staff were meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves.

Staff knew the people they were supporting well and we observed that care was provided with patience and kindness and people's privacy and dignity were respected. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People had access to health care professionals to make sure they received care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed. People received their medicines in a safe and timely way. People who used the service received a varied diet and had food and drink to meet their needs.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were supported to contribute and to be part of the local community.

People had the opportunity to give their views about the service. They were supported to maintain some control in their lives. They were given information in a format that helped them to understand if they did not read. This encouraged their involvement in every day decision making.

There was regular consultation with people and/or family members and their views were used to improve the service. A complaints procedure was available and written in a way to help people understand if they did not read. People we spoke with said they knew how to complain but they hadn't needed to.

The registered provider undertook a range of audits to check on the quality of care provided. We have made a recommendation that satisfaction surveys used to collect people's views about the service should be developed to ensure they reflect people's priorities about the service they receive or would like to receive.

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 to increase ancillary staffing levels so support staff were available to help people in a person centred way. People received their medicines in a safe way.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

Appropriate checks were carried out before staff began work with people. Regular checks were carried out to ensure the building was safe and fit for purpose.

Is the service effective?

Good

The service was effective.

People's rights were protected because there was evidence of best interest decision making when decisions were made on behalf of people. This was needed when people were unable to give consent to their care and treatment.

People received a varied diet. They were supported to eat and drink according to their plan of care.

People received appropriate health and social care as other professionals were involved to assist staff to make sure people's care and treatment needs were met.

Is the service caring?

Good

The service was caring.

Relatives and people said staff were kind and caring and they were complimentary about the care and support staff provided.

A range of information and support was provided to help people be involved in daily decision making about their care and support needs.

People's rights to privacy and dignity were respected and staff were patient and interacted well with people.

People were supported to maintain contact with their friends and relatives. Staff supported people to access an advocate if required.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs and wishes. Records were up-to-date and reflected people's current care and support needs.

People were supported to live a fulfilled life, to contribute and be part of the local community. They were supported to go on individual holidays.

People had information to help them complain.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of involvement amongst staff and people who used the service.

Communication was effective and staff and people who used the service were listened to.

Staff told us they were well supported and were aware of their rights and responsibility to share any concerns about the care provided at the service.

The registered manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs. We have made a recommendation that satisfaction surveys should be used that reflect the priorities of people who use the service in order to collect relevant information about their views of the service.

Heather 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 24 March 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities and health authorities who contracted people's care. We spoke with the local safeguarding teams.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

During the inspection we spoke with six people who lived at Heather House, two relatives, the registered manager and four support workers. We observed care and support in communal areas and looked in the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for three people, recruitment, training and induction records for four staff, four people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

People who used the service said they felt safe. One person told us, "I'm well looked after by staff." Relative's also confirmed people were safe. Two relatives commented "(Name) is extremely safe" and "Yes, I have no concerns about [Name]'s safety."

At the previous inspection we had found a breach of a legal requirement as there were insufficient ancillary hours provided. Support staff were responsible for carrying out ancillary duties and at the same time providing direct care and support to people. At this inspection we saw improvements had been made. Working hours had been increased for the domestic member of staff and a designated member of support staff who was responsible for preparing and cooking the evening meal each day started early enough to carry out the food preparation and cooking of the meal. After the evening meal had been served they then carried out support worker duties. This meant staff were available to spend time with people.

There were sufficient numbers of staff available to keep people safe and provide individual care. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service.

At the previous inspection we had concerns that the registered provider was appointee for some people's monies. At this inspection the registered manager told us this was being addressed and arrangements were being made with the local authority for the relevant local authority to be responsible for people's monies. Within the home a system was in place to deal with people's personal allowances and any monies held on their behalf for safe keeping.

Risk assessments were in place that were regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for epilepsy, pressure area care, distressed behaviours, moving and assisting and falls. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring. Staff were able to explain how they would help support individual people in a safe manner. A choking risk assessment was not in place for one person identified by the speech and language therapist as they had dysphagia, difficulties with swallowing. This was addressed at the time of inspection and the required risk assessment was linked to the care plan to ensure staff had all the required information to promote the safety of the person when they were eating.

Staff were clear about the procedures they would follow should they suspect abuse. They expressed confidence to us that the registered manager would respond to and address any concerns appropriately. One staff member told us, "If I had any concerns I'd report it straight away to the person in charge on shift." All of the staff spoken with told us they had been trained in safeguarding and this was confirmed by the records we looked at. One staff member commented "We do safeguarding training every year." There were also safeguarding procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation of abuse be made or concern

witnessed. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team. Safeguarding alerts had been raised promptly and the provider's information return (PIR) showed 13 safeguarding alerts had been made since the last inspection. They were investigated and resolved to ensure people were protected.

Regular analysis of incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, with regard to incidents of behaviour described as challenging.

Support plans for distressed behaviour were in place to provide clear instructions for staff to follow that detailed what might trigger the behaviour and what they could do to support a person to keep them safe. Behavioural charts were also used to map a person's well-being and any episodes of agitation. We saw one person received 'when required' medicine if it was needed. However, the person's care plan did not provide guidance to instruct staff at what stage the medicine should be administered to reduce the person's distress and to ensure it was administered as a last resort. The registered manager told us that this would be addressed. We received a copy of the amended care plan straight after the inspection. Where incidents had occurred, we saw that the staff had received advice from external healthcare professionals, such as the behavioural team and psychologist. This provided staff with specialist support to help some people manage their behaviour, which had resulted in fewer incidents happening.

We checked the management of medicines. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure their competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. Care plans were in place that detailed the guidance required for staff to administer medicines in the way the person wanted.

Guidance was available in the medicines policy for the use of 'when required' medicines which may be required when people were in pain, agitated or distressed. This would provide staff with a consistent approach to the administration of this type of medicine and when it should be given.

We spoke with staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before applicants were offered their job. Records of other checks were available and up to date. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with people who required support.

Records showed that the provider had arrangements in place for the on-going maintenance of the building and a maintenance person was employed. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed that these were dealt with promptly.

Good

Is the service effective?

Our findings

At the last inspection we had found a breach of a legal requirement as records were not available to show that assessments had been carried out to assess people's mental capacity.

At this inspection we found that improvements had been made and the requirements of the Mental Capacity Act 2005 (MCA) were being met. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

Staff had a good understanding of the MCA and best interest decision making, when people were unable to make decisions for themselves. Staff had received training in the MCA and the related Deprivation of Liberty safeguards (DoLS). Records contained information about people's mental health and the correct 'best interest' decision making process, as required by the MCA. Peoples' care records showed when 'best interest' decisions may need to be made. For example, we saw a record was available for a person who needed to sit in a specialist chair at meal times due to their postural and swallowing needs. People were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We found as a result, that 10 people were currently subject to such restrictions.

Staff were positive about the opportunities for training and the training they had received and this was confirmed by the records we examined. Their comments included "I've done challenging behaviour training", "I do face to face training as well as e learning training", "I've done 'best interest training", "If there's training I'm interested in [Name], the manager will look for it" and "There's always room to develop and learn from new training."

Staff were trained in a way to help them meet people's needs effectively. New staff had undergone an induction programme when they started work with the service and they had the opportunity to shadow a more experienced member of staff. They also started studying for the Care Certificate qualification as part of their induction. This ensured they had the basic knowledge needed to begin work. All staff were expected to attend key training at clearly defined intervals. Topics covered included health and safety related topics,

dementia care, responding to behaviours, dysphagia, caring for a person with swallowing difficulties, mental health, end of life care, continence and other training to give them insight into any specialist needs of people and conflict resolution. The registered manager told us training about Autism and distressed behaviour was planned.

We spoke with members of staff who were able to describe their role and responsibilities clearly. Staff told us they were supported in their role. They said they received regular supervision from the registered manager every two to three months. One staff member told us, "In between supervisions you can approach [Name] the registered manager." Staff also received an annual appraisal to evaluate their work performance and to jointly identify any personal development and training needs.

At the previous inspection we had discussed the lack of choice at main meal time for people although we were told an alternative would be prepared for a person.

At this inspection we saw improvements had been made and people were encouraged to make choices about their food. Menus advertised a choice of food at meal times. On the day of inspection we observed people had the choice of lamb or gammon with vegetables or chips followed by ice cream and fruit. Food was well presented and looked appetising. People were positive about the food saying they had enough to eat and received nice food. People's comments included, "There is plenty to eat", "I can choose what I want to eat" and " I take a packed lunch and a flask to the centre."

We looked around the kitchen and saw it was well stocked with fresh, frozen and tinned produce. We spoke with the support worker who had cooked the evening meal. They were aware of people's different nutritional needs and any special diets that were required. For example, a person who was at risk of choking had a nutritional care plan in place and their food was cut up into small pieces to reduce the risk. They told us people's dietary requirements such as if they were vegetarian or required a culturally specific diet were checked before admission to ensure they were catered for appropriately.

People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. We noted that the appropriate action was taken if any concerns were highlighted. For example a speech and language therapist had become involved for a person at risk of choking.

People who used the service were supported by staff to have their healthcare needs met. People's care records showed that people had access to GPs, dieticians, opticians, dentists, nurses and other personnel. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. Records were kept of visits. Care plans reflected the advice and guidance provided by external professionals. Records showed some people were aware of their condition and health needs and written guidance was available for staff to recognise signs when a person may become unwell.

People's needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. This was so staff were aware of risks and the current state of health and well-being of people. There was also a handover record that provided information about people, as well as the daily care entries in people's individual records. We discussed with the registered manager the possible use of a traffic light system, balancing people's privacy, that could be used to alert staff visually by the use of a coloured card on display. This was so when they came on duty they would be instantly aware when a person who had complex support needs was upset. This would make them aware before they received a verbal handover about the person's well-being. The registered manager told us they would discuss with

staff.

Relatives told us they were kept informed by the staff about their family member's health and the care they received. One relative commented, "Communication has improved. They (staff) let me know what's happening with [Name], I attend meetings." Another relative commented "I visit a lot so I'm kept well-informed."

Good

Is the service caring?

Our findings

During the inspection there was a happy, relaxed and pleasant atmosphere in the home. People moved around the building as they wanted. Staff interacted well with people, sitting and spending time with them when they had the opportunity. Camaraderie was observed amongst the people and they were supportive and caring of each other. People's comments included, "I like living here", "I've lived here a long time" and "The staff are kind." One relative told us, "The care is good here, sometimes it is not just good but excellent." Another relative commented, "Staff are very kind and caring."

People were supported by staff who were kind, caring and respectful. Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. For example, "Do you want me to dry your hair."

Not all of the people were able to fully express their views verbally. Guidance was available in people's care plans which documented how people communicated. For example one plan stated, '(Name) can giggle if they are in discomfort or pain or distress and can cry when they are both happy and sad or in pain or feeling unwell.' Staff told us they also observed facial expressions and looked for signs of discomfort when people were unable to say for example, if they were in pain. Information was therefore available to inform staff what the person was communicating.

People were encouraged to make choices about their day to day lives and staff used pictures and signs to help people make choices and express their views. Information was available in this format to help the person make choices with regard to activities, outings and food. Care plans included details about peoples' choices. Staff gave examples of asking families for information, showing people options to help them make a choice such as showing two items of clothing and two plates of food. This encouraged the person to maintain some involvement and control in their care.

We saw information such as the complaints procedure and information pack given to people when they first came to the service was in an accessible format for people who did not read. This helped people to remain engaged and be involved in decision making. Care plans contained details with regard to how people liked and needed their support from staff. Examples from care plans included, '[Name] sleeps with two pillows' and '[Name] goes to bed at 10:00pm and before bed likes a drink of preferably decaffeinated coffee.'

Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. Some people told us they could choose to spend time in their bedroom and could get up and go to bed when they wanted.

People's privacy and dignity was respected. Staff knocked on the door as they entered people's bedrooms. They could give us examples of how they respected people's dignity. Staff told us they respected people's dignity as people were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. Care records also showed people's privacy and dignity were

respected. Example in care plans included, 'If staff need to enter [Name]'s bedroom then wait for their permission to enter' and '[Name] sometimes needs staff help in readjusting their belt or shirt buttons.'

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. We were told one person may require a more formal advocacy arrangement in the future with regard to some medical treatment to assist them with some decisions and promote their views. Advocates can represent the views of people who are not able to express their wishes. Information about the use of advocates was displayed in the home.

Good

Is the service responsive?

Our findings

People said they were supported to follow their interests and hobbies. They were positive about the opportunities for activities and outings. They all said they went out and spent time in the community. Comments from people included, "This is my home", "I enjoy living here", "I have friends here" and "We go out a lot." Records and photographs showed there were a wide range of activities and entertainment available for people. For example, shopping, walking, quizzes, karaoke, meals out, discos, bowling, cinema, concerts, baking and arts and crafts. The registered manager told us there was an initiative to expand the range of activities and this was being done in consultation with people.

People were supported to access voluntary work, attend college or day placements. One person said "I go to the centre every day and meet my friends." People were also supported to go on holiday and we heard people had enjoyed trips to Blackpool and Berwick Caravan Park. People told us they had enjoyed Christmas and other seasonal parties that were arranged. We saw people were helping to prepare for a social event the following day to entertain their friends and relatives at the home.

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members and friends. For example, "(Name) has family visits and stays with them at home." Several people had visitors every week. One relative told us "[Name] is supported to Skype."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Records showed preadmission information had been provided by relatives and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

Care plans provided instructions to staff to help support people to learn new skills and become more independent in aspects of daily living, whatever their needs were. Care plans were developed from assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, mobility and communication needs. A care plan for personal hygiene stated, '[Name] can place their arms through items of clothing when prompted by staff…'

A daily record was also available for each person. It was individual and in sufficient detail to record their daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Some people we spoke with said they had been supported by staff

from the service for several years. They said they were involved in discussions about their care and support needs. Family members told us they were kept informed and were invited to any meetings to discuss their relative's care. One relative commented, "There's open dialogue with us."

Monthly meetings took place with people to consult with them about activities and menus and to keep people up to date with the running of the home. Meeting minutes for March 2017 showed holidays were discussed and people had the opportunity to visit Legoland, Cadbury's World or Harry Potter land. Records showed people were consulted individually before the meeting. They were shown pictures of activities, holidays and outings to give them some ideas before the meeting took place so they could all contribute their opinions and preferences. Meeting minutes showed discussion also took place with people who used the service about having an opportunity to take part in some training in areas such as hygiene and dental care, sign language and infection control.

People said they knew how to complain. A copy of the complaints procedure was displayed and written in a way to help them understand if they did not read. A record of complaints was maintained. Three complaints had been received and investigated since the last inspection. People told us they could talk to staff if they were worried and raise any concerns.

Good

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission in February 2017. They were also registered for another service. The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The registered manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The registered manager was able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The registered manager had previously worked in the home in another role and had left to work elsewhere in the organisation. They had recently returned as manager. They told us they were well supported in their role by the provider and area managers. They informed us discussion about best practice and the sharing of ideas that took place at the managers meetings attended by all the home managers.

The registered manager had introduced changes to the service to help its smooth running and to help ensure it was well-led for the benefit of people. They responded quickly to address any concerns and readily accepted any advice and guidance. They told us they planned to strengthen the management team with the appointment of a unit leader who would be responsible for the day to day running of the home when the registered manager was not available as they were also registered to manage another service. They planned to spend 20 hours at each location. Other plans included a review of the care documentation so information for people was more person centred. There were plans for the home to be refurbished and this included all bedrooms and communal areas. The refurbishment plan showed work was expected to be completed before the summer of 2017. People were to be involved in colour selections for bedrooms and communal areas.

The atmosphere in the home was relaxed and friendly. The registered manager was enthusiastic and had many ideas to promote the well-being of people who used the service. Staff and people we spoke with were very positive about their management and had respect for them. Staff and relatives said they felt well-supported. Staff comments included, "The manager is very approachable," "The office door is always open to speak to [Name]"and "[Name] is very supportive." Relative's comments included "I'm delighted [Name] is back managing here" and "Communication has improved."

The registered manager promoted involvement to keep people who used the service involved in their daily lives and daily decision making. Information was available to help staff provide care the way the person may have wanted, if they could not verbally tell staff themselves. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

Staff told us staff meetings took place four weekly and minutes of meetings were available for people who were unable to attend. Meeting minutes showed topics discussed included infection control, health and safety, resident well-being, safeguarding, lead responsibilities for staff, staff performance, complaints and incident reporting. Staff meetings kept staff updated with any changes in the service and enabled them to discuss any issues. Staff meetings also discussed any incidents that may have taken place. The registered manager told us if an incident occurred it was discussed at a staff meeting. Reflective practice took place with staff to look at 'lessons learned' to reduce the likelihood of the same incident being repeated.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included the environment, catering, health and safety, medicines, finances, falls, complaints, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. The annual audit was carried out to monitor the safety and quality of the service provided.

Monthly visits were carried out by a representative from head office who would speak to people and the staff regarding the standards in the home. They also checked and monitored the results of the audits carried out by the registered manager to ensure they had acted upon the results of their audits. All audits were available for inspection and we saw the information was filtered to ensure any identified deficits were actionned. They also audited a sample of records, such as care plans, staff files and the registered manager's audits to check follow up action had been taken by staff. These were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The registered manager told us the registered provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out to people who used the service. Questionnaires showed that although they were in an accessible, easy read format, the questions asked were not all relevant to people who used the service. The questionnaire was a standardised format used across the organisation and was more relevant to the older person's services rather than younger people with a learning disability. We discussed this with the registered manager who told us they had identified this and work was to be progressed with surveys to make them more relevant.

We recommend the provider develops a satisfaction survey in consultation with people who use the service. This is to ensure it reflects their priorities for service provision and is relevant to them and in order to gather meaningful information about their views of the service.