

Heathcotes Care Limited

# Heathcotes (Sheffield)

## 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

Heathcotes (Sheffield) is a care service that provides care for up to eight people with a learning disability. People living at the service had complex needs and some had behaviour that could challenge. The service is purpose built and situated in a residential area of Sheffield. At the time of our inspection six people were living at the service.

We carried out a comprehensive inspection of this service on 30 April 2015. Six breaches were identified in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan identifying actions to be taken and timescales for completion, in order for them to become compliant.

This comprehensive inspection took place on 14 December 2015 and included checks to confirm the service had followed their action plan and met legal requirements. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. This report covers our findings in relation to the comprehensive inspection on 30 April 2015. We found appropriate actions had been taken to ensure regulations were being met.

There was a manager at the service who had commenced in post on 6 July 2015. The manager confirmed he had applied to register with us. 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 spoken with said they felt safe living at Heathcotes (Sheffield) and they could talk to staff if they had any worries. People were observed freely approaching staff and interacting with them.

There were procedures to follow if staff had any concerns about the safety of people they supported.

We found systems were in place to make sure people received their medicines safely.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected. People we spoke with told us they enjoyed all of the meals provided at the home.

People's physical and mental health needs were monitored. There was evidence of involvement from professionals such as doctors, opticians, tissue viability nurses and speech and language practitioners in

people's support plans.

Staff were provided with relevant training to make sure they had the right skills and knowledge for their role. Staff supervision and appraisal meetings took place on a regular basis to ensure staff were fully supported. Staff told us they could raise any concerns with the manager or provider and felt that they were listened to.

We observed people's needs were met by staff that understood how care and support should be delivered.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves. Staff had some understanding of the MCA and DoLS so that they had the knowledge needed for their role and to make sure people's rights were upheld.

We saw people participated in a range of daily activities both in and outside of the home, according to their choice, which were meaningful and promoted independence.

There were systems in place to monitor and improve the quality of the service provided. Checks and audits were undertaken to make sure full and safe procedures were adhered to.

People and their relatives had been asked their opinion of the quality of the service via a survey undertaken by the providers.

## 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.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

There were effective staff recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and told us they felt safe.

### Is the service effective?

Good ●

The service was effective.

People were provided with access to relevant health professionals to support their health needs.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

### Is the service caring?

Good ●

The service was caring.

People made positive comments about the staff and told us they were treated with dignity and respect.

All the interactions we observed between staff and people were positive, patient and caring.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

A range of activities were provided for people inside and outside the home which were meaningful and promoted independence.

People living at the home, their relatives and staff were confident in reporting concerns to the manager and felt they would be listened to.

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

The service was well led.

Staff told us the manager and provider were approachable and communication was good within the home. Staff meetings were held on a regular basis.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

**Good** ●

# Heathcotes (Sheffield)

## 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 checked 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 14 December 2015 and was unannounced. This meant people and staff at the home did not know we would be visiting. The inspection team consisted of two adult social care inspectors.

This inspection was undertaken to check that the providers planned improvements to meet legal requirements following our inspection on 30 April 2015 had been met.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

The service was not asked to complete another provider information return (PIR) for this inspection. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested before the October 2014 inspection.

We contacted Sheffield local authority and Sheffield Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Healthwatch and Sheffield local authority commissioners. This information was reviewed and used to assist with our inspection.

At the time of the inspection there were six people living at the home. During our inspection we were able to speak with three people about living at Heathcotes (Sheffield). We telephoned three relatives and spoke with them to obtain their views of the support provided. We spoke with the regional manager, the manager, a team leader and four support workers.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included three people's care records, three staff records and other records relating to the management of the home such as training records and quality assurance audits and

reports.

# Is the service safe?

## Our findings

People spoken with said they felt safe at Heathcotes (Sheffield). Whilst we were unable to fully communicate with some people individually, we observed people freely approaching staff and they appeared at ease in their company.

All of the relatives spoken with said their family member was safe. Comments included, "We have no worries at all about them being safe" and "He is very safe there."

During our last inspection on 30 April 2015 we found evidence of a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment because of gaps in procedures for medicines, risk assessments and monitoring of accidents. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant. During this inspection, which took place on 14 December 2015, we found systems had improved to ensure people received safe care and treatment.

One person told us they had medicine and that staff gave them at the same time each day. People said if they were in pain, e.g. a headache, staff would give them a painkiller.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. We found that protocols for PRN (as and when needed) medicines had been provided so that staff were aware of important information.

We saw that the person responsible for administering medicines was identified on each shift and they held the keys to medicines to uphold safe procedures.

Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines.

We found medicines were securely stored. We also checked the storage of controlled drugs (CD) and found these were stored appropriately. We checked three people's medication administration records (MAR) and the controlled drugs (CD) register. MAR had been fully completed and CD's records had been signed by two members of staff. The medicines kept corresponded with the details on MAR charts. This showed that safe procedures for the storage, recording and administration of medicines were in place.

We checked three people's support plans and found they contained risk assessments that identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered all aspects of a person's activity and included road safety, travel, emergency evacuation and daily routines. We found risk assessments had been updated as needed to make sure they were relevant to the individual.

We checked twelve incident and accident records and found all had been checked by the manager who had completed a 'follow up' report to show incidents were being monitored and dealt with.



During our last inspection on 30 April 2015 we found evidence of a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding service users from abuse and improper treatment because gaps in records showed procedures had not been followed to protect people from financial abuse. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant. During this inspection, which took place on 14 December 2015, we found systems had improved to ensure people were safeguarded from abuse and improper treatment.

We found the service had a policy and procedure on safeguarding people's finances. The manager explained that each person had an individual amount of money kept at the home that they could access. We checked the financial records and receipts of three people and found the records and receipts tallied. Transaction sheets had been fully completed and detailed the amount taken, spent and the balance. Each transaction was signed by two members of staff. This showed that full and safe procedures had been adhered to.

We saw a safeguarding adult's policy was available. We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance if needed. They said they would report anything straight away to the manager or provider. Staff had a good understanding about the services whistle blowing procedures and felt that their identity would be kept safe when using the procedures.

A few days prior to this inspection we received an anonymous complaint stating that some staff were working at Heathcotes (Sheffield) without a Disclosure and Barring Service (DBS) check in place. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. We looked at each of the 30 staff files to check they contained a DBS check. We found all held a DBS check, with the exception of one staff that had commenced in post the week of this inspection. Their file contained an initial ISA (Independent Safeguarding Authority) check. The manager and identified staff both confirmed that they were shadowing with experienced staff until their DBS was received.

We checked three staff files in more detail and found they contained all of the required documentation, including two references, proof of identity a health declaration an application form and records of interview. This showed recruitment procedures in the home helped to keep people safe.

The anonymous complainant also stated that a person had been locked in their room. We discussed this with the manager who told us people would be unable to be locked in their room due to the nature of the locks on all bedroom doors. We saw that all bedrooms were fitted with 'thumbscrew' type locks which meant a person could turn the lock handle from the inside to open their door. We tested the locks on bedroom doors and found doors could be unlocked easily from inside the bedroom. Staff spoken with confirmed that people were never locked in their rooms.

All the people we spoke with and their relatives said they had no concerns about the staff or staffing levels.

At the time of this visit six people were living at Heathcotes (Sheffield). Each person was provided with one to one (one member of staff working only with the person) between ten and 14 hours each day. In addition, two people were provided with two to one (two staff dedicated to working with the person) for a few hours each day. On the day of our inspection nine staff were on duty, including the manager and three team leaders. We looked at the staffing rota for the month prior to this inspection and found sufficient staff were

provided to maintain required levels and meet people's identified needs.

We found that a policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that infection control audits were undertaken which showed that any issues were identified and acted upon. We found Heathcotes (Sheffield) was clean. This showed that procedures were followed to control infection.

# Is the service effective?

## Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People told us they liked the staff.

Relatives we spoke with told us they thought the care staff were competent and well trained to meet their family member's individual needs. Their comments included, "[Name of person supported] has lived in a couple of homes before this and they have come on in leaps and bounds since moving to this one [Heathcotes]. They like the staff and can use the phone to ring me any time. I have no worries" and "The staff are quite good with [name of person supported] and they do all they can for them."

During our last inspection on 30 April 2015 we found evidence of a breach in Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, meeting nutritional and hydration needs because of gaps in records and locked access to the kitchen. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant. During this inspection, which took place on 14 December 2015, we found systems had improved to ensure people's nutritional and hydration needs were met.

The support plans detailed people's food preferences, likes and dislikes and gave guidance to staff on maintaining and encouraging a healthy diet. This showed that people's opinions and choices were sought and respected and a flexible approach to providing nutrition was in place. During our inspection we observed the doors to the kitchen were unlocked and people had free access to the kitchen supported by staff. We observed that snacks, such as fresh fruit, and drinks were available and saw staff supporting people to access these. We looked at the menu and found it was varied and took into account people's preferences and choices. Staff spoken with confirmed the kitchen was always open and people had free access to drinks and snacks in line with their assessed needs. One person's file held evidence of a Speech and Language Therapist (SALT) involvement to evidence that nutritional risks had been assessed and health professionals were involved as needed. People spoken with said they liked the food; they decided what to eat and always had choices. This showed that people's nutritional and hydration needs were met.

During our last inspection on 30 April 2015 we found evidence of a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent because procedures had not been adhered to, to ensure Deprivation of Liberty Safeguards had been obtained where relevant and in line with legislation. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant. During this inspection, which took place on 14 December 2015, we found systems had improved to ensure the regulation was being met.

The Mental Capacity Act 2005 (MCA 2005) is legislation designed to protect people who are unable to make decisions for themselves, and to ensure that any decisions are made in people's best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in

people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used.

The manager informed us that DoLS applications had been made as necessary and we saw evidence of these and best interest meetings in people's care records. We saw evidence that representatives from the local authority had been present at best interest meetings. We saw the gate to the property was open and observed people having access to the community with staff support. This showed that improvements had been made and legislation was being adhered to.

The manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in DoLS legislation. The purpose of an IMCA is to help people who lack the capacity to make important decisions, and who have no family or friends that it would be appropriate to consult about those decisions. Staff we spoke with had some understanding of the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The manager informed us that where needed DoLS would be referred to the Local authority in line with guidance. However, some staff were not fully aware of which people had DoLS and what they related to. We discussed this with the manager who gave assurances that discussions would be held with staff to ensure they fully understood.

The support plans seen contained a range of information regarding each individual's health. We saw people had contact with a range of health professionals that included GP's, dentists and hospital consultants. The files held information about people's known health conditions and the staff actions required to support people's health.

Staff told us the training was 'good' and they were provided with a range of training that included fire, infection control, safeguarding and food hygiene. We saw staff training records which showed that additional training in subjects such as two day NAPPI (non aggressive physical and psychological intervention), autism and epilepsy awareness was provided so staff had relevant skills and knowledge. The training record identified when refresher training was required so that training updates could be delivered to maintain people's skills.

We saw records of staff induction which showed new staff undertook the care certificate and covered areas such as health and safety, communication and autism awareness before they shadowed more experienced staff. We spoke with one new member of staff who confirmed that they had been provided with three days training and two days NAPPI training and were shadowing staff as part of their induction. This person also told us the training had been 'good'.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff spoken with said supervisions were provided regularly. The contract for supervision meetings seen detailed that supervisions would be held every six to eight weeks. The three staff files checked showed that one person required a supervision meeting to maintain the agreed frequency. The manager confirmed that this had been booked. The manager also told us that some staff had worked at the service for 12 months and were due an annual appraisal. We checked staff records and identified four staff could be appraised in line with the company policy. The manager confirmed shortly after this inspection that these appraisal meetings had been arranged.

## Is the service caring?

### Our findings

People told us and indicated to us the staff were caring. One person commented, "I like them all, they are good." One person told us the staff were respectful and commented, "The staff are very respectful, there is a dignity tree (a poster explaining about dignity on display) and there is a dignity champion. They [staff] treat me with dignity. If I am having an 'off' day they [staff] respect that. Staff always knock on my door."

Relatives spoken with said they were happy and commented, "[My relative] likes the staff, they are very good" and "I would recommend this home, definitely. The staff are very good and [name of person supported] is happy there."

Throughout our inspection we saw examples of a caring and kind approach from staff who obviously knew people living at the home very well. Staff spoken with could describe the person's interests, likes and dislikes, support needs and styles of communication. All of the staff spoken with said they would be happy for a friend or relative of theirs to live at Heathcotes.

The interactions observed between staff and people living at the home appeared patient and kind. Staff always included people in conversations and took time to explain plans and seek approval. For example, staff were heard discussing a person's plans for the day with them, to make sure they were happy with their choice. The person engaged in conversation and made decisions which were supported by staff. We saw one staff very patiently talking with a person and repeating reassurances and conversation so that the person felt involved. The person clearly enjoyed the staff company and shared laughter was heard. Staff were seen to have conversations with each other and always made sure people were not excluded. During our inspection one person became increasingly agitated and distressed. The person kept repeating a request for a specific item and became more upset when staff were unable to provide this. We saw staff speaking with the person in a patient manner, repeatedly explaining why it was not possible to provide the item. Staff provided an innovative response by printing a photograph of the item for the person to keep. The person was happy with this. This showed a patient, honest and respectful approach from staff.

During our inspection people were being provided with one to one support (one member of staff dedicated to working with an identified person at all times.) We saw people freely approach staff and engage in conversation or communication with them. People appeared comfortable and happy to be with staff. Staff knew people well and took time to talk with them.

Throughout our inspection we saw that people's independence was promoted and people's opinion was sought. We saw staff asking people about their choices and explaining in a way the person understood so that their view was obtained and staff could be sure the person was happy with their choice. We saw staff supporting people's choices, for example, one person chose to spend time walking outside and staff walked with them so their choice was respected.

We saw people's privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how

they treated people with dignity. Comments included, "We always give people choices, time to show us what they want. People choose, not us. We just support them."

The manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves.

The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. The records included information about individuals' specific needs and we saw examples where some parts of a record had been reviewed and updated to reflect people's wishes. Examples of these wishes included choice of outings and interests. This showed important information was recorded in people's plans so staff were aware and could act on this.

# Is the service responsive?

## Our findings

People told us and indicated that staff supported them in the way they needed and preferred. One person commented, "They [staff] know me a lot. They are good support" and "They [staff] help me. I can go anywhere, the cinema, bowling, swimming. I like it all."

People told us they didn't have any worries about living at Heathcotes and would talk to staff if they had. They said that staff would listen to them.

Relatives spoken with said staff knew their family member well; they had no complaints and confirmed they could approach the manager to discuss any of their concerns, if they had them. They felt confident the manager would listen to them and take them seriously. One relative told us, "We are very happy. It takes time to get to know [name of person supported] but we think the staff now know them really well and know what they need." Another relative said, "They [staff] are very good. They are getting to know [name of person supported] well and [the person supported] seem to really get on with all of them [staff]."

During our last inspection on 30 April 2015 we found evidence of a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person centred care because of gaps in people's support plans. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant. During this inspection, which took place on 14 December 2015, we found systems had improved to ensure the planning and delivery of care met people's needs.

Peoples care records included an individual support plan. We checked three peoples support plans. The plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences, needs, wishes and goals so these could be supported. Health care contacts had been recorded in the plans and plans showed that people had regular contact with relevant health care professionals. The plans contained clear guidance for staff on people's communication so that staff could ensure people were consulted. The plans reflected promoting and encouraging independence to support people leading a full life. Information on risks and triggers to behaviours were detailed in support plans, along with information for staff on how to safely manage these. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

We found information was recorded on people's specific and individual support needs. We discussed these with staff, who were fully aware of the actions required to support these specific needs.

Support plans seen showed that a variety of social opportunities were provided to people. We saw that each person had their own activity planner which detailed what activities they had chosen so that staff could accommodate and support them with these. We found a range of activities were provided, and these were based on people's individual interests.

We found that the support plans we checked held evidence that reviews had taken place to make sure they remained up to date and reflect changes.

We saw records of the most recent visit from Sheffield Clinical Commissioning Group (CCG) on 2 November 2015. These showed an action plan detailing the improvements achieved with people's support plans.

Staff spoken with said people's support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people's plans contained accurate and up to date information that reflected the person.

We saw that staff understood how people communicated and saw staff responded to people in an individual and inclusive manner. Staff checked choices with people and gained their approval. For example, staff were heard to check with a person they were still happy with the plans they had made for the day before supporting them with these.

There was a clear complaints procedure in place. Staff told us that they would always pass any complaints to manager, who would take these seriously. We saw that an easy read version of the complaints procedure had been provided to people and was on display in the entrance area. The procedure included pictures and diagrams to help people's understanding. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices. We found that a system was in place to respond to complaints. The manager was aware of the need to record the actions taken in response to a complaint and the outcome of the complaint so that an audit could be maintained.



# Is the service well-led?

## Our findings

Since the last inspection a new manager had been employed and commenced in post on 6 July 2015. The manager had applied to register with us.

All of the people we spoke with said they knew the manager. One person told us, "He's all right, I can talk to him."

Relatives spoken with said they could speak with the manager and found him approachable. One relative told us, "I speak with [name of manager] and he is smashing. I have no worries at all."

We observed that people knew the manager and regional manager provider by sight and name and freely approached them. We observed the manager was 'hands-on' in their approach to care and saw they spent time communicating and responding to people. The manager displayed a detailed understanding of people's individual needs.

We saw a positive and inclusive culture in the home. All of the staff spoken with said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the manager was approachable and supportive. Comments included, "I love my job. We all work well together," "[name of manager] has made a difference here. I really enjoy my job," "I feel well supported" and "I think we make a difference, I love it. We are a good team."

During our last inspection on 30 April 2015 we found evidence of a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance because the provider did not have effective systems to monitor the quality of the service provision. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant. During this inspection, which took place on 14 December 2015, we found systems had improved to ensure the monitoring of the service was effective.

We found that a quality assurance policy was in place and saw that audits were undertaken by the manager as part of the quality assurance process. These included the auditing of care plans, medication, health and safety and infection control. We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns. Weekly Case Monitoring Reports (CMR) were undertaken by the manager in relation to incidents and accidents and sent to the regional manager for additional auditing and monitoring.

We saw records of monthly provider visits that covered all aspects of the management and delivery of the service. The reports included checks on premises, notifications and events, compliments and complaints, staff files and supervisions. The reports included continuous improvement plan, long term actions and short term actions, for example, "add dignity to staff meeting agenda for discussion and display information about a 'dignity tree'." The report evidenced when these actions had been taken.

We saw records of home audit reports undertaken by the provider's quality audit team to check all aspects of the service including service delivery and staffing. The regional manager explained the frequency of the audit visits was determined by the rating achieved at each visit. We saw that the audit visit undertaken in June 2015 gave a rating of 57% and subsequent monthly visits showed improvements. The audit undertaken in December 2015 gave a rating of 89%. These showed that effective monitoring systems were in place.

We saw that surveys had been undertaken by the provider to all locations in February 2015 to obtain people's views about the service and act on these. The report from the surveys showed that 44 people supported, 25 relatives and 174 staff had completed the survey.

We saw records of staff meetings and staff confirmed that staff meetings took place on a regular basis to share information and obtain feedback from staff. Staff spoken with said they felt able to talk with the manager when they needed to. This helped to ensure good communication in the home.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The manager was aware of the home's obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.