

The Conifers R.H. Limited

The Conifers

Inspection report

1 Turner Avenue
Bridlington
Humberside
YO15 2HJ

Tel: 01262606303

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09 March 2017

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Ratings

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

Overall summary

The Conifers is registered to provide accommodation and personal care for up to 30 people with a learning disability. The service operates from a large property in a residential area of Bridlington, in the East Riding of Yorkshire, close to the beach, local amenities and public transport routes. Accommodation is located over two floors and there are 16 bedrooms, one of which is a twin room; and 9 self-contained flats, some of which were shared.

We undertook this unannounced inspection on the 9 March 2017. The inspection was to check that the registered provider was now meeting legal requirements we had identified at the last inspection. At the time of this inspection there were 28 people using the service.

When we last inspected the service on the 16 June 2015 we found the registered provider was not meeting all of the required standards we checked and they were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure the risks were assessed and people were protected. The registered provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we found that the registered provider had made appropriate improvements in line with their action plan. We found these improvements were sufficient to meet the requirements of regulation 12. This meant the service had met the breach of regulation imposed at the previous inspection.

The registered provider is required to and did have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was not present during this inspection and the service assistant manager, deputy manager and head senior supported us throughout the inspection.

People told us that they felt safe whilst they were living at The Conifers. People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the CQC. This helped to protect people.

We found that the management of medication was safely carried out and staffing levels provided on the day of our inspection were adequate to meet people's needs. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support people living at The Conifers.

Staff understood the risks to people's wellbeing and knew what action they must take to help minimise risks. General maintenance was carried out and service contracts were in place to maintain and service

equipment so it remained safe to use.

Staff were provided with training in a variety of subjects, which was updated periodically to help develop and maintain their skills. Regular appraisal and supervision was provided to all staff which helped support them and identify further development needs.

People's nutritional needs were assessed and monitored, with special diets provided, where required. Staff encouraged and assisted people to eat and drink, where necessary and advice was sought from relevant health care professionals to ensure people's nutritional needs were met.

Communication was effective, people's mental capacity was appropriately assessed and their rights were protected. Members of staff at the service with whom we spoke, had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. The assistant manager and deputy manager explained how staff worked with other professionals and people's families to ensure decisions were made in a person's best interests where they lacked capacity to make their own decisions.

People who used the service were supported to make their own choices about aspects of their daily lives. They received compassionate care from kind staff and staff knew about people's needs and preferences. Staff provided people with information and spoke with them in a patient way. People's privacy and dignity was respected and their confidential information was held securely.

We saw that people were supported according to their comprehensive person-centred care plans, which reflected their needs and which were regularly reviewed. People had the opportunity to engage in hobbies, activities and employment. They had good family connections and support networks.

Members of staff and people who lived at The Conifers told us that the service was well managed. A variety of audits were undertaken to monitor the quality of the service and issues found were addressed. There was a complaints policy and procedure in place. People's views were asked for through formal surveys and informally on a daily basis by the staff. Feedback received was acted upon.

The managers had an open door policy and an on call rota system was operated out of office hours to support people, relatives, visitors and staff. We found there was a homely and welcoming atmosphere within the service.

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. People told us they felt safe living at The Conifers. People were cared for by staff who knew about risks relating to each person's health and wellbeing.

Staff we spoke with could explain types of abuse and the action they would take to ensure people's safety was maintained. This helped to protect people.

People's medicines were ordered, stored and administered safely by staff who had completed relevant medicines training.

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

Is the service effective?

Good ●

The service was effective. Staff were trained to care and support people who used the service both safely and to a good standard.

People's mental capacity was assessed to ensure their rights were protected.

People's nutritional needs were monitored to ensure their dietary needs were met and a range of healthcare professionals were involved in the care and treatment of the people who used the service.

Is the service caring?

Good ●

The service was caring. People had access to advocacy services.

People participated in friendly banter with the staff and there was a friendly and caring atmosphere within the service.

People were treated with dignity, respect and kindness and staff were knowledgeable about people's needs, likes, dislikes and interests.

People's preferences regarding care and support were recorded in their person centred care plans.

Is the service responsive?

Good ●

The service was responsive. People had comprehensive person centred care plans which recorded information about their life history, their interests and the people who were important to them.

People's preferences for activities and social events were known by staff who spent time with them to help keep them engaged.

A complaints procedure was in place and action was taken to address any issues raised.

Is the service well-led?

Good ●

The service was well led. We found the management style and culture of the service was both positive and effective.

People living at the service, their relatives, staff and other professionals were all asked for their views and these were listened too.

Effective quality assurance systems were used to ensure shortfalls were highlighted and that corrective action was taken to improve the service.

Records were well maintained and were held securely in the premises.

The Conifers

Detailed findings

Background to this inspection

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

The inspection of The Conifers took place on the 9 March 2017, was unannounced and carried out by one adult social care inspector.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from the local authority safeguarding and contract monitoring teams. We had also received a 'provider information return' (PIR) from the registered provider. A PIR 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.

During the inspection we spoke with six people that used the service, three members of staff, the assistant and deputy managers and one social care professional (over the telephone). We looked at a selection of documentation relating to the management and running of the service; these included four care files belonging to people who used the service, four staff recruitment files, supervision records and appraisals, the training records for four staff, the staff rota, minutes of meetings with staff and residents, quality assurance audits, complaints information and maintenance records. We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We also undertook a tour of the building.

Following the inspection we spoke on the telephone with one relative of a person using the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at The Conifers. One person told us staff, "Looked after them" and that made them feel safe and another said, "Staff are nice and I feel safe." A relative we spoke with said, "[Name] is safe."

At the last inspection on 16 June 2015 we found that the registered provider was not taking adequate steps to ensure risks were assessed and people were protected from the risk of falling from windows. This was a breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. The registered provider sent us an action plan regarding the measures they would take to address this concern.

During this inspection we found that the registered provider had made improvements in line with their action plan. We saw risk assessments for window restrictors had been carried and windows had been fitted with restrictors. Daily room safety checks were carried out which included checks that the window locks were intact and working. We found these improvements were sufficient to meet the requirements of Regulation 12. This meant the service had met the breach of regulation imposed at the previous inspection.

The care files we inspected confirmed that any risks to people's health or safety were assessed and risk management plans were in place. These covered areas such as falls, choking, risks to others, manual handling, the use of bed rails and catheter care. Each person had a document that summarised all of the risk assessments they had in place. Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. One member of staff told us, "[Name] has a risk assessment for COPD which includes using inhalers. We have regular training for moving and handling and we use protective equipment, gloves and aprons." We saw risk assessments were reviewed regularly to ensure they remained reflective of the person's current needs.

Accidents and incidents were reported and recorded. We saw that accident and incident reports were completed appropriately. We saw there was a section to complete on how to avoid a reoccurrence of the accident and any actions taken. We noted from the selection of records we looked at these remained blank. Although we saw no evidence to show that accident and incident reports were collated and analysed to identify any patterns or trends, we saw from people's care plans that any actions were taken where necessary, so there was no negative impact on people. We discussed this with the deputy manager who told us they would incorporate an analysis of accidents into the quality monitoring systems at the service; this was completed during the inspection.

We found that there were effective procedures in place for protecting people from abuse. Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had completed training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. The service had safeguarding policies and procedures in place for recognising and dealing with abuse. Staff said they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. One member of staff told us, "I

have done safeguarding training and it's about protecting people from things such as being bullied or financially abuse."

Systems were in place to maintain and monitor the safety of the premises. General maintenance was undertaken and service contracts were in place for fire safety equipment, hoists and the passenger lift. Regular fire safety checks were undertaken of emergency lighting, fire extinguishers and fire alarms. Staff received fire training which helped them prepare for this type of emergency.

The registered manager audited the general environment including people's bedrooms. Furniture and fittings were assessed, water temperatures and gas and electrical safety checks were undertaken to help maintain people's safety.

We saw during our inspection there were enough staff to meet people's needs and they assisted people in a timely way. This was confirmed when we checked the staff rota and had discussions with people who used the service and the staff. One member of staff told us, "There is always plenty of staff." In addition, there were separate catering and domestic staff which meant care staff could focus their attention on people's care needs. The service had a registered manager, an assistant manager and deputy manager, who were on duty Monday to Friday and also provided an on call service. At the time of our inspection there were 28 people using the service who were supported by a senior and three members of care staff in the mornings, five care staff in the afternoons and two care staff during the night.

We saw the recruitment processes in the service were robust enough to ensure people who lived at The Conifers were protected from the risk of unsuitable staff being employed. Staff files we looked at showed that the required pre-employment checks had taken place before staff were allowed to work without supervision.

People told us they received their medicines at the prescribed times. One person told us, "I always get my medicines when I need them." A senior member of staff told us, "We have recently taken advice from the local authority regarding medicines at the service and changes have been made to storage, recording and protocols for people's medicines."

People's medicines were stored securely and medicine administration records showed people were receiving their medicines as prescribed by healthcare professionals. The service had effective systems for managing medicines. We saw that staff authorised to administer medicines had received training on the administration of medicines. Medicines held at the service were checked by two staff at the end of each shift and the managers carried out medicines audits on a regular basis. These processes helped protect people from the risks associated with inappropriate use and mismanagement of medicines.

Is the service effective?

Our findings

People received care from staff who had undergone appropriate training for their roles. One person told us, "They [staff] know how to look after you." A social care professional told us, "I have never known any of the staff not know the clients well." We saw comments from a recent staff survey completed in 2016 which included, "We are always on training courses, which is good."

The assistant manager told us that they monitored staff training to ensure they had the skills to perform their role. Staff we spoke with told us they were well supported with regards to training. One member of staff told us, "The manager put me through my NVQ level 2 and I sat my maths and english; doing these has made a big difference to me and the qualification has learnt me so much about disabilities and how different people are." They went on to say they had, "Improved their learning" by completing knowledge tasks during the appraisal process.

Where additional training was required the registered manager had sourced this for staff; for example, catheter care. Staff told us that they had been supported to achieve nationally recognised qualifications. In addition, staff said that they had regular opportunities to reflect on their practice and to discuss the running of the service during staff meetings and supervision sessions. One member of staff told us, "We have an appraisal every two months where we go through any training and support we need. The good thing about this is we can talk about our practice." This ensured that staff had the knowledge and skills required to meet the needs of people who used the service.

Staff we spoke with told us they always ensured people were happy for them to provide care before they started any activity. One member of staff told us they would, "Always ask a person's permission and talk to them about what I was going to do."

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 take particular decisions, any made on their behalf must be in their best interests and in the least restrictive way as possible.

There were assessments of people's mental capacity relating to particular decisions in their care plans. Staff we spoke with showed a good knowledge of how the principles of the MCA were applied. One staff member told us, "We assess people's capacity to check if they know what we mean. We have done a best interest meeting recently and a protocol regarding the use of bed rails for one person." Another member of staff told us that best interest meetings were sometimes used to help people find ways of continuing to make their own choices.

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 had made applications to the statutory body for DoLS where appropriate.

People's nutritional needs were managed well and we saw there was joint work between the care staff and the kitchen staff to ensure people received the correct diets. People we spoke with told us the food was good and they had a choice. One person said, "Every night they [staff] ask us what we would like to eat. There is usually two options. The food is nice" and another person told us, "Staff do our evening meals, the food is nice."

The people who lived in the self-contained flats had access to a kitchenette area to enable them to make their own food and drinks if they wished to. We saw the service had ample food and drink provisions and one person living in a self-contained flat told us, "We go and get all of our provisions from the home."

We saw the dining room was nicely laid out with tablecloths, cutlery and condiments. A menu board was on display and a person who used the service completed this every day with the choice of meals for the evening. Several people required a special diet including textured food such as soft diets. We saw people received their required diet and were offered choices of foods. A member of kitchen staff told us, "Today we have asked people what choice of sandwiches they wanted for lunch and I write this down. We do the lunch in three servings [Name] is always first and then people that require pureed foods are next. There is always a member of staff in the dining room. "

We saw when people experienced difficulty in eating and drinking that professional advice was sought from their GP, dietician and a speech and language therapist (SALT). The assistant manager told us about one person whose diet had been supported by the service and other professionals; the person had achieved a weight loss of 13 stones. They went on to tell us this was through eating four healthy meals every day, regular walking groups and gardening. We saw the person was no longer on any medications.

People told us their health needs were well managed. One person told us, "The plans I have are to do with my health and I have signed them. I have had physiotherapy come and see me for help." A person we spoke with told us they were happy with the way their relatives health needs were managed, they said, "They will always get [Name] a doctor if they need one, they [staff] are very good."

People had access to healthcare professionals as required and we saw this recorded in people's care records. People had individual health files health in place which included a 'medical passport'. This included immediate and important information in an easy to read format, describing how to keep the person healthy and what support they needed.

We saw that communication within the service was good between the management team, the staff, people that used the service and their relatives. We saw methods used included daily diary notes, telephone conversations, meetings, notices and face-to-face discussions. People that used the service were seen to ask staff for information so that staff were aware of people's immediate needs. A relative told us, "They [the service] always give us information when we need it, they always let us know" and a social care professional said, "They are very good at keeping me up to date."

Is the service caring?

Our findings

People told us and we observed that staff treated them with dignity and respect. One person told us, "I like living here. The staff listen to me and respect me" and a second person said, "The staff are very nice people and I get on well with all of them." A relative told us, "They [staff] look after us when we go [visit] as well as [Name]." Staff spoke about people in a kind and caring manner. One staff member said, "I love working here and I like the people."

People who used the service were actively involved in how the service was run. The assistant manager told us and we saw minutes to evidence that people who used the service ran their own meetings at the service every three months. People sat in on recruitment panels when the managers were interviewing for new staff and one person had been invited for the second time, to be part of an interviewing panel for a health care service they were supported by. This showed that people who used the service were respected and valued.

All of the interactions we saw from staff with people were encouraging, social communications were carried out in a friendly and positive manner. It was clear that staff knew people well and took the time to positively engage with people and during the inspection we saw that people actively sought the company of staff.

We saw occasions where staff were giving encouragement and reassurance. For example, we saw a member of staff sit down with a person at lunch and support them to eat and drink. The exchange we observed was friendly, kind and caring. The member of staff encouraged the person to eat their meal as independently as they could.

The staff we spoke with were able to discuss people's differing needs with us and told us they supported them to be as independent as possible. One member of staff told us, "Certain people need some support. We support one person who has limited speech but they are still independent. [Name] will show you what they want by taking your hand and taking you to the pantry, for example, if they want chocolate or pop." One person we spoke with told us, "I am happy on my own in my flat, I have my phone and if I need anything I would ring them [staff]." We saw some people who lived in the self-contained flats did their own washing, shopping and housework.

Staff knew people needed privacy and respected this when they wished to spend time on their own, however when assisting with personal care staff said they always made sure curtains and doors were closed. People enjoyed privacy in their own bedrooms if they wanted to and some people had their own room and flat keys to maintain their privacy. Everyone who was able to, could come and go as they pleased, although some were not able to because of the legal restrictions that applied to them. This meant people's independence was promoted and respected by staff at The Conifers.

The rooms we saw were personalised to reflect people's tastes, preferences and interests. Photographs of activities were displayed in the service to remind people of events that had taken place. People were supported and encouraged to maintain relationships with their friends and family. One person told us, "I have two friends [Names] and a friend of my mums rings me up every Sunday. I often go out into the

community and staff come with me sometimes." This ensured that relationships were maintained to reduce social isolation and promote people's wellbeing.

Information was provided, including in accessible formats, to help people understand the care available to them. Discussion with people and relatives revealed that they had been involved in assessments and plans of care. One person told us, "The staff keep my care plan, I have agreed to them and signed them." For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. We saw some people at the service were receiving additional support from an independent mental capacity advisor (IMCA) whilst making decisions about their care. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live. This demonstrated that when necessary people were provided with the necessary safeguards to ensure their human rights were protected.

Is the service responsive?

Our findings

Before people came to live at The Conifers an assessment was completed to ensure their needs could be met. Information was gathered from the person, their representatives, relevant health care professionals and local authority care plans.

The assessment was then used to develop an in depth document called 'This is me,' which contained a wide range of person centred information about the person such as their previous life history, what people liked and admired about them, what was important to them and their characteristics. For example, we saw one person's said, 'I like a good laugh and joke', 'I like to sit with [Name and Name] and talk about *Sewerby*' and, 'I like to wear elasticated trousers and t-shirts with logos on them.'

Each person had three care files including information on medical details for use when and if the person was admitted to hospital, and the remaining two containing comprehensive person centred details about the persons needs and preferences for their care and support. People's care files were reviewed, updated regularly and as people's needs changed they were updated to make sure people received the care and support they required. For example, we saw one person's care file included an amendment at the front of the file to show a new monitoring sheet had been added in January 2017 for their catheter care.

The people we spoke with told us that the staff involved them in ensuring their care records were up to date and included all the information they needed to support them well. One person said, "They [staff] have records about me and I talk with them about them." A member of staff told us, "I think peoples care plans are really in depth. Once a month I go through [Name] care plan with them and see if they want anything changing."

We saw staff provided people with person-centred care. For example, staff knew which people required specific equipment to meet their needs. This included moving and handling aids, profiling beds and mattresses. We observed people walking about the service freely. Staff knew people's needs well and provided them with choices. People were able to spend time in their preferred places such as their bedrooms, flats or communal lounge areas. People told us they were able to get up when they wanted to and go to bed at their preferred time.

People's care plans reflected the care they required. For example, one person's plan showed what help they required with getting up in a morning and having breakfast and how they liked to receive the help. For example, for breakfast the care plan stated, "My choice would be Weetabix and warm milk but please don't assume I want this every day. I still need to be asked." The focus of the care plans was how staff could support people with the choices they made each day.

Each person was allocated a key worker to help support them on a day to day basis and to ensure all their needs were being met. The assistant manager told us, and we saw from records we reviewed that the care plans were regularly reviewed and where appropriate these were discussed with people's relatives, advocates and social workers.

We observed that some people were able to make decisions about how they spent their day and were able to go out independently, including going out to work, shopping and to day centres. The service had assisted people to source part time work where they had expressed an interest. We saw people worked for the local authority and local shops and others took part in gardening and cookery groups.

We saw one person had been supported to access adapted bikes along the promenade in Bridlington and had been featured in the flyer used to promote this activity. The assistant manager had sourced a copy of the flyer and sent this to the person's family. A relative told us, "They [staff] take [Name] all over the place."

Staff supported people with activities and some people sought their own activities, which included a wide variety of recreational hobbies and other interests. People told us, "I go out for walks, play pool twice a week and go to an art class", "I play football in a team" and "I go to [Name of group] every Friday where I do exercises, quizzes and play bingo. I sometimes like to watch TV and listen to music. I like music from the seventies and eighties." During the inspection we saw people go out to day centres and groups and others were at work. We observed one person spending time drawing and they told us they loved colouring. Later in the afternoon we observed approximately eight people and staff enjoying a game of bingo, the room was filled with laughter and people appeared to enjoy the game.

The service had a complaints procedure which was available to people and their relatives. In addition, there was also a comments and suggestion box for people to give their thoughts on the service. One relative told us they were aware of how to complain and said they would talk to the managers with any issues they had. The assistant manager showed us a complaints file. The file included a copy of the complaints procedure and records confirming that complaints had been investigated and resolved to the satisfaction of the complainant in line with the registered provider's policy.

Is the service well-led?

Our findings

People living at The Conifers spoke positively about the running of the service. One person told us, "[Name of assistant and deputy managers] are all right. I think it is well run" and another person said, "I am happy living here, its very kind and friendly." A relative told us, "The managers are very good" and a social care professional told us, "The service is extremely responsive and open to discussion. It has a very open door policy."

At the time of the inspection there was a registered manager employed at the service. The registered manager had worked at the service for over 20 years and was supported by an assistant manager and a deputy manager who covered when they were not available. The service also had an on call system to ensure that staff and people who used the service could contact senior staff should the need arise.

The assistant manager and deputy manager were knowledgeable about the requirements and responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staff team. The assistant manager told us they shared and learned about best practice from attending care forum meetings run by the local authority and through receiving newsletters from local safeguarding teams, the police force and the local authority.

The services statement of purpose recorded, "With many years of experience the management of The Conifers pride ourselves on offering a highly professional care service for its service users, based on putting each individual service user at the centre of the planning process for their care." A relative described The Conifers as, "The best out of the lot."

Staff said they enjoyed working at The Conifers and they received good support from the managers. One member of staff told us, "We have good management and leadership. The managers are approachable and any situation would get dealt with" and another told us, "It's a nice atmosphere working here, we can have a laugh and the managers are so nice."

Staff were able to describe to us their role within the service and what their responsibilities were. They told us that they had regular staff meetings with the managers to discuss the running of the service and any ideas they may have. Staff told us that they used these meetings to discuss the care people received and to share any learning. One member of staff told us, "We have regular staff meeting where we talk about any changes to peoples care plans and we can discuss any other issues" and another said "I enjoy the staff meetings as we all can have a view."

The registered provider also took account of the views of people using the service and their relatives, staff and other professionals through regular surveys. We saw many positive comments from these surveys. We saw an action plan from a survey conducted in 2016 with people using the service. Actions included the lounge to be re-decorated. The assistant manager told us this was to be completed in March 2017. There were meetings where people who used the service were able to express their views and opinions about how

the service was run. We saw the minutes from meetings held in January, April, June and August 2016 where people had discussed topics such as food, security and new staff starting work at the service.

The registered provider recognised the importance of regularly monitoring the quality of the service. The registered manager had a variety of auditing processes in place that were used to assess the quality and safety of the service that people received. These audits were carried out throughout the year at daily, weekly, monthly and six monthly intervals and were effective in ensuring that any areas for improvement were identified so they could be addressed quickly. Audits in areas such as the environment, infection control, equipment, medicines, staff training and development and peoples care plans were regularly carried out. We saw a medicine audit had highlighted an issue with the disposal of a person's ear drops. Staff had been re-trained in the stock rotation of medicines in response to this. The registered manager and registered provider had systems in place to continually review and improve the service.