Brighton and Hove City Council

Brighton & Hove City Council - 19 Leicester Villas

Inspection report

19 Leicester Villas
Hove
East Sussex
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Date of inspection visit:
25 April 2016

Date of publication:
25 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25 April 2016 and was unannounced.

19 Leicester Villas has up to five people with a learning disability living in the service. At the time of the inspection there were four people living in the service whose behaviour could be complex. People have single bedroom accommodation and a range of communal facilities they can use. The service is situated near Portslade railway station, in a residential area with easy access to local amenities, transport links and the city centre.

The service had a registered manager, who was present throughout the inspection, they had been in their current post for a number of years and knew the service well. 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.

The service was going through a significant period of review, where the provider and local stakeholders were looking at the service provision and what was needed and how the service would best be provided in the future.

Relatives told us people were safe in the service. People were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. There were systems in place that ensured this knowledge was checked and updated. Medicines were managed and administered safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

Care and support provided was personalised and based on the identified needs of each individual. People were supported where possible to develop their life skills and increase their independence. People's care and support plans and risk assessments were detailed, up-to-date, and reviewed regularly. One relative told us, "(Persons name) has done so much better there. The staff have motivated them to get the best out of them. (Person's name) looks so much more contented. I can't praise them enough."

Consent was sought from people with regard to the care that was delivered. Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation, which they put into practice. Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests. Referrals had been made for Deprivation of Liberty Safeguards (DoLS) and we could see that staff understood how these were implemented.

People were supported to eat a healthy and nutritious diet. People had access to health care professionals.

They had been supported to have an annual healthcare check. All appointments with, or visits by, health care professionals were recorded in individual care plans.

Care staff were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. People were supported by kind caring staff. One relative told us the staff were, "Excellent. Very caring."

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the registered manager. One member of staff told us, "It's the best here. The atmosphere here, the manager and staff are supportive. The staff are doing their best for the service users."

People and their representatives were asked to complete a satisfaction questionnaire to help identify any improvements to the care provided. There was a detailed complaints procedures should people wish to raise any concerns. The registered manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

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 had individual assessments of potential risks to their health and welfare, which had been regularly reviewed. Any incidents and accidents were recorded and reviewed.

There were sufficient staff numbers to meet people's personal care needs. People were supported by staff that recognised the potential signs of abuse and knew what action to take.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Is the service effective?

Good

The service was effective.

Care staff had received updates to their training to meet the timescales required by the provider.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

People's nutritional needs were assessed and recorded.

People had been supported to have an annual health check with their GP, and to attend healthcare appointments when needed.

Is the service caring?

Good

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Is the service responsive?

Good

The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to. The views of people and their relatives were sought and informed changes and improvements to service provision.

People had been consulted as to what activities they liked and, had been supported to join in a range of activities.

A complaints procedure was in place. Relatives told us if they had any concerns they would feel comfortable raising them.

Is the service well-led?

Good

The service was well led.

The leadership and management promoted a caring and inclusive culture.

Effective systems were in place to audit and quality assure the care provided.

There was a clear vision and values for the service, which staff promoted.

Brighton & Hove City Council - 19 Leicester Villas

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 25 April 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and notifications we had received. A notification is information about important events which the service is required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing any potential areas of concern.

There were four people living in the service at the time of our inspection. We used a number of different methods to help us understand the views of these people, who had complex needs, which meant they were not able to tell us about their experiences. We spent time in the service observing the care provided. We spoke with the registered manager, and four care workers. As part of our inspection we observed a staff handover, looked in detail at the care provided for two people, and we reviewed their care and support plans. We looked at records of meals provided, medication administration records, incident and accidents records, policies and procedures, meeting minutes, and staff training records. We also looked at the service's quality assurance audits. We spoke with three relatives and a healthcare professional.

The service was last inspected on 23 April 2014, with a follow up inspection to review progress on issues raised on 1 September 2014. At this inspection issues had been addressed and no further concerns were

identified.

Good

Is the service safe?

Our findings

People all appeared relaxed, happy and responsive with staff and very comfortable in their surroundings. Feedback from the relatives was that people were safe in the service.

The provider had a number of policies and procedures to ensure care staff had clear guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. These policies and procedures had been reviewed to ensure current guidance and advice had been considered. The registered manager had shared this revised information with staff. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. There were arrangements in place to prevent any financial abuse. People had cash books to record and check what they were spending. We saw care staff counting money in and out for people and verifying their account. Members of staff demonstrated a good understanding about what constituted abuse and how they would raise concerns of any risks to people and poor practice in the service. They told us they had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff told us they had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

There were systems in place to ensure the premises were maintained. The environment was clean and spacious, which allowed people to move around freely without risk of harm. Regular tests and checks were completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. Staff were able to access external contractors for the servicing and maintenance of the building and equipment. Records confirmed that any faults were repaired promptly. Staff told us regular checks and audits had been completed in relation to fire, health and safety and infection control and records confirmed this. Contingency plans were in place to respond to any emergencies, for example flood or fire. Staff told us they had completed health and safety training. There was an emergency on call rota of senior staff available for staff to access for help and support.

People participated in their preferred activities. They were supported to access, if they wished to attend, a range of social activities. For example, using public transport, swimming, horse riding, going out for a drink, for something to eat, and to the local shops or park. To support people to be independent risk assessments were undertaken. They assessed any risks against individual activities people were involved in, for example when they went out to local facilities and events. There had been a regular assessment of the environmental risks and this included individual fire risk assessments. There was a regular review of the risk assessments. Staff had completed training in managing people's behaviours that challenged others. Risk assessments and guidance for care staff to follow were in place to enable people to manage their behaviour.

Staff were able to tell us what was in place to support people and could talk about individual situations where they supported people, and what they should do to diffuse a situation. Records we looked at confirmed this. Additionally staff from the behavioural support team had been contacted for support and advice. Care staff had the opportunity to discuss the best way to support people through regular reviews of people's care and support and from feedback from the care staff in team meetings, as to what had worked well and not worked well. From this they could look at the approach staff had taken and identify any training issues. Staff maintained records of changes in people's behaviours or preferences. Regular reviews of these changes enabled staff to be responsive and captured learning to reduce risks of further incidents.

Staff told us how staffing was managed to make sure people were kept safe. There was a long serving consistent staff team with regular bank staff helping to provide cover for staff absences. They told us there was sufficient staff to ensure people's safety had been maintained. Our observations confirmed this. The registered manager looked at the staff skills mix needed on each shift, any planned activities, where people needed one to one support or two to one support for specific activities, and anything else such as appointments people had to attend each day. It was then possible to work out how many staff would be needed on each shift. The registered manager regularly worked in the service and so was able to monitor that the planned staffing level was adequate. Staff told us that due to staff vacancies this had led to a period of high use of bank and agency staff. Where possible the provider's bank staff were used in the service to cover any staff absence. Otherwise agency staff were requested who had worked in the service before. Staff had worked flexibly to meet people's individual needs and there had been adequate numbers of staff on duty to meet people's care needs. A sample of the records kept of when staff had been on duty confirmed this. One member of staff told us the staff team was supportive of each other and said, "It's a lovely team of staff."

There had been no recruitment of new care staff since the last inspection. The registered manager told us they had the support of the provider's human resources department when recruiting staff. All new staff went through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. An application form and an interview were completed and, two written references and criminal records check obtained. This was to ensure that staff were of suitable character to work with people.

We looked at the management of medicines. The care staff who administered medicines were trained in the administration of medicines. They told us the system for medicines administration worked well in the service. The medication administration records (MAR) are the formal record of administration of medicine within a care setting and we found these had been fully completed. Systems were in place to ensure repeat medicines were ordered in a timely way. Medicines were stored correctly and there were systems to manage medicine safely. Regular checks were completed during each staff shift to ensure people received their medicines as prescribed. This also helped to identify any discrepancies or errors and ensured they were investigated accordingly. Records detailed how people preferred to have their medicines administered to ensure a consistent approach. Where people took medicines on an 'as and when' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly.

Good

Is the service effective?

Our findings

Relatives told us staff worked closely with them, they felt the care was good, people's preferences and choices for care and support were met and care staff were knowledgeable and kept them in touch with what was happening with people.

Staff demonstrated an understanding and there were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. We checked whether the service was working within the principles of the MCA. Staff told us they had completed or were booked to attend this training. They were able to tell us when one person was supported through a best interest meeting with dental work which had been undertaken. They all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. We asked care staff what they did if a person did not want the care and support they were due to provide. One member of staff told us one way to manage this was, "We step away and switch and change staff. We don't take it personally."Another member of staff told us, "I would leave and try again."

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. The registered manager told us they were aware how to make an application, and talked with us about the applications which had currently been made. Care staff told us they had completed this training and all had a good understanding of what this meant for people to have a DoLS application agreed.

People were supported by care staff that had the knowledge and skills to carry out their role and meet people's individual care and support needs. The registered manager told us that new staff would need to complete an induction and this had been reviewed to incorporate the requirements of the new Skills for Care care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own.

Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Care staff also completed training to help them understand learning disabilities and their role in supporting people to increase their independence. They had also undertaken training to support people with epilepsy. Care staff told us this had given them information and a greater understanding of how to support people with a learning disability. Staff were being supported to complete a

professional qualification, and of the seven care staff, six had completed either a National Vocational Qualification (NVQ) or a Diploma in Health and Social Care Level 2 or above. They told us they felt they had received the training they needed to meet peoples care needs. They had received regular updates of training as required.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. A daily shift planning check list was seen to be used and showed clear accountability for tasks to be completed during each staff shift. This allowed the shift leader to allocate tasks taking into account people's preferences and staff strengths. Staff received supervision through one to one meetings, observations whilst they were at work and appraisals from their manager. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. Additionally there were regular staff meetings to keep staff up-to-date and discuss issues within the service.

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. People had been supported to attend an annual health check and review of their medicines. Staff booked GP appointments and they could attend these with staff. For one person who had epilepsy, staff were able to describe what to do in the event of a seizure, and this was also detailed in the care and support plan to ensure a consistent approach.

Care staff spent time with people each week to plan their weekly menus. They told us they worked with people to ensure a healthy menu was drawn up. Some people had specific dietary requirements either related to their health needs or their preference and these were detailed in their care plans. Care staff were able to tell us what they did to support people with their individual dietary needs. One relative told us their relative had periods of not eating very well. They told us the staff were very good at spending time and coaxing them to eat their meals. The care and support plans had details of people's likes and dislikes, and their support needs to ensure they had adequate fluid and nutrition, for example how the food should be presented and the best cutlery to use. For one person care staff were observed sitting with them and eating their own meal or snack at the same time. Care staff told us they had found the person ate more when they had company eating.

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion. Feedback from the relatives was that staff were very kind and caring. One relative told us, "I can't praise them enough." Another relative told us, "I am completely satisfied. He has a lovely relationship with the care staff. They are very thoughtful, attentive and caring."

Staff ensured they asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. Staff responded to people politely, giving them time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listening to people. They showed an interest in what people were doing.

Care provided was personal and met people's individual needs. People were addressed according to their preference and this was by their first name. A key worker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person. Relatives told us they were kept informed of what was happening for their relative. One relative told us, "They keep me in touch with what is going on." Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals and progress for working towards being more independent. These had been discussed where possible with people and their family or representative. Their progress towards meeting their goals was discussed as part of the regular review process. People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, when to spend time alone and when they wanted to be with staff. People were involved where possible in making day to day decisions about their lives.

Observations and feedback from relatives told us people were respected and their privacy and dignity considered when providing support. One relative told us, "They make their bedroom as they like it, and ensure they have as much privacy as they would like." Staff members had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they protected people's dignity. One member of staff told us they always, "Knocked on the person's door before entering and that when any personal care is being provided the door to their room is always closed."

People were supported in a homely and personalised environment. They had their own bedroom for comfort and privacy. People were encouraged and supported to have their rooms decorated with their choice of décor, and with items specific to their individual interests and likes and dislikes. One person had just looked through a catalogue and chosen a new wardrobe for their room. People had been supported to be well presented and dress in clothes of their choice.

People had been supported to keep in contact with their family and friends. One relative told us, "We like to visit as much as possible. Staff are always very nice and welcoming." Two people were helped to meet up with their family regularly in the town or at their relatives. People all had the support of their family, or from an advocacy service when needed.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People were involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and treatment. People had individual care and support plans. Care staff worked with them to develop their skills and increase their independence towards their agreed goal. Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. One member of staff told us, when asked what the service did well, "The overall standard of care is excellent. Staff are very committed. There are lots of opportunities for people to take part in activities. Staff use their initiative and support people with their activities." Relatives confirmed people had been supported to attend a range of activities and they had been involved in any review of the care and support provided. One relative told us, "They find things for them to do. (Person's name) goes horse riding, which I never thought they would do."

All the people had lived at 19 Leicester Villas for many years. Staff told us that care and support was personalised and confirmed that, where possible people were directly involved in their care planning and goal setting and any review of their care and support needs. One relative told us, "The look at what the client really wants to do. They take into account the simple things which are really important to (person's name)." Care and support plans were comprehensive and gave detailed information on people's likes/dislikes/preferences and care needs. These described a range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. The care staff told us this information was regularly updated and reviewed. Records we looked at confirmed this. This information ensured that staff understood how to support the person in a consistent way and to feel settled and secure. Care staff demonstrated a good level of knowledge of the care needs of the people. The care and support plans were regularly reviewed to monitor progress towards the development of people's life skills and independence. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, staff confirmed that advice and support had been sought from the behavioural support team and a speech and language therapist.

One member of staff was receiving support and guidance to become the 'communication champion' in the service, to promote effective communication. They told us how information was provided to people in a way they could understand. Care staff had started to use more sign language (Makaton) as people's needs had changed, and had recently attended a team's day to support them in the use of this. There was evidence in the service that demonstrated staff were aware of the best ways to support people's communication. For example we saw care staff using sign language, symbols (a visual support to written communication) an IPad, photographs and objects of reference used to support people. One member of staff told us, "We support the service users in a way they want and that is appropriate. We can adapt, for example we are starting to use Makaton."

A variety of communication methods were used including picture cards to enable people to make their choices. There were details within people's care plans of how people communicated and ways for care staff to determine, for example, if people were in pain, tired, or when they would like to eat or drink. There were

also details of how care staff could assist people to make choices, for example in one care plan it detailed, the person had difficulty in making choices and to try offering three options for them to choose from. We saw another person being shown two choices for lunch to help them make a choice about what they wanted to eat. Regular quality assurance questionnaires were sent out for people or their relatives or representatives to complete for feedback on the care provided. One relative told us, "(Persons name) has grown in confidence and ability to communicate."

People were actively encouraged and supported to take part in daily activities around the service such as cleaning their own bedroom. One person's care plan recorded they liked to help with the cooking, cleaning the dishes, sweeping and putting out the recycling of rubbish. Some people had recently lost their day care provision and staff spoke of work to ensure that all the people had a range of activities they liked to attend during the week. People were in and out during the day of the inspection and were involved in a range of activities. For example, one person had gone out with their mother for the day. Another person went out for several walks during the day. A third person was supported to make banana bread, which people ate during the afternoon. People were also supported to go swimming, horse riding and use cafes and restaurants to go out for a meal or a drink. People were also seen relaxing listening to music or the television. For one person they had been supported to buy a television and a beanbag to sit on in their room, so that they could have time on their own if they wished to. One relative told us their relative loved walking and loved drinking cups of tea. They had been supported to have regular walks and to stop for a cup of tea.

The compliments and complaints system detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies that people could complain to such as the Care Quality Commission and Local Government Ombudsman. We asked care staff how they ascertained if people were unhappy with any aspect of the care and support provided. They told us, they knew the people well, and they used either facial expression or body language to tell care staff they were unhappy. One member of staff told us, "Each individual has a very clear way of letting us know through facial expressions or body language." Relatives told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue. No complaints had been raised since the last inspection.

Good

Is the service well-led?

Our findings

The senior staff within the service promoted an open and inclusive culture. Where possible people and their relatives/advocates were asked for their views about the service. One member of staff told us, "It's managed really well. (Registered manager's name) does a good job keeping things going. He is a good leader and approachable." One relative told us the service had a, "Really nice atmosphere." Another relative told us, (Registered manager's name) keeps us in touch with what is going on."

There was a clear management structure with identified leadership roles. Staff members told us they felt the service was well led and that they were well supported at work. They told us the registered manager was approachable, knew the service well and would act on any issues raised with them. One member of staff told us, "(Registered manager's name) is brilliant. It runs well. He is open to someone coming to talk with him and give ideas. There is scope to look further into ideas and discuss at the team meetings." When asked what the service did well one member of staff told us, "It's a friendly and open staff team. I feel I could ask them any questions and they will help me. The service user's feel at home. It's supportive and has a good vibe."

The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. The aim of staff working in the service was described as , 'Our vision is to create an integrated range of effective services and opportunities that deliver timely and appropriate responses to individuals' needs and aspirations and support them in leading fulfilled and healthy lives. Our commitment is to empower people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well-being are at risk of abuse and neglect.' Staff demonstrated an understanding of the vision of the service, and promoted this and supported people to develop their life skills. They understood the importance of respecting people's privacy and dignity, and supporting people's rights and diversity. There was good evidence of working in partnership with other agencies to meet the needs of people in the service.

Staff carried out a range of internal audits, including care planning, progress in life skills towards independence, medicines, and accidents and incidents records. They were able to show us that following the audits any areas identified for improvement had been collated in to an action plan and how and when these had been addressed. Policies and procedures were in place for staff to follow. Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future.

Staff meetings were held throughout the year. These were used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incidents that had occurred. These had been used for updates on people's care and support needs, and to discuss people's progress towards their agreed goals. Where quality assurance audits had highlighted areas for improvement there was an opportunity for the staff team to discuss what was needed to be done to address and improve practice in the service. Staff told

us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service.

The registered manager had regularly sent information to the provider to keep them up-to-date with the service delivery. We looked at the last report which gave the provider information on staffing, incident and accidents, and complaints. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run. The provider had audited the service for quality assurance purposes. The registered manager told us that where actions had been highlighted these had been included in the annual development plan for the service. An action plan had been drawn up and the registered manager was able to tell us of the progress and work completed to ensure the necessary improvements were made. The registered manager was able to attend regular management meetings with other managers of the provider's services. This was an opportunity to discuss changes to be implemented and share practice issues and discuss improvements within the service.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014. For example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.