

Autism Care Wiltshire Limited

Orchid House

Inspection report

126 Whitworth Road
Swindon
SN25 3BJ

Tel: 01793 679619

Website: www.autismcarewiltshire.co.uk

Date of inspection visit: 24 March 2015

Date of publication: 29/04/2015

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



Overall summary

The inspection took place on the 24 March 2015. This inspection was unannounced. During our last inspection in April 2013 we found the provider was meeting all the essential standards and satisfied the legal requirements in the areas that we assessed.

The home had a registered manager in post. 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.

Orchid House is a specialist provider of residential care for adults who are 18 and over and who have autism, learning disabilities and other associated health needs. They provide accommodation and personal care for up to six people. At the time of our inspection there were six people living in the home. The home has five large bedrooms all with ensuite and a separate self-contained flat where one person lives. The home is situated close to local amenities which people are supported to access as part of their daily activities.

Autism affects people in different ways. The aim of the service is to accept each person for who they are and put

Summary of findings

together a bespoke package of care to ensure that each person has their individual needs met. This includes learning about the way each person communicates, what routines they have and looking at creative ways to support people to live their lives safely, protecting them from harm. Where required they involved other health and social care professionals to provide additional guidance and advice to the staff team. This included psychologists, occupational therapists and specialist nurses.

Because of people's complex needs they were unable to tell us verbally about their experiences of living at Orchid House. From our observations staff members' approach to people who use the service was kind and compassionate. We saw choices were offered and that communication was calm and respectful. People were encouraged to make their rooms at the home their own personal space where they could choose to spend time should they not want to be in the communal areas.

Relatives we spoke with confirmed they were involved in planning and reviewing their family members care and support. They told us whilst they had not had any reason to complain they felt they could raise any worries or concerns they had and that they would be listened to by the registered manager and staff and appropriate actions taken.

We were told by the registered manager the home focused on the different sensory processing difficulties people with autism may experience. Many people with autism have difficulty processing everyday sensory information such as sounds, sights and smells. We found the care therefore focused on the needs of the individual and that the home had looked for creative ways to support people to manage these difficulties.

Staff we spoke with were passionate about the job they did and told us how they looked to find ways that improved the service and the lives of people living there. The registered manager and staff had exceptional understanding of people's needs and how to deliver care respectfully.

People were supported to stay well. Staff monitored their health and well-being daily. Medicines were administered safely and at times when people required or wished to have them. Nutritional needs were considered and people were supported to make healthy food choices whilst still enjoying their favourite foods.

Staff had access to a robust training programme to ensure they had the correct skills and knowledge to support people. Individual meetings with the manager or senior support workers gave staff the opportunity to reflect on their performance and identify any future training needs. Staff had a good understanding of how to keep people safe and felt confident to act on any concerns they should have.

There was a management structure in the home that provided staff with clear lines of responsibility and accountability. The provider had an effective system to regularly assess and monitor the quality of service that people received and an effective complaints system. Staff and family members spoke positively about the support they received from the registered manager and felt that there was a real culture of openness whereby they discuss any suggestions or concerns they may have.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

People who use the service were protected from the risk of abuse because the provider had taken steps to identify the possibility of abuse happening and actions required to protect people.

Robust recruitment procedures were in place and there were enough qualified, skilled and experienced staff to ensure people's needs were met.

Arrangements for the safe storage, administration and recording of medicines were in place. People's medicines were managed so that they received them safely.

Good



Is the service effective?

This service was effective.

Managers and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink well. People were supported to stay healthy and those who were able were involved in making decisions about their health needs.

Staff supported people to access healthcare professionals to make sure they received the right treatment to meet their healthcare needs.

Good



Is the service caring?

This service was caring.

People were helped to express themselves using creative methods of communication. Staff treated people with kindness and sensitivity acknowledging their diversity and preferences.

Staff were dedicated in enabling people to become or maintain their independence and had an in-depth knowledge of people's individual needs.

Relatives spoke positively about their relationship with the registered manager and staff and felt they go "the extra mile" when providing care and support for their relative.

Good



Is the service responsive?

This service was responsive.

People were supported to access a range of activities that reflected their interests. Community and family links were actively supported by the provider and staff.

The provider and staff used innovative and individual ways of involving people so that they were empowered to be involved in how they wanted to receive their care and support.

The design of Orchid House supported people's diverse needs encouraging them to be as independent as possible.

Good



Summary of findings

Is the service well-led?

This service was well-led.

The service had a clear vision and set of values which were understood and put into practice by staff.

Staff understand their role and have the confidence to question practice and report any concerns about the care offered. Staff felt supported and that any suggestions or concerns raised were listened to and valued.

Quality assurance processes were used to monitor the standard of service provided and to make improvements where required.

Good



Orchid House

Detailed findings

Background to this inspection

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

This inspection took place on 24 March 2015 and was unannounced. One inspector carried out this inspection. Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people's relatives, looking at documents and records that related to people's support and care and the management of the service. We reviewed three care and support plans, staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

People using the service were not able to tell us in any detail what they thought of the service. We spent some time observing people in the communal areas. We spoke with four relatives about their views on the quality of the care and support being provided. During our inspection we spoke with the registered manager, the nominated individual, a senior support worker and two support workers. Following the inspection we received feedback from a health and social care professional.

Is the service safe?

Our findings

People living at Orchid House were not able to tell us whether they felt safe living at the home. However during our inspection we saw that people did not hesitate to go to any of the staff members when they wanted support or assistance with a task. This indicated that they felt safe around the staff members. We spoke with four relatives who had no concerns or anxieties about the service. Comments included, “The set-up is brilliant. They have made every effort to ensure she is safe in her environment.” “I feel (person’s name) is safe. Staff are very attentive to what he needs.”

People were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at three people’s care and support plans. Each had an assessment of people’s care needs which included risk assessments. Risk assessments included accessing the community, support for staff in managing people’s distress and nutrition. Risk assessments were used to identify what action needed to be taken to reduce the risk whilst supporting people to still take part in their daily routines and activities around the home and in their community.

The provider had guidance on each individual care plan on how to respond to emergencies such as a fire. This ensured that staff understood how people who use the service would respond to a fire emergency and what support they required. Staff had received training in fire safety and there was also a number of staff trained in first aid.

People’s safety and how to recognise possible signs of abuse were clearly understood by staff. They described what they would look for, such as a change in a person’s mood or bruising. They were able to describe what action they would take and how they would make sure people were kept safe. Training in the protection of vulnerable adults had been completed by all staff and information on the home’s safeguarding procedures and who to contact were available. The registered manager was fully aware of local procedures and their responsibilities to report any concerns to the local authority.

Staff had confidence any concerns they raised would be listened to and action taken by the registered manager or senior staff. They said the registered manager was always accessible either face to face or by telephone. There were

arrangements in place for staff to contact management out of hours should they require support. There was a whistleblowing policy in place. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice or the organisation. Staff knew and understood what was expected of their roles and responsibilities and felt comfortable raising any concerns.

Medicines were stored safely and procedures were in place to ensure people received medicines as prescribed. Regular medicine audits were undertaken to ensure staff administered medicines as prescribed. The provider had protocols for medicines prescribed ‘as and when required’, for example pain relief. These protocols gave staff clear guidance on what the medicine was prescribed for and when it should be given.

We looked at three staff files and saw people were protected by a safe recruitment system. Staff had completed an application form, had provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they are barred from working with vulnerable adults. All staff were subject to a formal interview in line with the provider’s recruitment policy. Records we looked at confirmed this.

Through our observations and discussions with relatives and staff members we found there were enough staff with the right experience, skills and training to meet the needs of the people living in the home. The registered manager showed us the staff rotas and explained how staff were allocated each shift. A health professional told us that they felt that the provider was very selective when recruiting staff to ensure they recruited staff of a “high standard.” They told us “The staff are spot on. They (The provider) has really thought about the people they are employing.”

The provider had a policy in place to promote good infection control and cleanliness within the home. There were processes in place to maintain standards of cleanliness and hygiene. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned. People living in the home were also encouraged to take part in household tasks. All staff told us they had access to personal

Is the service safe?

protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about the home's infection control process and were able to explain the procedures required when dealing with people's laundry .

Is the service effective?

Our findings

People were not able to tell us themselves whether they believed that the staff who cared and supported them had the right skills to do so. Staff we spoke with understood people's routines and the way they liked their care and support to be delivered. Staff described how they supported people in line with their assessed needs and their preferences. Family members we spoke with felt that staff took the time to understand their relative and explore ways to support them. Comments included "They have taken the time to get to know her, they probably know her better than me now." "They really concentrate on her, (registered manager's name) will always take the time to research everything. She knows her stuff."

We saw staff communicated with people effectively and used different ways of enhancing that communication. Staff had been trained in the use of an approach called 'Intensive interaction'. This approach is used in teaching the fundamentals of communication to children and adults who have severe learning disabilities and/or autism. This approach supports staff to create meaningful interactions with the people they are supporting. Some aspects of the approach involve staff using imitation and vocalisation to interact with the person. Care records contained guidance for staff on how to support people with their communication and to engage with this.

Other people used a system called PECS (Picture Exchange Communication System) to communicate. This approach involved teaching the person to exchange a picture of item they want, for example, a drink or a trip out in the car. We saw each person using this approach had either a book or a notice board containing their specific communication pictures. This supported people to make day to day choices relating to their care and support. The registered manager explained that this communication system had been used to successfully reduce the level of distress some people experienced when trying to communicate.

People had access to food and drink. Staff told us menus were based on people's preferences. If people did want what was on the menu then an alternative would be offered. One member of staff told us "There are always different foods available; people can choose what they want from the cupboard." People also had pictures of their food choices in their PECS books or boards. One person who liked to spend time in their room was offered drinks

and snacks throughout our inspection. They could also help themselves to a snack or drink of their choice anytime. People had regular checks on their weight and a record of what they had eaten daily was kept. We saw in one person's care plan they could at times become 'fixated' with certain foods. Guidance was in place to support staff with offering healthy options to maintain a balanced diet whilst supporting the person to still eat their favourite foods. People could choose where they wanted to eat their meal. We saw some people liked to eat their meal alone whilst others were happy to sit in the communal area in the kitchen.

People were supported by staff who had the opportunity to develop their skills and knowledge through a comprehensive training programme. Staff told us the training was relevant and covered what they needed to know. One member of staff told us they had received training on autism awareness. They explained how they had used what they had learnt from this training to help them understand "why people do certain things" for example, because of too much stimulus.

As part of their induction staff spent time shadowing more experienced members of staff to get to know the people they would be supporting before working alone. They also completed an induction checklist to make sure they had the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the diploma in social care. The provider told us they attended autism awareness forums and a local provider forum to support them with working to best practice.

Training needs were monitored through individual support and development meetings with staff. These were scheduled every two months. However staff told us they could approach the registered manager anytime to discuss any suggestions or raise any issues. During these meetings staff discussed the support and care they provided to people and guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. The home contacted relevant health professionals GPs, specialist epilepsy trained nurses and

Is the service effective?

occupational therapists if they had concerns over people's health needs. Records showed that people had regular access to healthcare professionals and attended regular appointments about their health needs.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less

restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications either had been, or were in the process of being submitted, by the provider.

We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them by Orchid House. One family member we spoke with explained how they had attended a best interest meeting with the home and other health and social care professionals to discuss their relatives dental treatment and to decide the best way forward. We saw records of this meeting and decisions undertaken.

Is the service caring?

Our findings

People were not able to tell us directly about the care they received. Relatives we spoke with were very happy with the care and support provided. Comments included “We love it, it’s a fantastic place. We are very happy.” “Aren’t we lucky, we couldn’t get a better place.” “They make it her home and are determined to give her good care” and “The staff are so dedicated. They are so patient and understanding with her.” Relatives told us staff were kind, caring and respectful. They had no concerns regarding the care and support their family member received. They said that staff were always available, approachable and went “the extra mile” to ensure people received an excellent standard of care.

Relatives also told us that the provider, who is also the registered manager, devoted a lot of time to the home. They felt that she knew each person and their needs extremely well. Comments included “I can’t fault her, she works really hard to get it right” and “She goes above and beyond to make sure (person’s name) gets the right support.” Relatives also said that the registered manager was extremely approachable and made the effort to keep in regular contact with them about their family member’s well-being. One relative told us their family member had recently had been unwell. They said the registered manager had text them every day to let them know how the person was doing. It had meant they had not needed to worry or that they had needed to constantly chase the home for updates.

A healthcare professional told us they observed staff treated people as individuals. They said “They (staff) approach and support people in the way they need. They have a good rapport with the people they support.” They explained that they felt staff supported people to progress and how one person was doing things that two years ago they were not able to do. This they felt was because staff knew the person well and how best to support them to try new things.

We looked at three care and support plans for people who use the service. People’s needs were assessed and care and support was planned and delivered in line with their individual needs. The care plans were person centred and included family information, how people liked to communicate and be communicated with, nutritional

needs, likes, dislikes and what was important to them. The information was extremely detailed and covered all aspects of people’s needs and provided clear guidance for staff on how best to meet people’s needs.

Staff members were consistent in their use of positive behaviour approaches. The registered manager said staff worked hard as a team to be consistent in their approach to supporting positive behaviour management and this had resulted in a marked reduction in behaviours that may be seen as challenging and cause the individual distress.

Staff we spoke with were very knowledgeable on how to meet people’s needs. They were able to explain to us how they maintained people’s dignity and privacy when supporting them with personal care. We discussed with some staff how they support young adults who have the same needs as every one of us. They explained it was really important they enabled people to express these needs such as, their sexuality and for this to be done in a dignified way.

We were quite limited with our observations as some people were out during the day and our presence caused some people anxiety. Interactions we did see were done calmly and staff treated people respectfully. Staff were attentive to the needs of people responding to them quickly. For example one person who arrived home from college became slightly anxious about our presence and the fact there was a new sofa in the lounge. Staff were quick to notice and respond to this anxiety. They supported the person to be able to say hello to us and then on their cue for a drink supported them to leave the lounge before the situation escalated.

When supporting people staff gave them their undivided attention and focused on their individual needs. They understood people well and knew their personal history and background. We saw that when one person became vocal staff were quick to spot that the person was experiencing pain by the sounds they were making. The staff member immediately offered the person pain relief which they accepted. Within a short period of time the person had calmed and was able to carry on with their activity.

We observed one person arriving home from their day at college. Staff explained that this person preferred to sit on the floor so placed a cushioned mat in front on the television for their comfort. The person arrived home and

Is the service caring?

came to sit on the mat choosing a DVD to watch. They requested a drink which staff promptly fetched. The person gently stroked the staff member's head which showed they felt comfortable in their presence.

We saw another person being supported by staff in the kitchen. The person was requesting that staff clapped their hands which they did. This made the person laugh and staff laughed along with them. The person was also encouraging the staff to twirl around which they did. Staff supported me to enter the room and be introduced to the person. The person was still laughing and looked relaxed and happy. After being introduced the person approached me and encouraged me to twirl too which I obliged. The atmosphere was calm and happy and felt pleasant to be in.

We saw people moved freely around the home choosing to sit in the communal areas, go to their bedrooms or go out for a walk. People's needs and preferences had been taken

in to account to ensure their bedrooms reflected these. For example a relative told us how their family member enjoyed looking at their books. Their bedroom had been designed to include a comfort corner with book shelves where they like to go and look at their books. Another person did not like to have light in their bedroom as it affected their sleep pattern. Specialist covers had been purchased to be put on the windows which eliminated light for the individual.

Some people had previously had personal advocates to help them express their wishes. For one person this had been beneficial during the transition process from their previous home to Orchid house. The registered manager explained that the advocate had been involved in the initial transition process for the first year the person lived there. This was to ensure there was an independent "voice" to support the person and act on their behalf during this time.

Is the service responsive?

Our findings

Relatives confirmed they were involved in planning and reviewing their family members care and support. One relative told us that when their daughter had first moved to Orchid House the registered manager had visited them at home. They said she had taken the time to find out how the person communicated their preferences, likes and dislikes. They said “We were really involved in care planning; the registered manager spent a lot of time with us. Our daughter was able to visit the home several times before she moved in.” Other comments included “I felt they learnt everything about him before he moved in” and “The care plans are really in-depth. We can talk about the care (person’s name) receives at the yearly review or anytime we have a question.”

We found that people’s changing needs were identified promptly and care plans updated to reflect this. A healthcare professional told us the home would often contact them to seek advice on how best to support a person if things had changed. They said “The manager will get in touch if they have any concerns. If they have any ideas they will run it past me. They are really responsive to any suggestions I may make to improve a situation.” They told us how they had worked closely with the home to support someone to lose some weight. They had suggested to the home that the person may like to join a local walking group. The provider had responded to this situation and facilitated the person in being able to join the group. This had supported their weight loss but had also enabled them to be able to regularly walk to their local facilities.

The provider was flexible in their response to people’s individual’s needs and preferences, finding creative ways to support people to live an independent and as full a life as possible. Care focused on the needs of the individual and we saw evidence that care plans were regularly updated to reflect the current support needs of the person. The manager explained that identifying how people communicated was sometimes “Trial and error” and that as they learnt more about the person they were supporting through interactions and observations, so the care plan evolved. They talked about one person who when they came to live in the home had experienced anxiety around food and when they would next be eating. As the person could read they had worked out a plan with them around

what they would like to eat and when. This was then put into a menu plan and times allotted to each meal or snack. As the person could read the menu and tell the time, this empowered them and gave them the control they needed to reduce their anxiety. This information was available on a notice board for the person to tick off each meal or snack. They were also able to help themselves to a snack in-between times if they wished.

Relatives we with spoke with felt the registered manager responded to people’s individual needs and were creative in looking at ways to support people to access activities and their community. One relative told us how their family member was scared of dogs. The manager and staff had listened to their suggestions and had looked at different ways to support the person with their fears whilst enabling them to access their community. The relative said the person was “Getting used to being around dogs” and how this had helped the person to build links with the community. They said “It’s been small steps” and “They have been very proactive.” They explained that the manager was now looking at the person being able to access some voluntary work involving dog walking.

Another person regularly visited their local pub. The staff member explained that because they had done this regularly staff at the pub were getting to know the person and their communication. This enabled the person to be able to independently order their drink during their visit.

Relatives and the healthcare professional we spoke with felt staff had an excellent understanding of people’s needs and how to respond to them. The healthcare professional said “The staff know people really well and are very creative in sourcing solutions. They are on the ball.” Comments from relatives included “They are very flexible and are happy to listen to any suggestions I have.” “It’s lovely to watch staff with her. They all go that extra mile” and “If (relative’s name) needs were not being met they would be unhappy when they visit us. She is calm and happy to go back to Orchid House after her visit so I know she is happy.”

Relatives told us they had confidence in staff’s abilities to respond to the needs of their sons or daughters. One relative told us about the “extensive” care plan their family member had in place to support their skin condition. They said the home had sought training from the dermatology

Is the service responsive?

nurse on the best ways to help the person manage their condition. They said “They have done incredibly well in managing her skin. They have responded and put into practice everything the dermatologist said.”

There were different communal areas for people to sit, watch the television, access the computer or eat. The areas had been adapted so people could access them safely. For example, one person would sometimes bang their head on the wall during times of distress. The home had fitted padded wall art so that the person was able to do this without hurting themselves. To visitors it was not noticeable that these were specialist padded areas and just looked like pictures hanging on the wall. They were covered with pictures that people living in the home liked.

We saw a copy of the complaints policy. The registered manager told us that they had not received any formal

complaints. She told us she had an open door policy and encouraged staff, relatives and other professionals to speak with her if they had any suggestions or concerns. All of the relatives we spoke with told us they felt listened to and could approach the manager or staff with any concerns they may have. They said they would feel comfortable to raise any complaints or concerns they may have although they didn't have any. Comments included “I would complain if I needed to, I just haven't needed to” and “We can't fault them, we are really pleased with the care they provide.” There was an easy read version of 'How to make a complaint' available on the communal notice board. Staff explained that one person was able to write independently. If they were unhappy with any element of their care then they were encouraged to write this down. Staff would then look to resolve this situation with the person.

Is the service well-led?

Our findings

Relatives we spoke with knew who the registered manager was and found her to be extremely helpful and approachable. Comments included “She goes above and beyond” and “She always has time for me and keeps me up to date with anything that’s changed.”

The registered manager told us they worked in a friendly and supportive team and this was echoed by staff we spoke with. We spoke with the registered manager and the nominated individual who explained the importance for them of recruiting staff who shared their ethos and values which included staff being passionate, caring and patient with people. Staff we spoke with said they felt supported by the management and they were confident any issues they raised would be dealt with. Staff said the registered manager was “hands on” and “supported people.” They felt that she was a good role model in supporting and teaching staff to ensure best practice when providing care for people. Staff told us they received regular supervision with their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. During these meetings guidance was provided by the line manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had.

Staff training was monitored by the provider to make sure their knowledge and skills were up to date. We saw a document that recorded all the training staff had received and how often they should receive refresher training. Staff said the provider was very good at providing them with the training they requested so that they could meet people’s individual needs. A healthcare professional we spoke with said that they had provided specialist training for staff to meet the needs of people living in the home. They found the staff “Really involved and focused” and wanting to learn about the topic they were teaching.

The registered manager along with staff attended specialist conferences on Autism Awareness to keep up with best practice. The registered manager also attended a local providers forum where they could discuss common issues and share knowledge and best practice with other providers of care services.

The registered manager told us that relatives had recently been asked for their opinion on how to improve the service. At the time of our inspection only two families had replied. Both families had responded positively about the care and support their relative received.

We asked the registered manager how they learnt from incidents. They explained and showed us the minutes of a recent team meeting where they had discussed the best way to support an individual following on from some incidents. They said all incidents were recorded so that they and staff can reflect and ensure learning took place where it could. We saw that after the team discussion a memo was sent to all staff detailing the approaches discussed and prevention strategies to support the person. The registered manager said that team meetings were a time to reflect on what was working well and what was not working well and for staff to discuss and be able to suggest strategies to improve services.

The nominated individual conducted visits every two months to check on the quality of the service. We saw evidence of these checks. They covered areas such as maintenance, infection control, staff training, care plans and observations of staff practices. Actions identified were then carried out by the registered manager who signed to say they had been completed. Other audits which regularly took place throughout the year included medication and cleanliness.