Heathcotes Care Limited

Heathcotes (Whitley)

Inspection report

Whitley Farm Cottages, Doncaster Road, Whitley Bridge
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 11 August 2015. We announced the inspection 24 hours beforehand. This was because people who used the service may have needed reassurance from staff about our role to reduce their anxiety.

The last inspection took place on 9 July 2014 and the service met the regulations we looked at.

The service is a residential home for people with learning disabilities and autism. The service has nine people living there. The building is a converted farmhouse in a rural location on the outskirts of the village of Whitley. Bedrooms are on the ground floor or upstairs, and each bedroom has en suite facilities. The service has communal areas and a secure garden for people to use. At the front of the service there is a courtyard and people accessed this, it had a locked gate.

The service had a registered manager. However, for the last 12 months they had been in the role of regional manager. The registered manager told us they retained responsibility for the service and visited at least twice a week. They told us they had been supporting the manager to develop their skills within this role. The new manager told us they intend to apply to CQC to be the registered manager of the service. A registered manager is

Summary of findings

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.

There were sufficient staff to support people who used the service. We saw that people were provided with the support required to meet their assessed needs. Staff were recruited safely.

Staff were aware of how to safeguard people from avoidable harm. The service had developed risk assessments and risk management plans to reduce the risk of harm to people who used the service. There was clear guidance in people's files about Non-abusive Psychological and Physical Intervention (NAPPI) and the use of different forms of restraint to use if needed. Physical restraint was used only as a last resort and when needed to keep people safe.

Medicines were safely managed and we safe the service had protocols in place for people who needed medication as required.

Staff were supported to develop the skills required to carry out their roles. Staff spoke positively about the induction programme, and we saw there was an ongoing assessment of their skills throughout the probationary period. Staff were supported to attend specialist training based on the needs of people they supported. There was effective supervision in place.

Staff followed the principles of the Mental Capacity Act (2005) and we saw evidence of mental capacity assessments and best interest decisions for people who were unable to give their consent. Staff understood Deprivation of Liberty Safeguards and all of the people who used the service were subject to these restrictions. The manager had completed the required referrals to ensure they followed the legislation.

People had access to appropriate health care support based on their individual needs. The service had access to clinical psychology services and they provided specific support to staff in relation to individual people.

People had access to regular snacks and drinks and the menu plans we looked at showed food provided was varied and nutritious.

Communal areas were busy, particularly in the morning when people were waiting to go out for the day. Some health professionals raised concerns this busy environment could have a detrimental impact on people with autism. The leadership team agreed to look at how this could be improved for people. They were also planning to look at how the available communal space could be used more effectively.

There were supportive relationships between staff and people who used the service. Staff respected people's privacy and the service promoted people's dignity.

There were some inconsistencies between what we saw recorded in people's support plans and how we observed staff interact and respond to people's behaviour and mood. We recommended the provider review this.

People's support was reviewed on a regular basis however, we did not see records of the achievements people had made. Staff could tell us about these but we did not see how this information had been used to develop people's support plans.

People were supported to access community transport to increase their independence and had access to a range of varied activities.

The service had an up to date complaints policy which had been sent to people's families or advocates.

There were effective systems in place to monitor the quality of support provided to people. The manager completed audits, the regional manager visited on a regular basis and the service had an independent quality assurance team who completed their own audits. This meant if concerns were identified immediate action could be taken to resolve them.

People were asked to give feedback on the service via their reviews, and the organisation sent an annual questionnaire. Unfortunately this was done across the organisation as a whole and could not be broken down to this specific service.

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?
The service was safe.

Relatives told us people were safe. Staff were aware of how to safeguard people from avoidable harm.

There were sufficient staff to meet people's needs, and staff were recruited safely.

Detailed risk assessments and risk management plans were in place. People's medicine was administered safely.

The service was clean and hygienic.

Good

Is the service effective?
The service was effective.

The service followed the principles of the Mental Capacity Act 2005. We saw evidence of the service completing mental capacity assessments and best interest decisions which involved all the relevant people.

Staff told us they were well supported and had access to training which enabled them to develop the skills they required to support people with complex needs.

People were supported to have a balanced diet.

People had access to health care professionals based on their individual needs. People had a health action plan which provided key information for health staff.

Good

Is the service caring?
The service was caring.

People were relaxed and at ease with support staff. Support staff knew people well, and respected people's dignity and privacy.

People had access to advocacy services and those who had family were supported to maintain their relationships.

Good

Is the service responsive?
The service was not consistently responsive.

We saw responses to people's behaviour were inconsistent and not always in line with the advice in their support plans. Support plans did not capture the progress people had made, as a result of this guidance for staff was not always up to date.

Requires improvement

Summary of findings

People took part in activities within the local community. There were structured activity plans in place for people.

The service had an up to date complaints policy.

Is the service well-led?

Good

The service was well-led.

Staff told us they felt well supported by the management team.

The service had systems in place to monitor the quality and effectiveness of the support provided.

People had the opportunity to give feedback on the service.

Heathcotes (Whitley)

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 took place on 11 August 2015 and was announced. The provider was given 24 hours' notice because we wanted to make sure people would be in. In addition to this we thought people who used the service might need time and reassurance from staff about our visit.

The inspection team consisted of two inspectors and an expert-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. We spoke to the local authority contracts and commissioning team, and contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

During the inspection we spoke with two people who used the service. Because not everyone communicated verbally we spent time observing interaction between people and support staff. We telephoned four relatives to get their views on the service.

We looked at communal areas within the service and we saw three people's bedrooms. We looked at three support plans.

We spoke with 10 members of staff which included the regional manager, home manager, team leader and seven support workers. We looked at three staff files which contained employment records and management records. We looked at documents and records that related to people's care and support and the management of the home, such as training records, audits, policies and procedures.

After the inspection we got feedback from seven health and social care professionals.

Good

Is the service safe?

Our findings

All of the relatives we spoke with told us they thought the service was safe. One relative said, "Security seems good and they seem to have good staff numbers. [Name] seems really happy. They keep her safe and secure and well." Another said, "[Name] is very well looked after. He is safe; he is on two to one care but still has the freedom he needs to feel in control."

Before the inspection we received anonymous concerns about staffing levels within the service. We contacted the provider and they gave us information about staffing levels over a four week period. The number of hours delivered was in line with safe staffing levels which the service had determined.

At this inspection we found the number of hours provided was in line with the hours the service told us was needed to support people who lived there. We reviewed the rotas for the last four weeks and saw sufficient staff were provided based on the support required by the people who used the service. Everyone who lived at the service had a minimum of one to one support; three people needed two support staff with them to meet their needs.

The service had two staff vacancies and was in the process of recruiting for these posts. The regional manager explained the service did not use agency staff because people who used the service needed a consistent staff team who knew them well. They said, "We have our own bank staff and can pull from other services (within the organisation) if there are staff shortages. Our own staff are very good at picking up shifts and providing cover." The regional manager and manager had covered a shift recently due to staff shortages over a weekend. This showed a commitment from the leadership team to ensure people were supported by staff who knew them well.

The regional manager explained they were working hard to recruit new staff. They showed us email correspondence with their human resources team who managed the recruitment process on behalf of the service. We saw seven people had been successful at interview and the manager was proactive in working with their HR team to enable new staff to start as soon as possible.

The staff we spoke with did not express concerns about staffing levels. Their comments included, "There is plenty of staff", "Staffing levels seem okay. Staff generally do come in if we are short" and, "Staffing is always an issue in any organisation, we pull together and make sure people are cared for and safe. We always try to give continuity, it is important for our [client] group."

The service had effective recruitment and selection processes in place. We looked at three staff files and saw completed application forms and interview records were available, which showed why staff had been found suitable to be offered a position at the service. Appropriate checks through the Disclosure and Barring Service (DBS) had taken place before people were able to start work. The DBS helps employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. There was a record of probationary reviews which took place after one, three and six months to make sure that the member of staff was working effectively before being offered a permanent contract.

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. The service had an up to date safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training, and felt confident in applying this. Training records we saw confirmed staff had received up to date safeguarding training.

The service had a whistleblowing policy. We saw information on staff notice boards which provided staff with guidance about how to raise concerns. It also gave the names and contact details of whistleblowing champions within the organisation. This showed the organisation encouraged staff to raise concerns.

Risks to people who used the service were appropriately assessed and managed. Some people required support to manage behaviour that could be a risk to themselves, other people or staff. The service used a system called Non-abusive Psychological and Physical Intervention (NAPPI) to assess, prevent and manage such behaviours. NAPPI is accredited with the British Institute of Learning Disabilities for training in physical interventions. There was clear guidance in people's files about NAPPI and the use of different forms of restraint to use if needed. We found that if physical restraint was used it was only as a last resort and

Good

Is the service safe?

when needed to keep people safe. Records showed that physical restraint was used infrequently and the reasons for using it were explained and showed it was an appropriate response.

Staff told us that the majority of behaviour management included distraction techniques or removing someone from an activity to calm a situation. All the staff we spoke with felt that the use of intervention and restraint was well managed and that they had never felt it was abusive. Guidance in support plans included details of specific behaviours and the best approach to take in order to de-escalate the situation. There was also information about anxiety, possible triggers that could cause distress and how people might behave when they were upset.

Accidents & Incidents were recorded. These were then reviewed by senior staff. There was a clear record of action taken as a result. Incident logs were sent to the service's head office. If concerns were raised in relation to an individual the behaviour therapist and NAPPI advisor could review this and offer additional advice and support to staff. This meant the service was monitoring people's behaviour and if concerns were noted additional specialist advice and guidance was provided.

However, we noted one significant incident had not been recorded; this involved a member of staff being injured by a person who used the service. This had happened within the last four days and the person's health and social care team had been contacted regarding the incident. We spoke to the manager about the importance of recording serious incidents such as this in a timely manner.

Safe systems protected people against the risks associated with medicines. Each person had a medication administration record (MAR) for regular medicines and a separate MAR for medicines which were taken 'as required'. MAR charts were clearly written and included pictures of each medicine which provided another safety check that the correct medicines were being administered. MAR charts had been completed correctly and we found no unexplained gaps in the records. There was a list of sample signatures so that the member of staff who signed the MAR could be identified. Where an 'as required' medicine had been administered the reason for this had been recorded. Some people had been prescribed 'as required' medicine to help calm them when their behaviour became unmanageable and a risk to others. We noted that these medicines had been used infrequently. This showed that they were being used responsibly and not as a regular means of controlling behaviour.

People's support plans contained detailed information about the medicines they were prescribed. Information included the reasons they took each medicine and possible side effects. Any allergies to particular medicines were also noted. There was also guidance about what to do if a medicine was not taken for any reason.

Most medicines came in a blister pack which had been prepared by a pharmacist. We noted that blister packs included a picture of the person they had been prescribed to. This was another way of helping to prevent any errors in administration. Other medicines, including boxed medicines and creams were labelled and stored appropriately. Medicines were kept in locked cupboards in a locked room to make sure they were stored securely. Controlled drugs were stored in a separate, secure cupboard and there were clear records of when controlled drugs had been administered and received from the pharmacist. A running total of controlled drugs in stock was recorded and we found this to be accurate.

Where required, some medicines were stored in a lockable fridge. There were daily temperature checks of the fridge and the room to make sure medicines were stored at the required temperature. We noted that the medicines room sometimes came close to being too warm but there was a plan in place to cool the area if this happened.

There was a record of medicines returned to the pharmacist, which had been signed. However, no date was recorded which would make it difficult to review returns if needed.

The provider told us that MAR charts were checked at the end of each shift by team leaders to make sure they had been correctly completed. There were also weekly medicine audits by a manager which checked all aspects of medicine management to make sure there had been no errors.

The service was clean and hygienic. There was appropriate protective equipment which we observed staff used to prevent the risk of infection.

Good

Is the service effective?

Our findings

People were supported to receive effective care. A member of staff told us, "It is about getting to know people well; what they like and what they don't like, and working with them to achieve their goals. We develop support plans and specific strategies for each person."

All of the staff we spoke with told us they felt well supported by the management team. One member of staff said, "I recently started six weeks ago. I had a good induction and have never been placed in a situation I have been uncomfortable with." Another staff member told us, "There is good support and I can go to the manager with anything. We have supervisions every six to eight weeks."

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. The staff we spoke with had a good understanding of the Mental Capacity Act 2005.

Where there was any doubt about a person's ability to consent to an important decision a mental capacity assessment had been completed. A best interest meeting had then been held. This is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision was then made based on what was felt to be in the best interest of the person. We saw best interest meetings regarding finance management, behaviour management and consent to care and support.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are in place to protect the rights of people who use services, by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect people from harm. All of the people who used the service had authorised Deprivation of Liberty Safeguards (DoLS) in place. This was because each person had a staff member who supported them at all times, this meant people were constantly supervised.

A copy of the DoLS authorisation was kept in each person's file and gave clear reasons for why restriction was necessary. On the day of our visit a DoLS assessor was visiting one person as their authorisation was due to expire. This demonstrated that the service was meeting legislative requirements.

Staff had the skills and knowledge required to support people who used the service. All staff completed a five day classroom based induction, this had recently been updated in line with the Care Certificate and the 15 fundamental standards of care. It included the following topics; working in a person centred way, autism awareness, safeguarding, infection control and NAPPI training. Once people had completed this they shadowed experienced team members for four days so that they developed knowledge specific to the service and started to get to know the people they would support.

Staff were subject to a six month probationary period. During this time direct observations of their interaction with people were completed by the senior staff team which were then discussed at their probationary review meetings. This showed a commitment to supporting staff to develop the skills they needed to work at the service.

Staff told us the induction training was helpful and prepared them to carry out their role. Comments included, "Really good induction," "Great induction, I felt very prepared to work here and have just completed some specialist training in autism."

Out of the seven health and social care professionals we contacted two raised concerns about the effectiveness of staff training, particularly around the skills needed to support people with autism. Despite this we saw evidence staff had access to more specific training courses to assist them to support the people who used the service. Training subjects included; epilepsy awareness, buccal midazolam (this is rescue medication for people with epilepsy) and NAPPI level 3.

The service contracted support from a clinical psychologist who had experience of supporting people with autism. They provided supervision to the manager of the service. We spoke with the psychologist who explained they also provided specific techniques for staff to use to better support people. They told us they held 'focus groups', where staff could discuss any concerns they had about people who used the service. The psychologist told us staff responded well to their suggestions and felt people received effective support to meet their needs.

Staff had access to regular supervision. Supervision is an opportunity for staff to discuss any training and development needs or concerns they have about the people they support, and for their manager to give

Good

Is the service effective?

feedback on their practice. The registered manager told us supervision took place at a minimum of six times per year. We reviewed three staff files and saw evidence of supervision taking place in line with the service policy. Supervision contracts were in place. We saw evidence of 'instant' supervisions. These were in addition to regular supervision and were used to discuss a particular incident or to say 'thanks' for a particular piece of work.

People were supported to have a healthy and nutritious diet. We were told the service had a winter and summer menu, which contained a range of healthy foods, snacks and treats. Staff told us people had a choice of what they ate each day. We saw people who used the service and staff sat and enjoyed a meal together. People were supported to have regular drinks and snacks throughout the inspection. One relative told us, "They try really hard to get him to eat a broad range of food including fruit and vegetables."

We saw people had access to health care based on their individual needs. Two people who used the service were being supported on a regular basis by the community learning disability team nurse. People had 'Health Action Plans' in place which included specific details of their mental and physical health needs and what support they needed to maintain their well-being.

Three of the seven health and social care professionals we spoke with raised concerns about the environment. One said it was, "Busy and loud, and not always the most supportive physical environment for people with autism." During our inspection the service felt busy, particularly in the morning when people were getting ready to go out into the community. There were a lot of people and support staff in the main communal area in the home which added to the feel of a busy environment.

There were five communal areas within the home. One of these was out of use and a sensory room was being planned. This would provide people with autism a calm space to enjoy. A new extension had been built, however it had a lot of furniture in there and also contained staff lockers. The regional manager explained people did not use this room but agreed to look at the room layout and removing staff lockers to enable this to be a calmer area for people.

We shared the concerns with the manager and regional manager after the inspection. They agreed to look at ways to utilise the available space in the service more effectively and told us they would consider people staring community activities at different times of the day to reduce the number of people in the main lounge waiting to go out.

Good

Is the service caring?

Our findings

Throughout the inspection all of the interactions we saw, between people and their support staff, were kind and caring. It was evident people had good relationships with support staff. One relative told us, "Staff show care and concern and seem to have a very nice relationship with her." Another said, "They see [person's name] as an individual. They know how to have a laugh with him, that goes beyond training. They are really very good."

People were supported to maintain relationships with their families. They were supported to visit their relatives, where possible, on a regular basis. Relatives told us they were able to visit the service whenever they liked. Comments included, "I can visit anytime. I have just dropped in and have called in at all hours when I have been passing" and, "There are no restrictions on visiting. They are more than happy for us to visit at any time and are very accommodating."

People's relatives spoke positively about the service, "We are quite pleased she has moved there, she has a little bit more independence. We have seen great improvement in her mood and behaviours. She is very happy there."

Staff spoke with warmth about the people they supported. It was evident staff enjoyed supporting people and they told us about the importance of helping people to have a good quality of life. Comments from staff included, "The quality of life of people who use the service is important to us," "I enjoy working here. It's interesting and I am learning a lot. I am here to help someone else have a good day and I feel good if they feel good. It's nice to help someone else," and, "I enjoy working here and I am motivated to help people."

A health professional told us they thought staff really cared about people who used the service. They told us they had observed people to have trusting and valuable relationships with staff. They said, "Support staff are very caring and hungry to learn more." A social care professional told us the person they worked with, "Had a good rapport with support staff and they responded well to support staff."

Support staff ensured people's dignity and privacy was respected. One person chose to stay in bed until lunchtime, and we saw support staff sat outside the person's room to ensure if support was needed they were available, but they respected the person's decision to remain in bed.

The service promoted peoples dignity. In the main lounge area there was a 'dignity garden' on the wall. This included colourful pictures, artworks and phrases promoting dignity. It also contained details of dignity champions who worked in the organisation and listed '10 dignity challenges'.

People's likes and dislikes were recorded in their support plans, and a 'listen to me book' provided staff with knowledge about peoples preferences and life experiences. This was particularly important for people at the service as they were not able to verbally tell staff what was important to them.

One person who used the service had support from an advocate. We saw information about advocacy in support plans. The manager was aware of local advocacy services and knew how to refer people for this support if it was needed. This meant people who did not have family or friends were supported by an independent person to ensure their views were heard.

Requires improvement

Is the service responsive?

Our findings

People did not consistently receive support which was responsive to their needs. Although support was reviewed on a regular basis we did not see people's support plans were updated to show the changes to how people were and the support they needed.

People's achievements and progress were not always recorded. For example staff and health and social care professionals shared with us examples of people's behaviour and mood improving. However, we did not see this had been used to review and update people's support plans. We were told one person had made good progress since being supported at the service and they were looking to reduce the support they required. However, we did not see any plans in place to support this. This meant staff did not always have the most up to date guidance about how to support people.

We saw some inconsistency in response to people's behaviour. There was a difference between what we were told, what we saw recorded in people's support plans and how staff responded. For example one person liked to touch people's hair. Guidelines stated that this behaviour should not be encouraged. We were told by the manager this person should be redirected to another activity by support staff. The person's support plan said, 'staff must intervene and redirect [name] to another activity'. However, we observed some staff allowed the person to touch their hair repeatedly and did not redirect the person to another activity. The manager acknowledged some staff take a different approach to this behaviour and agreed there should be a consistent approach which is recorded accurately, and which staff follow. It is important to ensure people are provided with consistent responses to address behaviour which could put themselves or others at risk of harm.

We recommend the provider consider how best to provide consistent support in line with the person's support plan.

People were supported to maintain relationships with their family and friends. Relative's told us they were involved in reviews. One said, "I am involved in decisions and always get invited to reviews." We saw people were allocated a keyworker who met with the person regularly to discuss the support and make any changes which were needed.

Support plans contained detailed information about people's needs, life experiences and their likes and dislikes. Support plans included information about daily routines and how staff could provide the person with a structured day. Information was included; on epilepsy, communication, personal hygiene, eating, community access and medication, mental health. Staff told us they had time to read the support plans and they were an important tool in getting to know people. Support plans were signed and dated by staff to say they had been read. This showed the service ensured staff had taken time to read support plans and keep up to date with any changes to the person's needs.

The regional manager explained they had access to psychology input and a NAPPI specialist and sought specific advice for people if this was needed. This advice was used to support staff to develop effective support plans.

We saw daily records were updated regularly throughout the day and night. Staff had a daily handover at the start of each shift and were told about how people were. Staff told us these were helpful to them

A member of staff told us, "Everyone has an individual activity plan, based around what they want to do." Activities included swimming, park, outings, pub, and arts and crafts. On the day of our inspection three people were supported on a day trip to the coast, and two people went out for lunch with their individual support staff. We saw people were supported to visit their families and access the local community.

The service had two vehicles which were accessible for people to use, but people were also encouraged to access local public transport. In June this year people were supported to go on holiday, the service hired a caravan at Skegness. One person had been supported to attend music concerts. The service had two rabbits which were housed in the gardens and people were involved in looking after them.

The service had an up to date complaints policy. This had recently been updated and had been sent to people's families along with the newsletter.

Good

Is the service well-led?

Our findings

The service had a registered manager. However, they had been promoted to the role of regional manager a year ago but had not deregistered. We were told the regional manager spent at least two days a weeks at the service. They told us they wanted to retain the role of registered manager as they remained actively involved in the service.

The manager of the service had been in the role for 12 months. We were told they had registered as the manager of a new service which had opened opposite. This was a similar type of service for six people. The registered manager told us they wanted to avoid the manager being overwhelmed with both services. The plan was that the current manager would register as the manager within the next three months. The reason for this was to enable the deputy to be in post, and for the new service to be running efficiently.

The manager was also supported by team leaders who supervised staff and a team of support workers.

Relatives gave us positive feedback about the management of the service. One relative told us, "I am confident they always act in her best interests. They are caring people and they [the staff] get a lot of support from a well organised caring company." Another said, "I wouldn't have any problem ringing the management about anything. Communication is very good."

Staff told us they felt well supported by the management team and could approach them with any concerns. They spoke positively about working at the service. Comments included, "I really love it, the other staff are really good and supportive and the managers are kind and really helpful," and, "I feel well supported."

Regular staff meetings took place which gave staff the opportunity to discuss the service, any concerns regarding people and also to learn more about developments within the organisation.

People who used the service had a monthly meeting with their keyworker and could give feedback on the support they received. We also saw evidence of 'residents' meetings taking place on a regular basis. Topics included activities, menus, bedrooms, families, staff, well-being, holiday, fire and complaints. This showed people were involved in decisions about the service.

The organisation completed an annual survey, which consulted people who used services, relatives and health and social care professionals. However, as the survey was completed across the whole organisation, we were unable to see the results which related to this service. The regional manager told us if there were any concerns about an individual service this would be flagged up to the individual manager.

The service had effective systems in place to monitor the quality of the service delivered. We saw clear evidence of audits completed by the manager. These included audits of, medication, support plans and accidents and incidents.

In addition to this the organisation had a quality monitoring team who completed visits to review the service. We saw evidence of these audits which were robust and contained actions for the service to make improvements. We could see clear evidence these actions had taken place. The last audit completed by the quality monitoring team resulted in a score of 90 per cent. This was in May 2015 and meant the service would be visited by the team every three months. The regional manager told us this was the gold standard within the provider's system.