

## At Home in the Community Limited

# Hallgate

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Hallgate is a residential care home based in Hexham, Northumberland which provides accommodation and personal care and support, for up to five people with learning and/or physical disabilities. There were five people in receipt of care from the service at the time of our visit.

This inspection took place on the 18 and 19 January 2017 and was unannounced. The inspection team consisted of one inspector.

The last inspection we carried out at this service was in December 2015 at which the provider was found to be in breach of three of the regulations that we inspected which included safeguarding people from abuse and improper treatment, staffing and good governance. The provider submitted action plans linked to each of these breached regulations, stating how and by when they would meet the requirements of these regulations. At this inspection we found improvements had been made in all three of the aforementioned areas.

A registered manager was in post at the time of our inspection who had been registered with the Commission to manage the carrying on of the regulated activity since August 2016. 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.

People who could tell us they felt safe living at the home. Their relatives confirmed they had no concerns about the way their family member was treated by staff. The provider had a safeguarding policy and procedure in place that gave staff information about how to appropriately safeguard people in their care from harm or abuse. Historic safeguarding or potential safeguarding matters had been dealt with promptly and correctly.

Risks that people were exposed to in their daily lives had been assessed and were regularly reviewed. Environmental risks within the building were also well managed to protect people's safety. Emergency planning had been considered and measures were in place to support people appropriately in the event of unforeseen incidents taking place. Accidents and incidents were documented, analysed and measures put in place to prevent repeat events.

Recruitment procedures were robust, as was the management of medicines within the service.

People's needs were met and staff were very knowledgeable about how to support people in line with their needs. People's general healthcare needs were monitored and they were supported to maintain their health and wellbeing. Where people were ill, medical attention was sought promptly. Staff and people enjoyed good relationships and there was a calm and happy atmosphere within the home.

People's dignity, privacy and independence was protected and promoted. Staff involved people in their care and they chose how they lived their lives. People were heavily involved in a range of different activities within the community and staff supported and encouraged this.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty safeguards. The Mental Capacity Act (MCA) was appropriately applied and the provider had submitted applications to the local authority to deprive people of their liberty lawfully, to prevent them from coming to any harm where they lacked capacity. The service understood their legal responsibility under this act and they assessed people's capacity when their care commenced and on an on-going basis when necessary. Decisions that needed to be made in people's best interests had been undertaken and related records were available for us to view.

Staff support and training had improved since our last visit and staff had received training in key areas which had previously not been completed. Supervisions and appraisals took place. The induction programme had been developed to include the Care Certificate.

Care records were well maintained and regularly reviewed to ensure they remained up to date. Monitoring tools were used to ensure continuity of care. Handovers between shifts took place and a diary system was used to pass messages between changing staff teams.

The registered manager was organised and focused. We received positive feedback about her approach and the improvements that had been introduced since our last inspection. The provider's oversight of the service had improved and quality assurance systems were effectively applied. The provider's compliance team monitored the service well and this meant that any shortfalls which were identified were promptly addressed. Staff and the registered manager were accountable for their actions.

## 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 said they felt safe living at the service and their relatives reflected they had no concerns about how their family members were treated.

Safeguarding procedures were followed.

Risks that people were exposed to in their daily lives were appropriately assessed, reviewed and managed.

Staffing levels were appropriate and recruitment procedures continued to be thorough.

### Is the service effective?

Good ●

The service was effective.

People told us and our observations confirmed that people's needs were met.

People were supported to maintain their general health and wellbeing. Their nutritional and hydration needs were met.

The provider was meeting the legal requirements of the Mental Capacity Act 2005.

Staff induction, training, supervision and appraisal was carried out regularly.

### Is the service caring?

Good ●

The service was caring.

People and staff enjoyed good relationships.

People were treated with dignity and respect. They were supported to maintain and develop their independent living skills.

Staff involved people in their care. They met with people

regularly, reviewed their needs and planned the type of support they needed to live active and happy lives.

### **Is the service responsive?**

The service was responsive.

People received person-centred care and their care records were individualised and detailed.

Tools were in place to monitor people's care and promote continuity of care.

Choice was promoted and people were very active within the community pursuing activities that interested them.

There had been no complaints since our last inspection but a procedure was in place to follow should this be necessary.

Feedback systems were in operation via which the provider could measure service satisfaction levels from a range of relevant parties.

**Good** ●

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

The service was well-led.

People, their relatives and staff gave positive feedback about the registered manager and her approach.

Staff told us they worked well as a team and good leadership was in place.

Improvements within the service had been made since our last visit. Quality assurance systems were now appropriately applied and effective in identifying any shortfalls.

The provider had a good overview of the performance of the service and any risks that existed.

Action plans were used to drive through improvements.

**Good** ●

# Hallgate

## 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 18 and 19 January 2017 and was unannounced. It was carried out by one inspector.

Prior to our inspection the provider submitted a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all of the information contained within the PIR and also an action plan the provider sent us following our last inspection carried out in December 2015, to evidence the steps they planned to take to achieve compliance with the legal requirements of the Health and Social Care Act 2008.

We reviewed statutory notifications the provider had submitted since our last visit and we obtained feedback about the service from Northumberland contracts and commissioning team and safeguarding adults team. Statutory notifications are submitted to the Commission by registered persons in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of deaths and other incidents that have occurred within the service. We used the information that we had gathered and reviewed, to inform the planning of this inspection.

During our inspection we spoke with the registered manager, four members of the care staff team, four people who used the service and three people's relatives. We carried out observations around the premises and reviewed records related to health and safety matters, medicines management, governance and quality assurance. We also reviewed three people's care records to establish if they were appropriate and well maintained, and we looked at two staff files to review recruitment processes, staff training and the level of support staff received to fulfil their roles.

## Is the service safe?

### Our findings

Due to the nature of their needs, some people were not always able to hold extensive conversations with us, but they understood our questions, and gave simple answers such as "yes" and "no". People confirmed that they felt safe living at the home and those who could, told us staff had always been kind to them. Relatives told us they had no concerns about their family members' safety and that when they visited the service they had not witnessed anything that worried them in terms of how staff treated people.

Our own observations of care delivery supported what people had told us. We did not identify any concerns about people's safety based on how they were treated and supported by staff.

The provider had clear safeguarding policies and procedures in place for staff to follow in the event of a safeguarding incident. Staff were clear about their own personal responsibility to report matters of a safeguarding nature and to escalate concerns both internally and externally should appropriate action fail to be taken. The registered manager had a good understanding of her role in protecting people from abuse and improper treatment, and historic safeguarding records showed that the provider's safeguarding policies and procedures had been followed appropriately. Northumberland safeguarding adults team told us there were no on-going safeguarding cases currently at the service.

Risks that people were exposed to in their daily lives continued to be appropriately assessed and they were well managed, such as risks associated with mobility, accessing the community and behaviours. Risk assessment documentation was regularly reviewed to ensure it remained current and it was updated in line with changes in people's needs. Environmental risks within the building were addressed and control measures were in place to ensure that risks such as the development of legionella bacteria in the water supplies were minimised. Utilities supplies such as gas and electricity, and other equipment within the home, were serviced regularly to ensure they remained safe for use. Health and safety checks around the building were carried out regularly to promote people's safety.

Emergency planning had been considered and files were in place at exit points around the building which staff could use to assist them in the event of an unforeseen incident or emergency, such as a fire or flood. These files contained the contact details of staff in management positions within the provider's organisation who covered the service. There was also a list of local contractors who could be contacted, for example, to assist if there was a gas leak within the home. Each person living at the home had an personal emergency evacuation plan (PEEP) in place which gave staff instruction and guidance about the level of support they would need to exit the building in an emergency situation. Contact details of people's families and other relevant healthcare professionals had been made available to staff should they need to locate these in a hurry.

Accidents and incidents that occurred within the service were appropriately recorded and analysed to review why they occurred and what measures needed to be put in place to prevent repeat events. Information was sent to the provider in line with governance systems within the service for further analysis of trends and patterns, and to decide if any further action needed to be taken which if needed, actions were

allocated to the registered manager.

There were no concerns about staffing levels. The registered manager allocated shifts to staff around people's pursuits and their time spent at home. For example, where people were out all day enjoying time at day care centres there were less staff on duty, and alternatively, the required number of staff were allocated to work particular shifts depending on the support people needed to partake in activities in the community, such as going swimming or shopping. Staff told us staffing levels were appropriate to people's needs and allocated accordingly.

We looked at recruitment paperwork related to two new members of staff, both of whom had been employed since our last inspection. We found the provider's robust recruitment processes and procedures continued to be followed at this inspection. Appropriate selection and vetting checks continued to be carried out, to ensure that people were supported by staff who were of suitable character and fit and able to carry out their roles.

The management of medicines within the service continued to be robust. Best practice guidance had been followed in respect of the storage, administration, recording and disposal of medicines. Measures were in place for ensuring that when people spent time away from the home with their families, the name, quantity and dosage of each of the medicines they took away with them, were recorded and signed for by the receiving party (usually family members). Any medicines that returned to the home with the person were also checked and recorded.



## Is the service effective?

### Our findings

People told us they were happy living at the home and they were supported well by staff. One person said, "I like it. Staff are nice. They help me". Another person answered "yes" when we asked them if staff looked after them. One person's relative told us their family member had made good progress since coming to live at the home and they were very pleased about the standard of care and support that they received.

Staff had a very good knowledge of people's needs and how to support them appropriately. We observed care interactions and saw that when one person became a little agitated, a staff member immediately engaged with them and distracted them with an activity which calmed their mood. They described the nature of the person's needs and gave a summary of background information about how they supported them in a variety of different settings or circumstances. The information that staff relayed to us about people's needs and abilities tallied with information we read within their care plans and risk assessments.

The provider supported people to maintain their general health and wellbeing. For example, staff enabled people to attend regular appointments with the dentist, chiropodist and opticians. People were also supported to attend overall health and wellbeing assessments at their general practitioners surgery. Staff responded appropriately to people's changing needs and where necessary, input into people's care from specialist healthcare professionals, such as psychiatrists, was evident.

People were supported with their nutritional and hydration needs. Menus were decided communally on a weekly basis, but any individual people with specialist dietary requirements had their own meal plans to follow. Some people were supported with healthy eating plans and staff encouraged them to make healthy food choices to promote their health and wellbeing. There was a variety of healthy food options available to people and all meals were home cooked on the premises. If people did not want the evening meal being prepared, they told us an alternative option would be made available.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found the provider had not appropriately applied the Mental Capacity Act 2005 (MCA). People's capacity to understand some elements of their lives such as managing their finances, had not been appropriately and formally assessed. In addition, applications for DoLS had not been made to the local authority in line with legal requirements and detailed paperwork related to best interest decision making was not maintained.

At this inspection we found improvements had been made and the provider was meeting the requirements

of the Act. Capacity assessments were carried out by care managers at the point that any best interest decision making took place and the registered manager retained meeting minutes and other information about these decisions. Applications for Deprivation of Liberty Safeguards (DoLS) had been made to the local authority safeguarding team in accordance with legal requirements and the service was awaiting the outcome of these applications. Each person had been assessed by the local authority in terms of their capacity and ability to manage their own finances. Where necessary, arrangements had been put in place to ensure that people's finances were appropriately and safely managed via financial deputyships, so that they were not open to the possibility of being financially abused. A 'deputy' is a person or organisation who is appointed by the Court of Protection to make decisions on behalf of other people where they do not have the capacity to make those decisions themselves.

At our last inspection the provider was not meeting regulatory standards in respect of staff induction and training. At this visit we found the induction programme had been revisited to include the Care Certificate, and new staff told us they were in the process of working towards completing this. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health. It was brought into force in April 2015. It is a set of minimum standards that social care and health workers stick to in their daily working life and sets the new minimum standards that should be covered as part of induction training of new care workers.

Staff training had been assessed since our last visit and all staff had either been retrained or received initial training in areas the provider considered to be mandatory, such as safeguarding, the safe handling of medicines and first aid. In addition, staff had completed training in the management of actual or potential aggression, so they were equipped with the necessary skills to deal with any behaviours that may challenge. All staff were in the process of completing training in other areas specific to the needs of the people they supported, which included learning disabilities and autism awareness. The registered manager told us she also planned to enrol staff on a course related to supporting people with a sensory impairment. This showed the provider had made improvements to the training programme delivered to the staff team and management oversight of staff training needs was much better.

Staff told us and records confirmed that supervisions took place regularly and appraisals annually. All of the staff we spoke with said they found these one to one sessions with the registered manager useful and supportive. Supervisions and appraisals are important as they are a two-way feedback tool through which the manager and individual staff can discuss work related issues, training needs and personal matters if necessary.

Staff told us that communication within the service was good and they had no concerns in this area. We observed good communications and exchanges of information between the registered manager and staff during our visits to the home. Relatives told us they enjoyed regular communication with staff and the registered manager and they received regular updates and feedback about their family member's care, their progress and any issues or concerns.

## Is the service caring?

### Our findings

Our observations of the care which staff delivered and how they supported people confirmed that both staff and people enjoyed positive and caring relationships. Staff were friendly with people and understood the importance of professional boundaries in this setting which they reinforced where necessary. There was a calm atmosphere within the home and people were happy and content in the presence of staff.

People told us they liked the staff who supported them and they were kind to them. Relatives relayed positive feedback about staff saying they were, "great" and "interested in their views and opinions".

Staff treated people with dignity and respect. One member of staff said, "I am a guest in their home". We saw staff spoke to people politely and kindly. People and staff enjoyed sharing jokes with one another and talking about various elements of their days and lives. Staff regularly asked people if they were alright and when they recognised a slight change in their mood, they asked people if they were worried about something and if they could help.

People were not rushed when being supported by staff. People decided what they did and when they did it. Staff provided explanations when delivering care about what they were going to do to support people, in advance of doing so. They completely encouraged people to partake and be involved in any care they delivered, and any activities and tasks they pursued.

People were involved in their own care via regular meetings with their keyworker, who reviewed their needs with them and supported them to plan for any goals they wanted to achieve in their lives. Key documentation across the service was presented in pictorial format that met people's needs and this showed the provider communicated with people appropriately. For example, there was pictorial information about how to make a complaint and this was posted on the back of people's bedroom doors for them to refer to at any time. On a regular basis people assisted staff to complete health and safety checks throughout the building and the forms they completed were written in a pictorial format. Where people were able and had the capacity to understand, they had signed their care records which evidenced they were involved in the care planning and review process and they agreed with what had been written.

Independent living skills were actively promoted within the service. Staff encouraged people to do as much as possible for themselves, including attending to their own personal care, making meals and washing their clothing and bedding. We observed some people carrying out household jobs independently which they said they enjoyed being able to do. Some people were able to go out independently and this had been appropriately risk assessed. This showed the provider sought to promote people's independence as much as possible, supporting them to achieve their full potential in this area of their lives.

Equality and diversity was respected and promoted. People pursued different activities to their peers based on their differing interests or their cultural and social beliefs. One person was supported to fulfil their religious needs and they attended a local church group weekly.

The registered manager told us that nobody using the service at the time of our visit had an advocate acting on their behalf, other than family members where they were actively involved in people's care. Advocates represent the views of people who are unable to express their own wishes. The registered manager told us they would access advocacy services via people's care managers in the future, should this be necessary.

## Is the service responsive?

### Our findings

People told us that staff always assisted them when they needed help, in any area of their life. One person said, "They take me to the leisure centre" and "They help me". Another person confirmed that staff were "good" and they "helped". Relatives told us they were happy with the care that was delivered to their family members and they found the staff responsive to changes in people's needs or certain situations as they arose. People told us, and their relatives confirmed they were happy living at the home. One relative commented, "The staff are very good at findings things that interest (person's name). They listen to what we say and we are able to talk to them. We feel we can raise issues and they are dealt with. If something came up, I am confident that we would be informed and that the staff would deal with it properly".

The care and support staff delivered continued to be person-centred. Pre-admission assessments had been carried out before people first came to live at the home. There had been no new people admitted to the service since our last inspection. Detailed information remained within people's care records about their range of dependencies, needs and any risks they were exposed to in their daily lives, for example, related to their mobility and personal care needs. This information had been regularly reviewed and updated over the last 12 months in response to any changes. Care records remained very individualised and staff told us they felt they had a range of good information available to them, to support people both safely and appropriately. There was information about people's life histories and their likes and dislikes. Separate health and finance files were retained for each person to ensure that records were structured and easily accessible to staff when needed.

A keyworker system remained in operation and staff told us this worked well. A keyworker system involves one staff member being allocated to oversee that a particular person receives the most appropriate care for their needs and that they are supported to achieve the goals they have set in their lives. Keyworkers are also responsible for ensuring that specified people's care records are regularly reviewed and kept up to date. The evidence we gathered at this inspection indicated that this system worked well in this service.

Care monitoring tools continued to be used within the service to promote continuity of care. These included behavioural monitoring charts, records of people's sleep patterns and incident charts. Health reviews were carried out monthly between people and their keyworkers, to ensure that people's general health needs were being met, and that any issues were followed up where they needed to be. Future appointments were logged in these records and in the diary held within the office. Each person also had a daily diary where staff made entries about what people's days had looked like and whether or not there had been any issues or concerns that had arisen which needed to be monitored or followed up. Staff were expected to review the previous entry when coming onto shift. Handover meetings took place between changing staff teams daily and checks on keys, medicines, finances and any outstanding actions or tasks were carried out and recorded at this time.

Staff promoted choice. People were asked if they wanted to go out into the community, what they wanted to eat and we saw that they moved around the home freely and made their own decisions about where they spent their time. Staff took part in activities such as swimming and athletics to enable people to pursue

activities of their choosing. Some people pursued activities on a one to one basis with staff and others attended day care centres locally which they told us they enjoyed. One person went horse riding and others attended exercise classes at the local leisure centre. People went out shopping with staff for food, clothing and personal items. Social inclusion and the development of social skills was promoted by the provider. Each of the people in receipt of care from the service lived active lives and they accessed the community on a daily basis.

The provider had an established complaints policy and procedure in place which explained how complaints would be handled and the timescales involved. The registered manager confirmed there had been no complaints received in the service since our last inspection. The complaints process was highlighted to people as there were posters in their rooms on the back of their bedroom doors explaining how they could complain if they wished to do so.

The provider continued to actively seek feedback about the service from people, their relatives and external healthcare professionals. Annual questionnaires had been sent out recently and the results were in the process of being analysed by the provider's compliance team. During our inspection the provider sent us some copies of completed questionnaires and these showed people and their relatives were highly satisfied with the service they received. Feedback about all different aspects of the service continued to be gathered via meetings, which were held for people who lived at the home and staff separately, on a monthly basis.

Records showed the service continued to work well with external healthcare professionals and that staff and the registered manager sought to obtain the best possible outcomes for people.

## Is the service well-led?

### Our findings

Since our last inspection a new manager had been recruited to the service. She had registered with the Commission in August 2016 to manage the carrying on of the regulated activity. At this visit we found the registration requirements of the service had been met and we were satisfied that incidents had been reported to us in line with the requirements of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives gave positive feedback about the new manager. One person said, "I like (registered manager's name)". Relatives comments included, "She certainly gets things done" and "(Registered manager's name) is very good. She keeps me well informed".

Staff told us they worked well as a team and had good leadership and direction from the registered manager. They described her as "approachable" and "proactive". One member of staff told us, "Anything and everything I have ever needed help with that I have taken to (registered manager's name), she has dealt with. I couldn't fault (registered manager's name), I really couldn't". Another member of staff said, "There has been a big change since (registered manager's name) came. She listens and she has empathy. If feedback is given to (registered manager's name) she deals with it. She is very approachable".

We spent time talking with the registered manager about her vision for the service. She told us, "I am keen to make improvements to the service and be the best we can be. I am so proud of the staff, they have worked so hard since your last inspection to improve where we needed to. Hopefully you will see that". She continued, "My door is always open and I have a 'can do' attitude". The registered manager had a good overall knowledge of the service and people's individual needs. She was also responsible for the delivery of the regulated activity in another of the provider's services nearby and she split her time equally between this service and that one. Staff told us they were fully aware of the manager's whereabouts and they could contact her at any time on her mobile if she was not physically in the home.

The provider's 'purpose' stated, "At Home in the Community is a Christian charity providing social care and support for people with learning disabilities. We aim to ensure that people with learning disabilities have the same rights and choices as the rest of the community. Our support is centred on the individual to meet their everyday needs and assist them in achieving their goals, so they can live life to the full". They used three words to describe their personality and these were, "respectful", "reliable" and "responsible". On this occasion we found the provider and staff displayed care and support that matched the written values of the service.

At our last inspection we found the provider had some quality assurance systems in place, but these were not effective in identifying the shortfalls we found in a number of regulations at that time. At this inspection we found improvements had been made to the overall application of quality assurance systems within the service, and this had resulted in improvements in the areas where there had previously been breaches of regulation. A registered manager had been recruited who was proactive in their approach and had a good understanding of the service overall. DoLS applications had been submitted to the local authority and were in the process of being assessed. The training programme for staff had been expanded to include extra

relevant skills and in mandatory areas refresher training had been completed. The Care Certificate had also been embedded into the staff induction programme.

The registered manager monitored the number of safeguarding incidents, accident and incidents, any medication errors and complaints/concerns raised, via electronic log records. A range of audits were also carried out related to medicines and health and safety. She told us that she was responsible for submitting a monthly operational report to the provider's compliance team and accompanying this she had to send copies of her staff training matrix and supervision and safeguarding logs for review at provider level. The operational report was designed around the Commissions five key question areas of safe, effective, caring, responsive and well led and looked at a range of different elements of the service under each of these headings. If there were any concerns or actions identified from these monthly submissions, the compliance team issued a service improvement plan for the registered manager to address.

The registered manager reported directly to the practice director who visited the service bi-monthly to carry out an independent audit and assessment of the service. Where any issues were identified these were highlighted in an associated action plan and their completion was checked at the next visit.

Members of the provider's compliance team visited the service on a six monthly basis to assess at the service overall. They also provided support in the form of carrying out specific audits within the service when required to identify potential shortfalls and to drive through improvements. For example, the compliance team had carried out a thorough audit on the management of medicines within the service, as a result of a number of medicines errors occurring within the service in recent months.

The provider's compliance team had introduced a service based risk management review tool, onto which any people deemed to be 'at risk' for a variety of reasons were entered. For example, people were added to this tool when they were at risk because of concerns over their mobility, weight or behaviours, based on information gathered from incidents they had been involved in. On a monthly basis the registered manager was tasked with providing an update to the compliance team about the person's progress in terms of how they have been that month, if any professionals had been involved in their care, progress in risk areas and care record reviews if applicable.

From all of the monthly submissions that the compliance team received, they developed a risk profile for each service. This profile rated the service in terms of their level of risk based on their performance in relation to a list of set criteria including safeguarding incidents, training completion, feedback, practice director visits, care plans reviews and action plan progress.

A 'Smart action plan' for each service had been introduced by the compliance team to manage and track actions that needed to be addressed. Actions were carried forward until they were completed. Any actions needed for any aspect of the service could be added to this plan for completion, but the compliance team managed what was entered and when it was marked as complete. Internally within the service, the registered manager had introduced a separate service improvement plan to monitor overall improvements that needed to be made.

The registered manager told us that she was keen to involve families as much as possible in the running of the service and to keep them up to date with any key changes. She told us she had recently introduced a newsletter which she planned to issue to relatives every six months, in order to keep them informed and promote their involvement in the service. The registered manager told us and relatives confirmed that two events had been held within the home where relatives were invited to come and enjoy time with their family members and each other, at a summer barbeque and Christmas party afternoon tea. Relatives said they



appreciated this approach and they felt more connected with the service as a result.

The provider had a recognition scheme in place where managers could nominate members of their staff team as a reflection of their hard work. If selected as one of the top achievers, the provider gave a monetary gift to staff. The registered manager told us that this was a nice way of being able to reward staff for their efforts.

Records throughout the service were organised, well maintained and securely stored. This ensured that they remained confidential and access was restricted to only those people authorised to see them.