

Dimensions (UK) Limited

Dimensions 2 Buckby Lane

Inspection report

2 Buckby Lane
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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

We carried out an unannounced comprehensive inspection of Dimensions 2 Buckby Lane on 10 December 2015. The registered manager was not available at the time of our first visit and we visited the service again on 8 January 2016. This was to determine whether the registered manager was meeting the requirements of their own registration as well as that of the service.

The service provides accommodation and support for up to four people who have learning disabilities or autism. Dimensions 2 Buckby Lane aims to support people to lead a full and active life within their local community and continue with life-long learning and personal development. The service is a converted house, within a residential area, which has been furnished to meet individual needs.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service is required by a condition of its registration to have a registered manager.

People living at Dimensions 2 Buckby Lane received care and support from knowledgeable and experienced support workers. Many of the support workers had supported people living at the service for some years and demonstrated an in-depth knowledge of people's needs and aspirations. Support workers were supported to undertake training to support them in their role, including nationally recognised qualifications. They received regular supervision and appraisal to support them to develop their understanding of good practice and to fulfil their roles effectively.

Support workers sought people's consent before they provided their care and support. Where some people were unable to make certain decisions about their care the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. Where people had restrictions placed upon them to keep them safe, the staff continued to ensure people's care preferences were respected and met in the least restrictive way.

People were supported to have their health needs met by health and social care professionals including their GP and dentist. People were offered a healthy balanced diet and when people required support to eat and drink this was provided in line with professional's guidance.

The service responded to people's needs and supported people to develop their skills and independence. We heard many examples of how people had been supported to develop their communication skills, self-care abilities and to have increased enjoyment in the community.

Support workers understood how to keep people safe. They had received training in safeguarding and were able to demonstrate an awareness of abuse and how concerns should be reported. People's safety risks

were identified, managed and reviewed and the staff understood how to keep people safe. Systems were in place to protect people from the risks associated with medicines.

There were enough support workers to keep people safe and support people to do the things they liked. The provider's recruitment process had been effective at identifying applicants who were suitable to work with people.

Support workers were able to demonstrate their understanding of the risks to people's health and welfare, and followed guidance to manage them safely. Risks associated with people's care and support needs were identified and addressed to protect them from harm. Environmental risks were managed safely through regular servicing and audits.

Support workers supported people to identify their individual wishes and needs by using their individual methods of communication. People were encouraged to make their own decisions and to be as independent as they were able to be.

Relatives told us people were happy and content in the home. We observed people appeared relaxed and calm in the company of staff who they readily approached for support when required.

Support workers promoted people's independence, and praised people when they undertook or completed household tasks or activities.

Relatives told us they had no reason to complain but knew how to do so if required and that the staff. The registered manager listened to people's comments and implemented identified learning from incidents and accidents.

The senior staff provided clear and direct leadership and effectively operated systems to assure the quality of the home and drive improvements.

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's medicines were available when needed and managed safely.

People were protected from abuse and avoidable harm. Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

Recruitment arrangements were safe. There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs.

Is the service effective?

Good ●

The service was effective.

Staff had received the training, guidance and support they needed to enable them to meet people's day to day needs effectively.

The registered manager had applied the principles of the Mental Capacity Act 2005 when decisions were made in respect of people's care and treatment. This ensured the rights of people who could not consent to their care were protected.

People had access to sufficient food and drink of their choice. Staff understood how to support people effectively during meal times.

People's health needs were managed effectively. Health professionals were contacted promptly when people became unwell.

Is the service caring?

Good ●

The service was caring.

Relatives praised staff for being kind and caring. We observed staff delivered care with consideration and compassion.

People were supported to make daily decisions. They could choose how they spent their time, to stay in contact with relatives and practice their faith.

People were treated with respect and their dignity was maintained.

Is the service responsive?

Good ●

The service was responsive to people and their needs.

People's needs were assessed and reviewed to ensure changes were identified and managed responsively.

Activities in the service reflected people's hobbies and interests and contributed to a stimulating environment for people.

People and their relatives had opportunities to provide feedback. Relatives were confident improvements would be made when they raised concerns.

Is the service well-led?

Good ●

The service was well led.

The registered manager and senior staff provided clear and direct leadership to support workers, who understood their roles and responsibilities.

There was an open and caring culture throughout the service. Support workers understood the provider's values and practised them in the delivery of people's care.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements.

Dimensions 2 Buckby Lane

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 10 December 2015 and 8 January 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We did not request a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We obtained this information during the inspection. At the last inspection on 3 July 2014 the service was meeting the essential standards of quality and safety and no concerns were identified.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with three people using the service, three relatives, the registered manager, two Assistant Locality Managers who also provided direct support to people as well as two support workers. We reviewed care records and risk assessments for four people using the service. We also reviewed training records for all staff and personnel files for three staff, medicine administration (MAR) records and other records relevant to the management of the service such as health and safety checks and quality audits.

Is the service safe?

Our findings

People were relaxed with support workers, joked with them, freely approached and sought out support workers. This indicated they felt safe at the service in the company of their support workers. All the relatives told us their family member was safe and they did not worry about their safety. One relative said "I have no concerns he is 100% safe".

There were posters displayed in the entrance hall and office about how people and support workers could report any allegations of abuse. People received the service's safeguarding information in a format appropriate to their needs telling them what abuse was and what to do if they felt at risk. All of the support workers had received safeguarding training as part of their induction and ongoing training. They were able to describe the purpose of safeguarding and the signs which might indicate a person had been abused. Support workers were clear about their responsibility to report any concerns they might have about people's safety.

The registered manager had reported any allegations of abuse to the local authority, and had cooperated with safeguarding investigations. We saw the registered manager had taken action following an investigation to make sure that learning from this incident was shared with staff. Support workers were able to describe a safeguarding plan in place and the action they took to make sure the person felt safe. One support worker told us "We are now always checking that he is happy with the support and the staff". People were kept safe as support workers understood their safeguarding role and responsibility and took action to keep people safe as required.

Risks to people had been robustly identified and measures put in place to ensure people's safety. People had risk assessments and plans in place for specific health conditions, access to activities at home and in the community, epilepsy management and when being supported in and out of their wheelchairs. For example, there were emergency plans in place for people who experienced epileptic seizures. Support workers were clear about the action they needed to take when one person experienced prolonged seizures. They told us they would contact the emergency ambulance service or speak with the person's GP as agreed in their risk management plan.

There was a focus on positive risk taking so that people had the opportunity to try new experiences and develop their independence. People's risk assessments also reflected the person's abilities and how care assistants could support the person's independence. For example, people were supported to independently do their shopping while staff waited for them outside and support themselves, where appropriate, to get in and out of their wheelchairs. During our visit we observed people being supported to make their own hot drinks and breakfast safely.

Where people found it difficult to manage their money independently, the registered manager had systems in place to support people appropriately and to protect them from financial abuse. This included systems for documenting money which was held, and spent, by people living in the home. Support workers were familiar with the home's money management systems and these were checked during each shift to ensure

all monies were correct. Records confirmed a manager also checked the money records monthly and the operational managers told us no concerns had been identified since our last inspection.

Recruitment practices were safe as the relevant checks had been completed before support workers worked unsupervised at the service. Some recruitment information was stored centrally by the provider's human resources team, but was made available electronically to the registered manager for review of applicants or to review staff's recruitment details. All required recruitment information had been checked before applicants were offered a support worker role, including a full employment history with explanation of any gaps. Identification checks and conduct references from previous employers were verified before applicants were offered employment. Criminal record checks provided assurance that applicants were suitable to safely support people in the home. This made sure people were protected as far as possible from staff who were known to be unsuitable to work with people living in a care home.

Relatives did not have any concerns about staffing levels. We observed that support workers were available to support people whenever they needed assistance or wanted attention. The staff roster indicated sufficient support workers were available in accordance with people's assessed staffing requirements. The registered manager explained how support worker hours were managed flexibly to provide sufficient staff availability to support people to attend planned activities throughout the week. Support workers were also made available to support people on holiday or when they had to stay in hospital. The daily shift planner was used to allocate specific tasks to each support worker so that people would receive the support they needed. There were sufficient staff deployed to meet people's needs and wishes.

People received their medicines as prescribed. We observed staff administering a person's eye drops. The support workers supported them in their room, chatted with them and reassured them so they would remain relaxed. This ensured that the person was given their medicines safely.

People's medicines support plan included guidance for support workers on how the person preferred to take their medicines and when these should be administered. For one person with swallowing difficulties, their medicines were mixed in with some food to support them to swallow it safely. Though this had not been recorded support workers could describe how they would do this safely.

People's medicines were stored in locked cabinets, and appropriately labelled to ensure people were only administered their own prescribed medicines. Medicines were administered by two support workers who together checked people's medicines administration records (MARs) to ensure people received their prescribed medicines at the required times. Records were signed immediately once people had taken their medicines, to reduce the risk of errors. Support workers spoke knowledgeably of the medicines prescribed for each person, and understood any potential side effects. Training and competency checks ensured support workers maintained the skills to safely administer people's medicines. Weekly medicines audits demonstrated that the provider's procedure was followed to reduce the risk of administration errors.

There were emergency plans in place for people, support workers and the building maintenance. In addition, there were weekly maintenance checks of the fire system and water temperatures. There were systems in place for the maintenance of the building and equipment. People were involved in fire evacuation drills, and reviews of this demonstrated support workers followed appropriate actions to promote people's safety. Risk assessments protected people and staff from the risk of harm in the event of a fire. Checks and servicing by qualified contractors ensured the safety of equipment and utilities in the home. For example, hoists used to support people's transfer between wheelchairs and beds were last serviced in December 2015, and the annual gas safety reviews had been completed in February 2015. Regular health and safety checks were carried out to ensure the physical environment was safe for people to live in.

Is the service effective?

Our findings

In addition to the provider's required training topics, such as safeguarding people from abuse, fire and food safety, and infection control, support workers were required to complete training in aspects of care required to meet people's specific needs. This included safe use of hoists to transfer people between their beds and wheelchairs, and managing people's epilepsy. Records showed all support workers had either completed the required training or plans were in place for them to complete this at the next training event. Support workers spoke positively about the training they received and told us this provided them with the knowledge they needed to understand people's support needs. People were protected from harm, because support workers were skilled to meet people's identified needs effectively.

Support workers told us they felt very well supported. Records showed their care practices were discussed at regular one to one supervision sessions and team meetings with the manager. Support workers told us this also gave them the opportunity to identify and discuss solutions to problems, improve care practices and to increase understanding of work based issues. One support worker told us "Supervisions are regular. We get the opportunity to discuss anything we might find difficult". Annual performance and development appraisal meetings took place to identify and address staff training and development needs. Support workers were appropriately supported to ensure they were able to meet people's needs effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Mental capacity assessments and best interest decisions were in place for people in relation to specific decisions. For example, when the decision was made to use bedrails to keep one person safe when in bed and to agree people's holiday spending. The registered manager ensured they reviewed treatment decisions made by health professionals to ensure they met the requirements of the MCA and people were involved appropriately in any decisions about their health and welfare. Support workers sought consent from people before care and support was provided. For example, we observed staff checking with people in a way they understood what activities they wanted to do and what they wanted to eat.

People were supported with documents in an appropriate format to understand their rights. For example, the MCA and a document entitled 'how we make big decisions' supported people to understand the process

of mental capacity assessment, and how their views influenced any decisions lawfully made on their behalf.

The registered manager and Assistant Locality Managers understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). Four DoLS applications were correctly completed and submitted to the local authority. The registered manager was awaiting the outcome of these applications. Where restrictions were placed on people these were only used when needed to keep people safe. For example, one person had to wear straps to keep them safe when in their wheelchair, support workers supported them to move safely about the service without the use of their wheelchair where appropriate.

People's health needs were assessed and planned for to make sure they received the care they needed. For example, staff recorded people's seizure activity and detailed monitoring records were kept to be shared with the person's GP and consultant to support them in making effective treatment decisions. People had access to health care professionals, such as physiotherapists, dieticians, speech and language therapists (SALT), dentists, chiropodists and specialist consultants. People's care records demonstrated support workers had liaised with healthcare professionals when needed.

Each person had a health plan and record that included important information about them if they went into hospital. These had been kept up to date and included when people had seen specialists or had their annual health checks. Care plans also told support workers how they would know if a person was in pain. One person's care plan stated 'I can tell you when I am in pain or sometimes I go quiet'. Support workers we spoke with understood people's health needs and knew how to support them to stay healthy.

People who were able to had been involved in planning and preparing the weekly meals. There was a meal preparation plan displayed for each day and people were given the opportunity to support with the cooking. We observed people helping themselves to their cereal when they got up and loading the dishwasher. Support workers ensured mealtimes were a social and pleasurable experience. They sat chatting with people and knew what people liked to eat and drink. One support worker told us "X always drinks at the end of their meal, Y always drinks first". We saw they were supported to have their drinks in line with their preferences.

People's nutritional needs were assessed, monitored and planned for. When required people were weighed monthly and action was taken to support people to maintain a healthy weight. Two people had swallowing difficulties and their food and fluid plans reflected the SALT's guidance. These plans included the consistency of food and drinks the person needed. We saw support workers supporting people appropriately during lunch. They could describe how they would know if people had had enough to eat or at what pace people preferred to eat. People were not rushed to eat their meals and received the support they needed to eat and drink sufficiently.

Is the service caring?

Our findings

We received positive feedback about the way support workers treated people. One person's relative told us "All the staff are brilliant" and another said "He is loved by all the staff." Two people told us they liked their support workers and one said "I love (support worker A)". The registered manager told us "It is all about making sure people are happy. I see staff with people every day, they know them, like them and want the best for them". There was a family atmosphere amongst people living in the service and support workers told us they encouraged people to get to know each other.

We observed interactions between support workers and people and they were patient, supportive, kind and friendly. For example, support workers encouraged a person to independently get into their wheelchair before lunch time. There was a lot of friendly chatter and people appeared to be having fun and enjoying themselves. Support workers responded promptly to people requesting assistance and they did so in a patient and attentive way.

Support workers were passionate about supporting people to maximise their abilities. They told us how they were encouraging people to try new things and they were proud when people achieved their goals. We observed support workers had adapted the cooking activities in the home so each person was able to be supported to participate and enjoy what they cooked in line with their SALT guidance.

Support workers showed that they had built good relationships with people, speaking about them warmly showing that they held them in high regard. Support workers recognised people's differences and knew them as individuals. For example, there was an understanding from support workers that people's behaviour was to be interpreted as the individual trying to communicate and this was not viewed in a negative way.

One relative said "They always talk with him, taking their time". Support workers showed respect for people by addressing them using their chosen name, maintaining eye contact and ensuring they spoke to people using wheelchairs seated at their level. We observed staff were not rushed when talking with people.

Support workers also assisted us to communicate with people who could not easily express themselves verbally. People appeared to understand when support workers spoke with them and spontaneously responded with smiles or sounds which support workers understood. Support workers showed compassion and kindness towards people. For example, when one person became upset staff comforted them promptly. They spoke tenderly with them and sat with them till they felt better and the support worker had understood what was upsetting them.

Each person had a designated key worker with particular responsibility for ensuring the person's needs and preferences were known and respected by all support workers. We found support workers took their key worker responsibilities seriously and supported the rest of the staff team to understand the person's needs and wishes. This helped to encourage consistency of care because the key worker ensured people's daily routines and activities matched their individual needs and preferences.

Support workers treated people with dignity and respect and supported them to maintain their privacy and independence. We observed support workers spoke with people in a respectful and caring manner and were sensitive to people's moods and feelings. When people needed personal care support workers assisted them in a discrete and respectful manner, for example when people needed to use the bathroom. When personal care and medicine was provided this was done in the privacy of people's own rooms. Each person had their own individual bedroom where they could spend time in private when they wished. Support workers knew when people preferred some peace and quiet and liked to be alone, and respected their wishes.

Support workers respected people's confidentiality. They treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information about people was kept securely in the office.

People were supported to maintain relationships with their relatives and friends. Relatives were encouraged to visit as often as they were able to, and support workers also supported people to stay in contact with family members by telephone. Relatives comments included "I am always very welcome" and "I can just pop in at any time". Support workers supported people to visit friends who lived in other services supported by the provider. People were encouraged to maintain personal relationships and protected from the risk of social isolation.

Is the service responsive?

Our findings

People benefited from a stable staff team who had been working at the service for some years. They understood people's needs and people received care in line with their individual preferences and wishes. One relative told us "I like that all the staff know him. There aren't a lot of new faces the whole time". Support workers knew what was important to people. One support worker told us "He has a great sense of humour, we always help him choose funny birthday cards for his family". This information was noted in this person's care plan so all staff would know how to support them to choose the kind of birthday card they liked.

People were supported to participate in a range of social and leisure activities in line with their personal interests. These included holidays, trips out, visits to relatives, attending community disability resource centres, swimming and social events. The staff team worked flexibly and supported people with activities in the service when they could not go out. Support workers were knowledgeable of the local bus service and specialist transport options available to ensure people accessed the activities they liked. The registered manager kept this under review. They told us they had assigned support workers to people and explored transport options to ensure support workers kept to people's agreed activity schedules. Support plans documented people's preferred routines and activities.

People's care was planned to meet their individual faith needs and they were supported to practice their faith if they wished to. One relative told us "He likes to go to church and staff support him on Sundays".

Adjustments had been made to the service environment and facilities to support people to remain independent and stay safe. For example, flooring had been changed to support people to move about easily. These adjustments had been made discreetly and tastefully so that it still felt like people's home.

Support workers stayed in regular contact with people's social workers and health professionals. They were kept informed of changes to people's needs or if people needed additional support to make important decisions about the accommodation or health treatment. At the time of our inspection people's relatives supported them with making important decisions. The registered manager knew how to source independent advocates for people to support with decision making if needed. An advocate is independent of a person's local council and can help them express their needs and wishes, and weigh up and take decisions about the options available to them.

Relatives told us they had been involved in the development of people's support plans and were kept informed of any changes. One relative told us "They always let me know when he is unwell or in hospital". People and their relatives were involved in annual care reviews to discuss whether people's support continued to fulfil their needs and what their future wishes were. Key workers had ensured actions following people's reviews had been completed. These included supporting people to choose a holiday, continue with activities they enjoyed and support them to get a new wheelchair and comfortable arm chair. People's care was adjusted to meet their changing needs and aspirations.

The provider conducted bi-annual surveys for people, their relatives and staff to seek feedback on the quality of care experienced. The most recent survey results had not been collated at the time of our inspection, but the Operations Director informed us that findings indicated an overall satisfaction with the care provided, which reflected the feedback people's relatives shared with us. People also provided feedback at support worker's annual appraisal and this was used to review support workers' performance and identify any areas for development. People had the opportunity to influence improvements in the service.

The registered manager said they operated an "Open door policy". This was confirmed by relatives who told us they were actively encouraged to feed back any issues or concerns to the registered manager or to any member of staff. Relatives told us they were confident that action would be taken if they had any concerns. One relative said "I once felt that communication could be better in letting us know when new staff started and this has improved". People were encouraged to raise issues or concerns through their key worker. We were told of examples when action had been taken when people had let them know they were unhappy or worried. The service had a complaints policy and procedure. This was made available to people in a format they would easily understand. The service had received one formal complaint in the past year. This complaint was not related to the delivery of care and the provider was investigating this concern in line with their complaints policy.

Is the service well-led?

Our findings

The service had a clear vision and strong values and the registered manager encouraged support workers to put these into practice. The service's values centred on the people's needs and wishes. Support workers understood the provider's objectives of maximising people's life choices, promoting dignity and supporting people to develop life skills. Throughout our inspection, the registered manager and support workers demonstrated they worked in a manner consistent with these values. The registered manager told us the staff team had really embraced these values and were committed to "Empowering people and creating opportunities for them to explore new experiences and build their independence". Support workers, relatives and people's records gave us many examples of how these objectives had become a reality for people.

To ensure support workers were good role models in promoting the service's philosophy, they received training tailored to the needs of the people and the culture the provider wanted to embed in the service. The service provided a comprehensive induction programme for new staff and there was continuing training and development for established staff. Support workers told us this philosophy was reinforced through monthly staff meetings and one to one staff supervision sessions with the registered manager.

Support workers told us the registered manager was approachable and open and showed a good level of care and understanding for the people within the service. The registered manager managed two other services as well and we found the Assistant Locality Managers provided effective leadership when the registered manager was not at the service. They had a good understanding of the monitoring arrangements and the risk management in the service. The registered manager told us the Assistant Locality Managers were completing the provider's leadership training to support them in their management roles. Support workers told us they felt valued and that they were being actively consulted and involved in developing people's care plans. We found, from staff records and from speaking with support workers, they understood their roles and responsibilities. The provider had an ethos of developing staff's skills and promoting them within the organisation wherever possible. People benefited as the provider had taken action to attract and keep their staff, which in turn provided continuity for people in the delivery of their care.

The service policies were kept under review so that support workers would know what current best practice looked like. They told us this enabled them to assess whether people had received care in line with current quality and safety standards. Support workers were made aware of new policies at the monthly team meeting. Records showed this provided support workers with an opportunity to evaluate their work in line with current guidance. Support workers were given the opportunity to provide feedback on their colleagues' work practice during the annual appraisal procedure and told us they were familiar with the provider's whistleblowing policy. Support workers told us they felt confident to raise any risks or quality concerns with the registered manager and trusted that action would be taken. One support worker told us "It is a very open staff team, whenever we have any concerns we will tell the manager. We are listened to and our suggestions are taken on board".

The registered manager had developed a culture of learning, development and problem-solving. The service

has had to adjust to supporting people with changing and more complex health needs in the past year. The staff team had embraced this change and had developed their skills in moving and handling, supporting people to eat safely and epilepsy support. The provider had ensured the service had the resources and training available to respond effectively to people's needs. The registered manager told us "We have learnt so much through this process that will make it easier to accommodate people with more complex needs in the future". The service continued to learn and develop support workers' skills in line with current best practice.

The safety incident reporting system ensured the registered manager would be informed of all incidents that could indicate people's health and safety were at risk. Staff's response to safety incidents were reviewed by the registered manager so that swift action could be taken to keep people safe if needed. For example, when staff raised concerns about the weight of a wheelchair, action was taken to source a lighter wheelchair to ensure safe moving and handling. When the registered manager had become aware of safety incidents they had ensured appropriate actions were put in place to reduce the risk of reoccurrence.

The registered manager had a good understanding of the areas of the service that required improvement and had plans in place to address these. They told us "We have put in a lot of work to introduce systems in the service and get the records up to date. We now need to review the care records to make sure all the information in relation to people's care and medication is complete".

Monitoring arrangements supported the registered manager to meet the requirements of their own registration as well as that of the service. Compliance audits were completed by the provider's auditing team annually, reviewing various areas of care at each visit, including support planning, medicines administration and finance management. Findings indicated the level of compliance identified at each visit. Where issues were identified, these were used to inform the service improvement plan and progress monitored by the registered manager to ensure effective actions were completed in a timely manner to drive the improvements required. The service had last been audited in September 2015. Following this audit the registered manager had taken action to ensure staff training was booked and completed as required by the provider.