Downing (Barwell) Limited

Saffron House

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**

Overall summary

This inspection took place on 6 and 9 October 2014 and was unannounced.

Saffron House is a care home without nursing and registered to accommodate up to 47 people. The home specialises in caring for adults and older people, and people with physical disabilities or living with dementia. There were 46 people living at the home when we visited. The home is purpose built and all the bedrooms are single with en-suite washroom. There was a lift and a set of stairs to access the first floor The garden was easily accessible to people with limited mobility or for those people who used a walking frame or wheelchair.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

People who used the service told us they felt safe. People were confident to speak with staff if they had any concerns or were unhappy with any aspect of their care.

People who used the service had their care needs assessed to ensure the care to be provided was safe and appropriate. Risks associated with individual needs were assessed to ensure measures were put in place to remove or minimise them. For instance people at risk of falls or those who needed support with their personal care, had been assessed and guidance provided to staff to ensure those risks were reduce and managed safely.

The provider's recruitment procedures ensured as far as possible that only staff suited to work with people who used the service were employed. Records we looked at showed the staff were employed after all the pre-employment changes were carried out.

There were enough suitably trained staff on duty to meet the needs of people using the service. The provider had a process for determining how many staff should be on duty. That process took into account people's dependency levels and matched with the skills, experience and qualification of the staff required to meet their needs.

People were supported to receive their medicines at the right time. The service had safe arrangements for storage and the management of medicines.

The provider had taken steps to provide a safe and comfortable home environment that promoted people's safety and independence. All areas of the home could be accessed safely including the outdoor space.

We saw people were cared for and supported in order to meet their individual needs. Staff were confident to raise concerns about the wellbeing of people and knew how to access appropriate support from health care professionals.

The management team understood their responsibility with regard to the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguard (DoLS). This legislation that protects people who are not able to make decisions for themselves. It also protects people who are or may be deprived of their liberty through the use of restraint, restriction of movement and control. At the time of our inspection visit no one that used the service was subject to DoLS.

People had a choice of meals and drinks which were nutritionally balanced and reflected their preferences and specific dietary needs. People's nutritional health was monitored and advice from health professionals was sought when required.

People's plans of care were updated regularly to ensure that people's changing care needs, including health care needs and personal preferences were met. Staff sought appropriate medical advice and support from health care professionals when there were any concerns about people's health and their recommendations were acted upon.

People were treated with care and compassion. They received support that was tailored to meet their needs. Staff showed respect towards the people they looked after and ensured their privacy and dignity was maintained. They showed concern and acted quickly when people expressed concern or discomfort.

People were encouraged to develop and share their experience of the service at meetings to review their care needs, 'resident's meetings' and through satisfaction surveys. They told us the management team acted on their feedback to improve the quality of care people received and the home environment.

Staff had a good understanding of the needs of people and they helped people to take part in activities that were of interest to them.

The provider's complaints procedure was accessible to people who used the service, relatives and other visitors to the home. People had access to advocacy services if they needed them. Concerns were acted on quickly and improvements were made that showed lessons were learnt to avoid a repeat.

The registered manager understood their responsibilities and demonstrated a commitment and clear leadership to continually improve the service. The registered manager was supported by the deputy manager and senior staff. They were open and welcomed feedback from people who used the service, relatives of people who used service, health and social care professionals and staff.

Summary of findings

Staff knew they could make comments or raise concerns about the way the service was run with the management team and knew it would be acted on. There was a clear management structure and procedures in place to ensure concerns were addressed.

The provider had systems in place to ensure the service was managed and run properly. There were regular audits and checks to assess and monitor the quality of service. Processes were in place to effectively analyse and monitor the quality of the 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.

People told us they felt safe. Risks to people's health and safety were assessed and measures were in place to ensure staff supported people safely. People received their prescribed medicines correctly and at the right time.

Staff were appropriately recruited and trained to protect people from harm or potential abuse. There were enough suitably experienced staff on duty to support people.

Good

Is the service effective?
The service was effective.

People were supported to have sufficient amounts to eat and drink that met their dietary needs.

People's health care needs were met and the service had access to regular support from health care professionals.

Staff understood the needs of people and were trained to delivery effective and individualised care.

Good

Is the service caring?
The service was caring.

People who used the service received support from kind and caring staff. People had positive relationship with the staff who were attentive to their needs. Staff treated people with respect, showed care and compassion and maintained their privacy and dignity.

People were encouraged to be involved in decisions about their care and felt they were listened to.

Good

Is the service responsive?
The service was responsive.

Staff knew how to support people and took account of people's individual preferences in the delivery of care and responded quickly to any concerns.

People had the opportunity to put forward suggestions about the service provided and these were acted upon.

There were procedures in place to ensure complaints and concerns received were acted upon.

People maintained contact with family and friends and were supported to take part in activities that were of interest to them.

Good

Is the service well-led?
The service was well led.

There was a registered manager in post and clear management structure in place. The provider had clear aims and objectives of what people should expect from the service.

Good

Summary of findings

Effective systems were in place to assess and monitor the quality of care provided and ensure lessons were learnt from significant events.

People were encouraged to be involved in developing the service and to make suggestions and comments about the improvements planned.

Saffron House

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 9 October 2014 and was unannounced.

The inspection team was led by an Inspector 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 service. The expert by experience for this inspection had experience of providing care for older people living with dementia and mental health.

Before the inspection visit we checked the information that we held about the service. This included feedback from people who used the service and relatives. We also reviewed the statutory notifications which the registered manager is required to notify us of. These relate to reportable incidents and significant events that could have affected the health and safety of people who used the service. We contacted the local authority that is responsible for monitoring the care for some people that they support to obtain their views about the care provided in the home. We sent the provider a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvement they plan to make. The provider told us they had not received the PIR.

During the inspection we spoke with 14 people who used the service and the relatives of eight people. We also spoke with two senior care staff and seven care staff, ancillary staff, the deputy manager and the registered manager. We also spoke with a visiting doctor, the community nurse and the chiropodist during our inspection visit. We made observations of how staff supported and interacted with people throughout our inspection visits.

We looked at five people's care records, staff recruitment records including the training matrix, staff meetings and schedule of staff supervision. Records we looked at showed that the management team carried out regular checks and audits to ensure people's needs were met and they lived in an environment that was safe and well maintained. Following our inspection we contacted a social worker, a dietician and the local authority who commissioned services to gather their views about Saffron House.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home and when the staff supported them. One person told us, "One of the carers is my friend, I feel safe here." Relatives we spoke with were confident that their family member received safe care and support. One relative said, "I'm impressed with the level of care from the carers and when I leave after visiting, I feel comfortable that my [person using the service] care is in capable hands."

We looked at how the provider helped to ensure that people were protected from avoidable harm and abuse that could their affect their health and compromise their human rights. The provider had policies and procedures for protecting people from harm and abuse, which set out what staff should do if they had any concerns about people's safety and welfare. The training matrix confirmed staff had received training. All the staff we spoke with were familiar with the procedure. Staff knew how to recognise and respond to signs of abuse and how to report concerns. That showed staff understood and used the provider's procedures to report safeguarding concerns.

Staff we spoke with understood the needs of people and gave examples of safe working practices. For instance, staff worked in pairs to help a person with limited mobility and used equipment to safely support a person with their daily personal care needs following risk assessment. Staff used the provider's procedures for reporting accidents, incidents and injuries. That ensured people received the appropriate intervention needed and prompted the review of the risk management arrangements in place to ensure people's safety.

People's care records showed that risks associated to people's care needs had been assessed. We found measures to help protect individual's safety had been identified. We saw staff were attentive to people's needs and vigilant to risks and people's safety. For example, a member of staff gently reminded a person not to forget to use their zimmer frame when they got up. Staff we spoke with knew how to support people safely and demonstrated that they followed the advice and guidance provided. For example, staff knew which people required two staff to support them with their mobility. The risk assessments had been reviewed regularly to help ensure existing and any new risks could be managed safely.

The provider had taken steps to ensure that the home environment was safe for everyone. All the bedrooms were lockable and had secure storage to keep people's valuables and money safe. The home was clean and safe for people to move around independently. The registered manager told us new flooring was due to be fitted to improve the environment, which showed the provider had invested in the home to make sure it was well maintained.

Staff had received training about how to use equipment to move and transfer people safely. We saw staff used the equipment safely and correctly. For example two staff used a hoist to transfer a person from the chair onto a wheelchair safely. Equipment such as the hoist were in good condition, stored safely and were easy to access when required.

The provider had effective recruitment procedures that ensured only staff that were suitable to work with people who used the service were employed. Procedures included checks on their employment history, experience and qualifications. Pre-employment checks included references and a check with the Disclosures and Barring Service, known as 'DBS'. A DBS is a process of gathering information about an applicant's suitability to work with people. Staff told us that they were recruited and appointed only when satisfactory pre-employment checks had been carried out and documentary evidence was kept in staff records to confirm this.

People who used the service and relatives told us that there were enough staff on duty most of the time. A relative told us, "I feel there is enough staff on duty but they could do with another activity coordinator to cover both floors." Staff told us that the staffing levels had been increased because people's needs had changed.

The deputy manager explained that the staffing levels were based on people's dependency levels matched against the skills and experience of the staff required. The provider had used agency staff whilst new staff were recruited. The staff rota for the day was consistent with the staff on duty, all of which were permanent staff. The training records showed that staff had an appropriate mix of experienced, knowledgeable and qualified staff. That meant that staff rotas had been managed in a way that people had their needs met safely by the staff on duty.

Good

Is the service safe?

People who used the service told us that they received their medicines at the right time. Relatives were confident that their family members received their medicines as prescribed.

The provider had procedures for the safe management of medicines and trained senior staff who had been judged competent to administer medication were given this responsibility. We saw trained staff administer people's prescribed medicines safely. Medication records were completed accurately when people had taken their medicines. Where a person declined to take their medicines, staff respected the person's decision and detailed what, if any, action was taken such as advice sought from the doctor. Staff knew the procedure to administer prescribed medicines that were given when needed such as for pain relief otherwise known as 'PRN'. Records showed when this type of medicine was administered and the effectiveness of the medication administered was monitored.

All medicines were stored securely and at the correct temperature as per the manufactures' recommendation. There was sufficient stock of people's medicine. Some people required medicines of a category known as controlled drugs, which required secure storage, administration and disposal in line with current regulation and guidance. Those drugs were kept secure in a special cabinet and were accounted for in the controlled drugs book. The management team carried out monthly audits on the management of medicines and included the safe disposal of medicine that were no longer required, which the pharmacy collected for disposal. Audit documentation we looked at showed that monitoring was effective.

Good

Is the service effective?

Our findings

People we spoke with told us that their care they received was effective because staff had the skills and knowledge to provide them with good care. One person said, "We like the staff, they are very helpful." Another person said, "I get top class standard of care, the staff are pretty good." A relative told us, "Overall I'm happy with my mother's care."

Staff we spoke with had a good understanding of people's needs and how they wished to be supported. They communicated effectively with each other and with the people who used the service. Staff had access to people's care records and would speak with the senior staff if they were unsure about the support people needed. This helped staff to provide care and support people needed consistently.

Staff told us that they had completed their induction training, which included working alongside an experienced member of staff, otherwise known as 'shadowing'. Records showed that staff had undertaken a range of training about care delivery and health and safety and we saw that staff had put into practice this training. For example, staff ensured that people's health, safety and dignity was maintained when equipment was used to support them. The deputy manager had responsibility to monitor and schedule training updates for all staff, which helped to ensure staff maintained up to date knowledge and practice.

Staff also received additional training in areas of their responsibilities. This included awareness training in caring for people living with dementia. One member of staff said "It was really good training and I now understand that dementia affects people in different ways." Some staff we spoke with told us that they were supported to complete nationally recognised qualifications in health and social care. This demonstrated that the provider had taken steps to ensure staff had the right skills and were trained and knowledgeable to provide effective care and support.

Staff received support through the use of regular supervisions, which included observation of their practice, annual appraisals and team meetings. Staff told us that the support was beneficial and provided them with an opportunity to discuss their development and identify any new training needs.

People at Saffron House had various levels of capacity and understanding, which could vary throughout the day depending on the person. Staff showed good knowledge of people who needed extra support. Care records we looked at showed people's capacity to make decisions had been assessed and when required significant others were involved such as the family and the GP.

The provider had policies and procedures for Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a legislation that protect vulnerable people who are not able to make informed decisions or who are or may become deprived of their liberty through the use of restraint, restriction of movement or control. The deputy manager and senior staff responsible for care planning had undertaken training and understood their responsibility and the legal requirements under the MCA. They understood the difference between restraint and depriving someone of their liberty. Any restraint or restriction may only occur if authorised by an appropriate authority. Staff knew the procedure to follow where they suspected a person's liberty could be deprived. At the time of our inspection visit no one was subject to a DoLS.

People told us that the food was good with enough choice on the menu. One person said, "The food is marvellous and we get enough to drink throughout the day." A relative told us that their family member ate and drank very well. Throughout our visit we saw drinks were served regularly and available for people to help themselves to. We saw that staff helped people who needed support with their drinks in a timely manner.

We observed a lunchtime meal in the dining room. People had a choice of two main meals, served on plates so they could see the meals in order to make their choice. Staff interacted with people well, offered encouragement and supported people to eat at a pace that was suitable to them. People sat in their room or in the lounge who needed some assistance to eat were helped. People told us they enjoyed their meals and one person said, "There's always second helpings". The atmosphere over lunch time was calm and positive.

The registered manager told us that they were testing new meals after people's feedback about the choices on the menu. The cook we spoke with understood the importance of providing nutritionally balanced meals. They said

Good

Is the service effective?

alternative meals were always available if someone didn't like the choices on the menu. The menus and meal records we saw confirmed this and supported the comments we received from people using the services and relatives.

People's nutritional needs had been assessed and monitored by staff. Care records we looked at included information about people's dietary needs and preferences. This included the type of food and drink suitable for people with health issues such as diabetes. People's weights were monitored and if any changes in weight were identified without any known reason, their intake of food and drink was monitored. Records showed that people were referred to the dietician when there were any concerns about people's weight, appetite or hydration.

People who used the service were supported to maintain their health and access health care support as and when required. One person told us that staff had called the doctor for them because they were not feeling well. The doctor, community nurse and chiropodist visited the home regularly to ensure people's health needs were met. One person received treatment from the visiting chiropodist said, "It's lovely to get your nails seen to here without the trauma of having to go out." A relative explained that they were kept informed when their family member became unwell and was told when the doctor would visit so that they could be present. Care records showed that staff supported people to attend health care appointments, which was consistent with what people who used the service, relatives and staff had told us.

Staff knew how to access medical support if they had any concerns about people's health. Care records contained the emergency contact details for the person's relative should it be needed in an emergency situation or when a person was transferred between different services.

Health care professionals we spoke with were complimentary about the staff and the care people received. They told us that staff communicated effectively and were quick to seek advice if people's health was of concern. The community nurse had provided information and awareness training to staff to ensure effective monitoring of people's health. Records showed that staff competency and practice had been checked to ensure care provided was effective and appropriate.

Good

Is the service caring?

Our findings

People who used the service told us that they were happy with the care and support provided. They were complimentary about the staff that supported them and told us that staff showed kindness and compassion. One person said, "The staff keep the family fully informed on my [person using the service] care and we are always made welcome when visiting." Another person said, "Staff treat me with respect and observe my dignity, they are excellent".

Relatives of people who used the service were able to visit the home without undue restrictions. They told us they were satisfied with the care provided to their family member and that staff treated people with respect. One relative explained that staff helped their family member who was living with dementia to reminisce by talking about their early life, family and shown photographs to help them to remember. Another said, "Staff know just by looking at my [person using the service] if she is having a difficult day. Each of the staff will ask if she wants anything; they are absolutely marvellous." A third said, "Staff regularly ask residents how they are and if they are upset they will spend time with them maybe giving them a cuddle or simply holding their hands."

Throughout our inspection visit we saw staff interacted with people in a manner that promoted their dignity. Staff showed care towards everyone who used the service. Staff were polite, respectful and addressed people by their preferred name. Staff respected people's wishes in how they spent their time. Staff displayed effective communication when they supported people. We saw staff interact with people respectfully and explained things in a manner that the person could understand.

Staff were attentive and knew how people wanted to be cared for and supported. We saw a staff member guide a person living with dementia to the washroom, they gave clear directions and encouragement to help them maintain their independence. Another staff member provided a hot drink to a person to help keep them warm whilst the heating in their bedroom was being fixed. We saw staff were caring and had a positive relationship with the people they looked after. Staff were aware of people's family and work life including their interests. This meant staff were able to engage in conversations and have an understanding as to life before they moved to Saffron House.

People who used the service and their relatives had been involved in discussions and making decisions about their care. Each person had a member of staff known as a 'key worker' who supported them. One member of staff told us that they asked the person for whom they were the keyworker how they wished to be supported whilst their health condition was being treated. They had a good level of knowledge about the person and the support that was agreed. The plans of care we looked at showed they had been reviewed and consistently reflected what the person and their key worker had told us.

A relative told us that they were consulted about their family member's care and support. They were aware of the plan of care and were happy with the content and said, "The staff are on the ball with regard to my [person using the service] care."

People had access to information about independent advocacy services that provide support to people to make comment or to raise concerns. Information was included in people's plans of care and on notice boards throughout the home.

People told us that staff treated them with respect and helped to maintain their privacy and dignity. One person said, "Staff treat me with respect and observe my dignity, they are excellent. I feel safe here." We saw people looked clean and suitably dressed, which promoted their dignity and wellbeing. Relatives told us that staff treated their family member and everyone else using the service with respect.

The service had recently been awarded the silver dignity award by the Leicestershire County Council. The award further supported that staff treated people at Saffron House with dignity. We saw that staff had received training in dignity in care and staff we spoke with gave examples of providing care in a dignified way.

People had furnished their room with personal items so that it was homely and comfortable for them. One person showed us their bedroom which they had personalised and used whenever they wanted to. Staff respected and promoted people's privacy and dignity. For example staff

Good

Is the service caring?

sought permission before they entered people's room and before they were helped. Care was taken when staff used a hoist to transfer one person and ensured their clothing was not disturbed in order to maintain their modesty.

Good

Is the service responsive?

Our findings

People who used the service told us that they were involved the assessment process to help ensure their plan of care reflected the care and support they needed. People said they received care that met their individual needs and that staff respected their wishes. One person told us they had made their views known when they moved to Saffron House and said, "I use to be a bit anti-social when I was at my home but since being here I have made friends. I do what I want when I want."

Relatives we spoke with told us that they were confident to speak with the staff on duty or the deputy manager if they had any concerns about their family member's care or safety. They found staff were responsive and sought medical advice if their family member became unwell. One relative was aware of their family member's plan of care, which had been reviewed to accurately reflect their changing needs and included how the staff would support them. They expressed confidence that the deputy manager and senior staff understood their family member's care needs and knew that they would act quickly if they had any concerns.

Care records we looked at showed that people were involved in the development of their care plans. People's views, interests and things that were important to them were recorded. There was information about the person's life history including their preferences, cultural and spiritual needs, likes and dislikes. Staff demonstrated a good knowledge of what was in people's plans of care and our observations confirmed that staff provided the support people needed in line with their plan of care. That included to the support people needed, their preferences, dietary needs and how they liked to spend their time.

The provider had appointed a staff member who was responsible for organising activities so that people's hobbies and interests could be pursued. People had a choice of whether they participated in these. People chose how they spent their time. Some people were seen spending time with their visitors either in their room or in the small lounge. A number of people had had their hair done in the salon. We saw staff encouraged people to take part in light physical exercise that they could perform whilst seated and games that offered stimulation. Staff spent time with people individually, for example talking to them about current affairs, their lives and the work they did. This helped them to reminisce and recall memories.

People had the opportunity to take part in social events and activities at the home or in the community, which helped to protect people from social isolation. The planned social events were displayed in the foyer and included in the monthly newsletter so that people using the service and visitors could take part in.

The provider had procedures that supported people using the service and relatives to raise any concerns. The complaints procedure which had the contact details of advocacy service was displayed in the foyer and accessible to people who used the service, relatives and visitors. The registered manager told us that no complaints had been received since our last inspection.

People we spoke with were confident to speak to the staff if they had any concerns. For example one person told us that the heating in their bedroom had not been working and when it was raised with the deputy manager they summoned the maintenance person to fix it.

Relatives expressed confidence in the management and senior staff on duty who would act on any concerns or issues raised about any aspect of the service and the care provided. One relative felt that people would benefit from having an activity worker for each floor. We shared the feedback with the registered manager.

People who used the service and relatives were able to provide feedback on their individual care provided during care reviews. There were also quarterly 'residents meetings', which relatives could attend. These meetings provided people with an opportunity share their views about the service, raise any issues that they may have and make suggestions as to how the service could be improved. Minutes of the meeting held in July 2014 showed that people's comments and suggestions had been listened to and acted on. One relative told us that they attend the 'residents meetings' which were held every two months and felt that their comments had been acted on regarding to new flooring in the dining room and lounge.

Good

Is the service well-led?

Our findings

The service had a registered manager in post and there was a clear management structure. The registered manager was supported by the deputy manager and senior staff to provide individualised care to people who used the service. The registered manager, deputy manager and two senior staff, we spoke with all demonstrated a good understanding of their roles and responsibilities and knew how to access support from within the provider's organisation.

People who used the service and relatives told us that they felt that the service was well-led. They were confident to speak with the senior staff and management. People and relatives of people who used the service had opportunities to be involved to develop the quality of care and the service. Those opportunities occurred through reviews of people's plans of care, residents meetings, complaints and compliments. For example new meals were being tested in response to people's feedback about the menu choices.

People's views were also sought through annual satisfaction surveys. The results of the quality survey of July 2014 were overall positive and actions were taken to address individual comments and suggestions. That showed that people who used the service and their relatives views were sought and comments were acted on.

Staff we spoke with felt there was an open culture and support amongst the management and staff team. They had no concerns about speaking with the senior staff or the deputy manager in the first instance if they wanted to raise issues about the care provided or how the service was run. Staff understood and promoted the visions and values of the service by providing care that was safe and promoted people's wellbeing.

Staff knew how to access the provider's policies and procedures and used them properly. For example, they knew how to use the provider's whistle-blowing procedure to report concerns about people's safety to ourselves and the police if the provider does not acted.

Staff told us they felt supported and were encouraged to be involved in the development of the service through appraisal, supervision meetings and staff meetings. For example, at the staff meeting in September 2014 staff discussed the process to review people's care needs and the importance to have care staff's involvement. The provider had trained individual staff members who were then, in turn qualified to train the rest of the staff team. For example, a senior staff member was a qualified moving and handling trainer who trained staff and assessed their competency and practice. This was one way to ensure the service was working to the best practice guidelines. The deputy manager monitored and managed staff competency and skills set to ensure staff continued to deliver quality care that was safe and respected people's dignity, in accordance with the provider's vision.

The provider had systems in place to regularly assess and monitor the quality of the service. Checks were completed on plans of care, medicine management, infection control, and health and safety. Staff sought professional and expert advice when required and maintain their knowledge with regards to best practice and changes in legislation. For example, the registered manager had contacted the pharmacy carry out an audit on the management of medicines.

The registered manager analysed accidents and incidents such as falls and records showed that action was taken. They also monitored the effectiveness of measures put in place such as monitoring people's intake of fortified food and drinks to improve their weight. Links with the local specialist health care professionals helped staff to get timely advice to support people that became unwell or had behaviours that challenged.

The registered manager told us that they were supported by the provider and the newly appointed area manager. The provider monitored how the service was run through regular meetings with the registered manager and visits to the service. For example, the provider monitored the actions taken in response to the satisfaction surveys completed by people who used the service and relatives and made improvements to the home environment. This showed the provider continued to monitor how the home operated in order to improve the quality of service people received.