Pendle Residential Care Limited

Pendle View

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

We carried out an inspection of Pendle View on 27 October and 1 November 2016. We gave the service short notice to ensure somebody would be available when we visited.

Pendle View is registered to provide care and accommodation for up to six adults with mental ill health and also provides personal care and support to people living in their own homes. The home is a mid-terraced house located on the outskirts of Nelson, close to local shops. There are four single bedrooms and one shared room used as a single. Town centre services are a short distance away and there are transport links nearby. There is car parking to the front of the home. At the time of the inspection there were five people accommodated in the home and 13 people receiving a service in their own home.

At the previous inspection on 16 July 2014 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. 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 told us they did not have any concerns about the way they were treated and were happy with the care and support provided. We did not observe anything to give us cause for concern about people's safety. People had access to information on abuse, bullying and safeguarding.

Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice and had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they had knowledge of the principles associated with the legislation and people's rights.

People received safe support with their medicines and staff who administered medicines had received appropriate training. The service had clear recruitment and selection policies and procedures and we found a safe and fair process had been followed. Staff received appropriate training, supervision and support to give them the necessary skills and knowledge to look after people properly.

People told us there were sufficient numbers of staff to meet their needs in a safe way and they were happy with staff and managers at the service. People receiving care in their own home told us they were familiar with all staff, they arrived on time and never missed a visit. Staff were knowledgeable about people's individual needs, preferences and personalities and people were involved in making choices and decisions about their day. We observed friendly and respectful interactions between people using the service and staff.

People were encouraged to be involved in the running of the home and were kept up to date with any

changes. There was a complaints process to manage and respond to people's concerns. People told us they had no complaints and were aware of how to raise their concerns. They were encouraged to discuss their concerns during day to day discussions with staff and managers, during regular reviews, in meetings and by completing the satisfaction surveys.

People told us they enjoyed their meals and they were supported to shop, prepare and cook their own meals as part of the rehabilitation process. Consideration had been given to healthy eating and to people's dietary preferences and needs.

People had been involved in the development and review of their support plans. People were supported with their physical and mental healthcare needs and were involved in discussions and decisions about their health and were supported to set and achieve any goals they had set for themselves.

People were able to keep in contact with their friends and family. There were opportunities for involvement in meaningful activities including voluntary work and employment both inside and outside the home.

The home was clean and homely. Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. People had arranged their bedrooms as they wished, chosen the décor and had brought personal possessions with them. However, we found some areas of the home were in need of attention. We were told improvements would be completed by the end of November 2016. Systems were in place to manage and report any faults in people's homes. We were told any issues were addressed efficiently.

People were happy with the way the service was managed. There were systems in place to effectively monitor the quality of the service and to obtain and act on people's views and opinions. We noted any identified shortfalls had been addressed and were kept under review.

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 told us they felt safe. Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

There were sufficient numbers of staff to meet the needs of people living in the home and in the community. Staff had been recruited safely.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good

The service was effective.

People were supported by staff that were well trained and supervised in their work. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's physical and mental health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People told us they were happy with the approach taken by staff. Staff responded to people in a caring and considerate manner

and we observed good relationships between people.

Staff took time to listen and responded appropriately to people.

People had been involved in ongoing choices and decisions about their care and support and supported with maintaining their independence.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs and preferences and supported them to be as independent as possible.

People were supported to take part in a range of suitable activities, employment and volunteer work both inside and outside the home.

Each person had a support plan that was personal to them. People had been involved in the development and review of their support plan.

Is the service well-led?

Good

The service was well led.

People were happy about the management and leadership arrangements at the service.

People were involved in the development of the service. There were systems in place to obtain their views and opinions about the service.

There were effective systems in place to monitor the quality of the service which ensured improvements were on-going.

Pendle View

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 was 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 announced inspection took place on 27 October and 1 November 2016. The inspection was carried out by one adult social care inspector.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted three health and social care professionals for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home and also those receiving care in their own homes. We spoke with the registered manager, a team leader, two support staff and two people living in the home. We also visited and spoke with four people receiving a service in their own home.

We looked at a sample of records including three people's care plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and audits. We also looked at the results from the most recent customer, staff and visiting professional's satisfaction survey.

Good

Is the service safe?

Our findings

People told us they did not have any concerns about the way they were supported. They said they felt safe and thought staff were trustworthy. They said, "The staff are kind and friendly", "There are staff around if I need them", "All the staff who visit me are very nice and I trust them all; I wouldn't let them in my home otherwise" and "The staff are okay; they help me when I need help." During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. We observed staff interaction with people was caring and patient.

We discussed safeguarding procedures with staff. Safeguarding procedures direct staff on the actions they should take in the event of any allegation or suspicion of abuse. The registered manager and staff had a good understanding of the need to make sure people were safe and were clear about what to do if they witnessed or suspected any abuse. They told us they would have no hesitation in reporting any concerns they may have. There were policies and procedures in place for staff reference on safeguarding people including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Staff told us they had completed training in safeguarding vulnerable adults and this was verified in their training records. The registered manager was the safeguarding champion for the service. She attended regular update meetings which helped keep the service up to date.

People were given information in the service user guide about how they would be protected from abuse and from bullying. Safeguarding information was displayed in the hall way and included the telephone contact details for relevant agencies such as the police and social services. Staff told us they were confident the management team would deal appropriately with any concerns they raised. The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns and worked in cooperation with other agencies.

We looked at the way the service managed risks. Risk assessments were in place, were clearly documented and provided staff with good guidance on how to manage any identified risk. The registered manager and staff were fully committed to maintaining people's independence whilst at the same time managing any risks to their health, safety and well-being. The assessments focussed on the risks associated with people's personal care and support and daily activities and considered the risks posed to people inside and outside of their environment.

Where necessary, behaviour support and crisis intervention plans had been developed to provide staff with strategies to manage any behaviour which placed people at risk. Crisis Intervention plans contained information about what a 'bad day' looked and felt like and the support people needed and wanted. Staff had received training to ensure they had the guidance and support they needed to provide safe care. There was good evidence that staff supported people to understand and reflect on the impact their behaviours had on themselves. We noted people were being supported to attend anger management and self-esteem courses to help them understand their behaviours.

Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, water temperature monitoring, and fire equipment and fire alarm testing. Records showed equipment was safe and had been serviced. The fire safety officer had visited recently and had found no concerning issues. People had a personal emergency evacuation plan which recorded information about their mobility and responsiveness in the event of a fire alarm. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. Training had been given to staff to deal with emergencies. All staff were provided with an identity card that remained the property of the company. People confirmed staff wore the cards when visiting their homes.

Records were kept in relation to any accidents and incidents that had taken place at the service. The records were reviewed by the registered manager and discussed with staff to ensure lessons were learned in order to reduce the risk of re occurrence. Follow up action, such as referral to a GP or other agency was clearly recorded.

We checked there were enough staff on duty to support people. We looked at staff rotas. We saw there were two teams of staff, one allocated to the home and the other providing support in the community. We found there were enough staff available to flexibly provide the level of support, individual attention and activities people needed and to keep them safe. Records showed people were supported by a consistent group of support staff called 'key workers'.

For people living in their own homes we found the staffing levels were determined by the number of hours commissioned by the local authority and by the level of people's care and support needs. Records of hours used were monitored by the registered manager each month to determine there were sufficient numbers of staff available. People told us, "I have a number to ring if I need help; there is always someone around" and "I get the same staff. They arrive on time and are very nice. They always ask if there is anything else I need before they leave."

Staff considered there were enough support staff to provide support in the home and in the community and this was flexible in line with people's needs, preferences and individual contractual arrangements. Any shortfalls due to leave or sickness were covered by existing staff who were familiar with people's needs; this ensured people were supported by staff who knew them. There was an on-call system in place which meant a member of the management team could always be contacted for support and advice. Staff told us the staffing rota would be reviewed in response to people's behaviours and needs.

We looked at staff recruitment records. We found appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, a medical health check, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Face to face interviews had been held and a record of the interview had been maintained. This helped to show a fair selection process had been used.

We looked at how the service managed people's medicines. The service operated a monitored dosage system (MDS) of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. We found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Support staff who were responsible for the safe management of people's medicines had received appropriate training and detailed policies and procedures were available for them to refer to. Checks on their practice had been undertaken.

The Medication Administration Records (MAR) charts we looked at were accurate and up to date. Checks on the numbers of available medicines had been recorded and there were records to support 'carried forward' amounts which would help monitor whether medicines were being given properly. Medicines were clearly labelled and codes had been used for non-administration of regular medicines.

People's medicines were reviewed by their GP which ensured they were receiving the appropriate treatment. Regular internal and external audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service.

We looked at the arrangements for keeping the home and people's houses clean and hygienic. The premises were found to be clean and odour free. People confirmed they were given encouragement and support to maintain this. Infection control policies and procedures were available and support staff had received infection control training.

Good

Is the service effective?

Our findings

People told us they were very happy with the service they received. People felt staff were skilled to meet their needs and spoke positively about their care and support. People told us staff gave them the opportunity to do things for themselves. They said, "The staff make sure I am alright", "The staff are very good, very nice" and "They help me to do more for myself."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records and from information contained in the PIR, we found that staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them support people properly. The training record was electronically managed. This alerted the registered manager when renewal of training was needed and of further training being provided. Staff told us they were up to date with their mandatory training and felt they had the additional training they needed. They said, "We are always doing some training" and "I get the support and training I need to do my job properly."

Training was provided in all key areas such as fire prevention, infection control, safeguarding vulnerable people, medication, health and safety, food hygiene, mental health awareness, first aid and equality and diversity. Service specific training such as substance misuse and talk down and breakaway training was provided to enhance the skills of the staff. Most staff employed had completed a nationally recognised qualification in care. All new staff without a nationally recognised qualification completed the care certificate within a set timeframe. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We noted there was an in depth induction training programme for new staff to help make sure they were confident, safe and competent in their role. One new member of staff told us, "I found the induction was useful; I learnt a lot."

Staff told us they felt supported by the management team. There was a plan in place to ensure all staff received regular formal one to one supervision sessions. Staff spoken with told us they were provided with regular supervision and could speak to the management team at any time. We noted staff attended regular meetings and they told us they were able to express their views and opinions.

Staff told us that handover meetings were held at the change of every shift. Communication diaries helped them keep up to date about people's changing needs and the support they needed. A record of the care provided was maintained in people's homes and was completed at the end of every visit. Records showed key information was shared between staff. The staff we spoke with had a good understanding of people's individual needs. One member of staff said, "We have a good team and we work well together."

We looked at how the service addressed people's mental capacity. 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 make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found there were policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The management team expressed a good understanding of the processes relating to MCA and DoLS and staff had received training in this subject. At the time of the inspection there had been no DoLS applications made.

Staff understood the importance of gaining consent from people and the principles of best interest's decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and useful information about their preferences and choices was recorded. People's consent or wishes had been obtained in areas such as information sharing, gender preferences and medicine management. This helped make sure people received the help and support they needed and wanted.

People were supported and encouraged to maintain a healthy balanced diet when this was agreed as part of their care and support plan. All people spoken with told us they were happy with support they received with their food and drink and confirmed they were involved with planning their meals, shopping, preparation and serving. People also told us staff always asked their preferences and where staff carried out the cooking this was done to a good standard.

We were told choices for the evening meals were discussed and agreed with people each week. There was no set meal for lunch time, as people were encouraged and supported to shop, prepare and cook their own meals as part of the rehabilitation process. We observed people making drinks and snacks for themselves and others throughout the day. People told us they also enjoyed take-a-ways and trips out to local cafes, pubs and restaurants. One person described how staff had supported them with preparing meals and said, "I hadn't a clue how to cook but staff have helped me and I can cook a few meals. I make meals for me and [other person]. I enjoy it". Another person told us how they enjoyed baking and would often shop for ingredients and bake cakes for people in the home.

We looked at the way the service provided people with support with their healthcare needs. People explained how they were supported with their healthcare needs, including annual health checks, appointments with GPs, dentists and opticians. There were records kept of appointments, consultations and outcomes. We noted assessments had been completed on people's physical and mental health and staff confirmed people were getting the necessary attention from health care professionals.

We looked around the home. We found some areas of the home were in need of attention such as torn sofas in the front lounge, damage to kitchen worktops, missing knobs on the cooker, stained carpets and damaged plaster in the kitchen. We discussed our findings with the registered manager who was already aware of the issues. We were told areas in need of redecoration, refurbishment and improvement had been requested through the estates department and most work would be approved and completed by the end of November 2016. The damaged plaster in the kitchen was repaired by the second day of our inspection. A system of reporting required repairs and maintenance was in place. We were told any improvements or repairs needed in people's homes would be reported to the landlord and followed up. We were told any issues were addressed promptly and efficiently.

People told us they were happy with their bedrooms and had arranged their rooms as they wished with personal possessions that they had brought with them. This helped to ensure and promote a sense of

comfort and familiarity. People living in the home could have keys to their bedrooms. Bedrooms provided single occupancy. A suitably equipped bathroom and toilets were within easy access.

Good

Is the service caring?

Our findings

People spoken with were happy with the support they received and told us the staff were caring. They told us, "Staff are very good; they seem to care about me" and "They treat me and my house with respect."

During our visits to the home and to people living in the community we observed staff responding in an encouraging, good humoured, caring and considerate manner. We observed good relationships between people. From our observations the management team and staff knew people and their visitors well and were knowledgeable about people's individual needs, preferences and personalities. We noted staff involving people in routine decisions and
consulting with them on their individual needs and choices. Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence.

Staff spoke about people in a respectful, confidential and friendly way. Communication was seen to be very good. Information was available about people's personal preferences and choices. This helped staff to treat people as individuals. We looked at various records and found staff wrote about people in a respectful manner. There were policies and procedures for staff about caring for people in a dignified way which helped staff to understand how they should respect people's privacy and dignity in all types of care settings.

People's privacy was respected. People living in the home could choose where to sit and spend their time. Each person had a single room and they had keys to their rooms and to a personal storage cupboard for food items. We observed staff knocking on people's doors and obtaining their consent before entering their private space. Bedrooms had been personalised with people's own belongings and choice of décor and accessories. Whilst we noted friendly banter we also noted staff spoke to people respectfully and appropriately.

All staff had been instructed on confidentiality of information and were bound by contractual arrangements to respect this. People's records were kept safe and secure and people had been informed how their right to confidentiality would be respected. This meant people using the service could be confident their personal information would be kept confidential.

There was information about advocacy services in the hallway of the home. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members. We also noted the contact numbers of other agencies were available such as the local safeguarding team and the mental health team.

People were encouraged to express their views during daily conversations, meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. People told us there were regular meetings which gave them the opportunity to be consulted and raise any issues. We looked at the records of meetings. We found various matters had been discussed including, domestic arrangements, promoting life skills, activities, outings and menu planning. There was an indication of the action to be taken in response to

matters raised.

Good

Is the service responsive?

Our findings

People were complementary about the staff and about their willingness to help them. People told us they could raise any concerns with the staff or with the management team. People said, "I have no complaints; I am confident I can speak out and be listened to" and "I don't have a complaint; if I had they would sort it. I am alright."

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for external organisations including social services and the local government ombudsman. We noted there was an accessible and clear complaints procedure in the service user guide and people had access to a suggestions box for their comments. The procedure was available in words and pictures to help everyone understand how to raise their concerns. A notice was displayed in the hallway which said, "It's not wrong to complain". The management team used complaints and suggestions to help improve the quality of the service.

Clear records had been maintained of people's concerns and complaints. Records showed the service had responded appropriately to one complaint in the last 12 months. We noted the response to the complainant was not stored on file which made it difficult to determine the outcome. The registered manager actioned this immediately. Support workers told us, they were aware of the complaints procedures and described how they would respond should anyone raise concerns. Information in the PIR told us there had been four compliments made about the service and included 'the service is friendly' and 'nicely decorated'.

The registered manager described the process followed before a person moved into the home or received a service in their own home. We were told an experienced member of staff carried out a detailed assessment of the person's needs. This involved gathering information from the person and other sources, such as care coordinators, health professionals, families and staff at previous placements. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

We looked at the arrangements in place to plan and deliver people's care. People had an individual support plan which was underpinned by a series of risk assessments. Information was included regarding people's likes, dislikes and preferences, routines, how people communicated and risks to their well-being. People told us they were aware of the care plan and were able to discuss the care and support they needed with staff. This helped to ensure people received the care and support in a way they both wanted and needed. Staff told us they found the care plans to be useful and were involved in updating the documents in response to any changing needs.

We looked at the support plans and other related records. They provided clear guidance for staff on how to respond to people's needs. The information was written in a 'person-centred' way and included information about their personal histories and preferences. Such as, 'What is not a good day', 'What I enjoy doing', 'How best to support me', 'What do I want to change', 'I could if I would' and 'My hopes and ambitions'. There

were actions for staff to follow to respond to people's support needs, goals and preferred routines. The information was kept under review to ensure it was up to date.

Staff were kept well informed about the care and support people needed. There were systems in place to ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift, communication diaries, shift planners and daily visit records in people's homes. Daily records were maintained of how each person had spent their day; these were informative and written in a respectful way.

When people were admitted to hospital or attended hospital appointments they were accompanied by staff. Each person had a record containing a summary of their essential details and information about their medicines. In this way people's needs were known and taken into account when moving between services.

From our discussions and observations we found there were opportunities for involvement in activities both inside and outside the home. Records showed people were involved in planning their weekly activities and in discussions about developing their skills and accessing community resources. Activities were more often arranged on a one to one basis. During our visit we found people were involved in activities such as shopping, baking, gardening, eating out, attendance at local community and support groups, the gym and day centres, football and household chores. There were opportunities for involvement in voluntary work and employment both inside and outside the home.

We found positive relationships were encouraged and people were being supported as appropriate, to maintain contact with relatives and friends. People spoken with told us of the contact they had with families and the arrangements in place for visits.

Good

Is the service well-led?

Our findings

People had awareness of the management structure at the service. They did not express any concerns about the management and leadership arrangements. There was a manager in post who had been registered with the Care Quality Commission since 2011. The registered manager also had responsibilities for another service in the organisation, but spent regular time at Pendle View. The registered manager was supported by a team leader based at the service with designated responsibilities for the day to day running of the service.

The management team was supported and monitored by an area manager and there were regular meetings with managers from other services in the organisation. Support workers told us the service was organised and well managed. They described the managers as supportive and approachable. Information in the PIR indicated the registered manager achieved a recent company 'Manager of the Month' award which was recognition for good work and good practice.

The registered manager was able to describe their achievements so far and was aware of the improvements needed. There was a business and development plan available to support this. Throughout our discussions it was clear they had a thorough knowledge of people's needs and circumstances and were committed to the principles of person centred care.

The registered manager had developed links with the local provider network and with local commissioners. This helped to develop up to date and good practice across the service.

People were encouraged to be involved in the running of the service and were kept up to date with any changes. We saw regular meetings had been held. The minutes of recent meetings showed a range of issues had been discussed and people had been encouraged to raise any other concerns or views on the service. People were asked to complete customer satisfaction surveys to help monitor their satisfaction with the service provided. Results of these surveys showed satisfaction with the service, the facilities and the staff and the management team. The management team reviewed the results of the surveys to help improve practice.

Staff told us they were happy in their work and told us there was good communication with the management team and they felt supported. They said, "The management team are very good. We all get on and they listen to us", "We have a brilliant team" and "The work is very rewarding; I enjoy my job." Staff told us they could raise their concerns and were confident they would be listened to and appropriate action would be taken. They said, "I can speak in confidence to any of the managers. The owners visit and I can speak to them if I wish." They had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care.

We observed a good working relationship between the management team and staff. Staff meetings were held regularly. We noted staff had been involved in discussions about their role as key worker, medicines management and of any important relevant issues. We were told minutes of the meetings were made

available to all staff and they were able to voice their opinions and share their views. Staff were also invited to participate in an annual staff satisfaction survey. The results of the survey were shared with them.

Staff were aware of who to contact in the event of any emergency or concerns. There was always a senior member of staff on duty with designated responsibilities and the management team could be contacted at any time in an emergency.

There were systems in place to effectively monitor the quality of the service. This included a system of daily, weekly and monthly checks. The area manager carried out monthly compliance visits and the findings were shared with the registered manager for action. Audits were in place to monitor areas such as, medication systems, care plans, staff training, health and safety and the control and prevention of infection. We noted any identified shortfalls had been addressed and were kept under review as part of an action plan.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC.

The registered provider had achieved the Investors In People (IIP) award in July 2016. IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.