

Leicester City Council

# Kingfisher Assessment Unit @ Preston Lodge

## Inspection report

Preston Lodge  
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Tel: 01162622159

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12 January 2016

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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

This inspection took place on 11 January 2016 and was unannounced. We returned to the service on 12 January 2016 to complete this inspection.

The Kingfisher Assessment Unit @ Preston Lodge is a residential care home for up to 37 people. At the time of our inspection visit 17 people were using the service. The service provides a range of intermediate care and support to people living in Leicester. The aim of the service to help prevent unnecessary admission to hospital or long term care and to support hospital discharges. The ethos of the service is to provide a supportive short stay environment to enable people recovering from ill health or to regain their strength, skills and independence through a programme of reablement techniques in order to return home. In addition the service provides respite care both planned and unplanned and has 'crisis response beds' for a period of up to 72 hours where a person is in a crisis in the community and requires 24hour support.

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 2008 and associated Regulations about how the service is run.

People told us they felt safe at the service and with the staff that looked after them. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service.

People's care needs were assessed including risks to their health and safety. Support plans were tailored to people's needs, which included the measures to help promote their reablement to live independently and to keep them safe. 'Reablement' is support where a person was assessed as requiring therapeutic support in order to regain strengths and skills after ill health or an accident. Support plans provided staff with clear guidance about people's needs which were monitored and reviewed regularly.

People were provided with a choice of meals that met their health and cultural dietary needs. People received their medicines at the right time and medicines were stored safely. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health.

Staff were recruited in accordance with the provider's recruitment procedures and sufficient staff were available to meet people's needs. Staff provided care through on-going training and support.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before supporting them. The registered manager sought advice and made appropriate referrals to the local authority when people had been assessed as being deprived of their liberty.

People were involved and made decisions about their care and support needs and how they wish to spend their day. People had opportunities to engage in individual activities reflective of their interests and hobbies.

People told us staff were caring and kind and that they had confidence in them to provide the support they needed. The atmosphere at the service was friendly and warm. We saw staff positively engaging with people, and treated them with dignity and respect.

The registered manager provided effective leadership to the service. Staff spoke positively about the registered manager in relation to the support and training provided. Staff were confident that issues raised with the registered manager would be addressed.

People who used the service and relatives told us if they had any concerns or complaints they would tell the registered manager or the staff. People's views about the service were regularly sought, along with their visitors, health care professionals and staff as part of monitoring the quality of service provided and to improve the service.

The provider's quality assurance systems were used effectively to monitor the performance and the service provided. Regular audits and checks were carried out to ensure people's safety, the premises and the equipment used was well maintained.

## 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 were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely to promote their independence.

Staff had been appropriately recruited to ensure they were suitable to work with people who used the service. There were sufficient numbers of staff available to keep people safe.

People received their medicines at the right time and medicines were stored and managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training and support that enabled them to provide the care and support people required.

People's consent to care and treatment was sought. Care records showed that the principles of the Mental Capacity Act 2005 were used when assessing people's ability to make informed decisions about their care and support people's rights.

People were provided with meals that met their health and cultural dietary needs and took account of their preferences.

People were supported by staff to maintain good health and to access and liaise with health care professionals as required. The service worked in partnership with health and social care professionals that helped in meeting people's needs.

### Is the service caring?

Good ●

The service was caring.

People told us they were supported by staff that were kind and caring in their approach. People were treated with dignity and respect.

People were encouraged and involved in decisions made about their care and treatment.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and their on-going support was reviewed regularly as part of reablement support and the care provided. Staff were knowledgeable about people's needs and worked in partnership with health care professionals.

The care provided was personalised to reflect people's individual needs and responsive to people's preferences and progress to achieve their goals in accordance with their support plan.

Activities and entertainment were available within the service to suit people's individual needs that promoted and respected their choice of lifestyle and religious beliefs.

People using the service and their relatives were confident to comment on the service provided and were positive that issues raised were addressed.

### Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post and they had good management and leadership skills. The registered manager and staff had a clear and consistent view about the service provided which focused on people's needs, rights and choices.

The service had an open and friendly culture and people found staff were approachable and helpful. People were encouraged to give their views about the service.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider's quality assurance and governance system was used effectively to ensure the quality and safety of the service was maintained.

# Kingfisher Assessment Unit @ Preston Lodge

## **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 over two day. We arrived unannounced on 11 January 2016 and the inspection was carried out by two inspectors. One inspector returned on 12 January 2016 to complete the inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and provide us with the contact details for health care professionals involved in people's care. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned to the Care Quality Commission.

We looked at other information sent to us from people who used the service and relatives of people who used the service. We looked at the information we held about the service, which included 'notifications' of significant events that affect the health and safety of people who used the service. A notification is information about important events which the service is required to send us by law. We also contacted social care commissioners that are responsible for funding the people who used the service and asked them for their views about the service.

We spoke with eight people who used the service and four relatives and friends who were visiting their family member or friend. We also spoke with one health care professional who was based at the service and provided the reablement support.

We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe people during the

lunch time meal service and in the lounge during the morning.

We spoke with the registered manager, one team co-ordinator, one senior staff, six intermediate care staff and the assistant cook. We looked at the records of six people, which included their assessment of needs, support plans, risk assessments and records relating to their reablement support, where appropriate. We also looked information relating to staff recruitment and training records for of three members of staff, a range of policies and procedures, and information relating to quality assurance.

We asked the registered manager to send us additional information in relation to the management structure of the service, health competency programme completed by staff and copies of the staff meeting. This information was received in a timely manner.

# Is the service safe?

## Our findings

People who use the service told us they felt safe. One person said, "I'd report it to the manager" when asked what they would do if they had any concerns about their safety. Another person said, "I know I'm safe here and get the help I need because I've used this service before that's why I wanted to come back here." A relative told us they had no concerns about their family member's safety or wellbeing. They visited regularly and said, "I'm impressed with the staff; they're very conscientious and encourage people to get back on their feet."

During the inspection we observed staff supporting people in a safe way and knew how to support people with their reablement. For instance, staff gave clear instructions to one person who was supported to use a walking frame, whilst another member of staff walked behind them with a wheelchair should the person become tired or experience pain or discomfort.

The PIR sent to us by the provider before our inspection visit stated that all staff were trained in the safeguarding (protecting people from abuse) policy. Information about the procedure and external agencies that could be contacted were included in the brochure pack that was provided to people on admission should people need to.

Staff told us they were trained in how to protect people from harm and abuse and the staff training records we viewed confirmed this. Staff gave examples of the steps take to protect people from harm and help to keep them safe and the action they would take if they had concerns about people's safety. Staff were confident to use the provider's whistle-blowing procedure to report concerns to the external agencies. That meant people could be confident that staff knew how to protect people from harm and to keep them safe.

We found the provider consistently promoted people's safety, which supported the information in the PIR sent to us by the provider. People were referred to the service to receive support to meet their assessed needs for a short period. Risks to people's health and wellbeing had been assessed. People's care records contained risk assessments (an assessment to evaluate or analyse the risks to the individual), which included risks relating to nutrition, falls, pressure care and moving and handling. Where appropriate additional assessments were completed by the Occupational Therapist and/or the Physiotherapist on people for the support to regain their strengths and skills to live independently.

Support plans and where appropriate exercise programmes developed by the health care professionals provided staff with sufficient guidance to support people. Two people told us that they were involved in the meetings where their reablement progress was discussed, which helped to identify new goals and plan to support them to return to their own home.

Records showed risk assessment and support plans were regularly reviewed and covered areas of people's their care needs, reablement, safety and welfare. A health care professional told us that they regularly monitored and if necessary carried out further assessments if the person's health changed. People's care records we viewed confirmed this. This meant that risks to people's health, safety and wellbeing were



managed effectively.

Staff referred to the support plans to ensure risks were managed and the daily handover meeting provided updates. Staff told us they were trained to use equipment and how to support people safely, which varied as to the person's assessed needs and ability. The registered manager and senior staff carried out visual checks on equipment helped to ensure it was safe to use. During our inspection we also observed two members of staff safely supported people to move from one place to another using their walking frame.

Each person had a personal evacuation plan in the event of an emergency or fire. This was to help ensure people received the appropriate level of support in an emergency to help keep them safe.

Records showed that when an incident affecting a person safety occurred the registered manager took appropriate and swift action to ensure the safety and wellbeing of people.

Since the service increased the number of registered places the layout of the building was altered to ensure people's safety was maintained and equipment stored was easily accessible. During our visit we saw the maintenance staff was fitting secure cabinets to ensure people's valuables and prescribed topical creams could be stored safely in people's room.

There were effective systems in place for the maintenance of the building. Servicing and maintenance records for equipment such as hoists, slings and electrics were up to date. Staff knew how to report faults if they had any concerns, which meant people could be confident and assured that they lived in an environment that was maintained and safe.

The provider's human resource department supported the registered manager to recruit staff. The registered manager showed us the electronic records that confirmed that relevant pre-employment checks had been completed, which included a check with the Disclosure and Barring Service. This meant people could be confident that suitable arrangements were in place to reduce the risk of unsuitable staff being employed.

There were sufficient staff on duty to meet people's needs and keep them safe. People told us that were staff would support them should they need assistance. We saw staff supported people with their daily exercises as part of their reablement plan.

Staff told us staffing levels were sufficient to meet the needs of people who used the service safely, which was made up of six intermediate care staff, team co-ordinators and management staff. Health care professionals based at the service provided the reablement support. The registered manager and the provider's management team provided the on-call support.

Medicines were kept securely and only administered by trained staff whose competency had been assessed. We saw that there were arrangements in place for discarding medicines that were no longer required. The registered manager told us that the provider's medicine policy and procedure was being updated and tailored to meet the requirements of the service.

One person said, "I prefer staff look after my medicines. I always get me medicine on time otherwise I would be in pain." Medicine included a photograph of the person, list of their prescribed medicines and specific instructions to ensure people were supported appropriately when taking medicines. We observed a trained member of staff administered medicines individually and completed records to confirm when taken. Records showed that two people had declined to take their prescribed medicines for more than five consecutive days. When we asked staff about the action taken they told us that advice was sought from the

person's GP, which was recorded in their care record, held separately.

Following our inspection visit the registered manager confirmed the action taken to support the two people who had refused the prescribed medicines and that their records reflected the changes made by the GP to their prescribed medicines. In addition, further checks had been introduced to support the weekly audits to ensure the medicines management system works safely.

# Is the service effective?

## Our findings

We asked people about their views about the care and support provided by the staff. One person said, "The staff have helped me no end to get back on my feet and using this walking frame." Another said, "The staff help me with my exercises twice a day. They're very good because I couldn't have done this [exercises] without them."

A relative told us that staff were 'Very knowledgeable and trained' based on their observations and felt the care provided was centred on the needs of their family members.

Staff we spoke with had received the induction and training, which had equipped them to support people who used the service. One staff member told us that the health competency training provided by the occupational therapist was put into practice when they supported people with the reablement support. We observed staff supporting people correctly when assisting them with their daily exercise regime as part of their reablement and to walk safely using a walking frame.

Staff training records showed that staff had completed essential training which included moving and handling, first aid, safeguarding training, food safety and person centred, dementia care and record keeping. Staff completed the health competency training, specifically designed for staff when supporting people with their reablement plan and exercises to promote their independence following surgery or ill health.

The registered manager monitored and planned staff training to ensure staff maintained their knowledge and skills. In addition, all new staff would be required to complete the 'Care Certificate' training. The Care Certificate is a set of standards that provides the health and social care staff with the necessary skills, knowledge and behaviours to delivery good quality care and support.

Records showed that staff were regularly supervised and had their work appraised. This helped to ensure that the staff met the needs of the people and the provider's expectations of providing quality person centred support. Staff records showed that staff were supported with their development and had completed professional training in health and social care.

Staff meeting records showed that staff had the opportunity to talk about the people they supported to ensure that any issues could be effectively managed to promote people's care. Staff told us that they felt confident to raise issues and make suggestions to develop the service and improve people's quality of life.

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 decisions 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that procedures were in place that demonstrated assessments and the process of making best interest decisions were in place. At the time of our inspection visit no one was subject to an authorised DoLS. The registered manager demonstrated a good awareness and understanding of MCA and when this should be applied.

The information sent to us by the provider before our inspection visit stated that staff were trained in MCA and DoLS. Staff we spoke with gave examples of how they supported people to make decisions which could fluctuate throughout the day and we saw this to be the case. The registered manager told us ongoing staff training programme would ensure maintained their understating as to their role and responsibilities with regards to MCA.

One person said, "Lovely meals and a good size portion." Another person said, "I get snacks when I want, they come round with the tea trolley."

There were two menus which ensured people's individual dietary requirements and cultural dietary needs were met. Kitchen staff were trained in food preparation and safety and were provided with information about people's dietary needs when they moved to the service to ensure their dietary needs could be met.

Records showed people's nutritional needs were assessed, and where required advice was sought from health care professionals to ensure risks were managed. Support plans contained information about people's dietary needs, individual requirements and preferences. People who were at risk of weight loss were on fortified diets. Records showed their intake of food and drink was monitored which helped to maintain their nutritional needs.

At lunchtime we saw people were asked if they wanted to eat in the dining room and they were supported to the dining room. The main meal was plated and people helped themselves to the platter of vegetables and condiments. Where appropriate staff supported people with their meals some were provided with a plate guard and adapted cutlery which enabled them to eat independently. One person had swallowing difficulties and required a soft diet. We saw that their meal was prepared accordingly and their drink was thickened to help maintain their health. This showed people's nutritional needs were met.

Care records showed people were supported to attend health appointments. One person said, "I've kept my own GP whose been to see me here (since) leaving the hospital." Another person told us they attended an outpatient appointment at the hospital with their family member. Staff we spoke with including the occupational therapists worked with together effectively to help improve and promote people independence and quality of life.

We found the layout and adaptations and décor of the service promoted people's independence. There was a choice of communal lounges for people to use. In addition there was a therapy room with specialist equipment used by the therapists to support people with their reablement need. This showed that the service was equipped to provide the range of support to enable people to regain their strength and skills to return to their own home to live independently.

# Is the service caring?

## Our findings

We asked people for their views as to the attitude and approach of staff. All those we spoke with had praise for the staff who they felt were 'caring'. One person said, "The staff are all wonderful; very caring towards the both of us."

Visitors to the service were also treated with care and compassion by the staff. Relatives spoke positively about the staff; the care provided and felt their family members' were treated in a respectful manner. One relative said, "The staff are really great and so easy to talk too."

Throughout our inspection visit we observed staff were kind, caring and took time to talk with people who used the service. When one person said they felt cold after completing their daily exercises the member of staff provided them with a blanket. The member of staff also offered and provided a blanket to the other people sat in the lounge. We saw staff being caring and affectionate towards people such as holding their hands and spoke with people in a kind and reassuring manner.

We saw staff showed care towards people as they were encouraged to do their exercises as part of their reablement. Staff spoke with people in a caring and polite manner. For instance, staff took care when they supported people to walk to their room and spoke in a soft tone when they gave them instruction as to using the walking frame.

We saw a member of staff spoke to one person in their first language, which was not English, which meant they could converse effectively and be involved in their care. Other staff had also learnt some words and phrases used to address the person in a respectful manner. This showed staff had development positive relationships and respected people as individuals irrespective of their diverse culture or language needs.

Staff were aware of people's life histories and had good background knowledge of people who used the service, including their abilities and preferences. These were also recorded in people's support plans.

The PIR sent to us by the provider before our inspection visit supported the staff training records we viewed. Records we looked at confirmed that staff had completed the provider's essential training and training specifically designed to meet the needs of people who use the service.

People were involved in decisions made about their care and how they wished to be supported. One person told us that they were provided with information about the service, which meant their needs and the needs of their spouse could be met. They went on to say, "We've been very happy with the service. They [staff] have kept me involved all the time and I've managed to do my exercises at my pace and hopefully we are both ready to go home soon. Another person said, "I was really pleased when I was offered this place because I knew I would get back on my feet."

Throughout our visit over the two days we observed staff treated people with respect and dignity. One person said, "I can definitely confirm staff have always respected me. They [staff] never made me feel

uncomfortable or embarrassed when I needed help with showering or dressing."

Staff we spoke with understood the importance of respecting and promoting people's privacy and took care when they supported people. They described ways in which they preserved people's privacy and dignity and during our inspection we observed that staff discreetly supported people with their personal care needs to help ensure they remained clean and comfortable.

People's privacy was promoted as they could retire to their room whenever they wanted to and lock the room should they wish to. Bathrooms, shower rooms and toilets were close to people's bedrooms and the communal lounges to help maintain people's dignity and independence.

## Is the service responsive?

### Our findings

People told us they were encouraged to make decisions about how they spent their time and who they spent it with. One person told us "They [staff] took us on a walk around the gardens." The person also told us that they played bingo. This demonstrated that people were engaged in activities that they enjoyed. Another person who liked to watch television in the privacy of the quiet lounge said, "We have friends from the church visit us here at the moment." A third person said, "There's something happening every day. We had a sing song the other day and we're playing bingo in a little while." A visiting relative said, "[person's name] is so different; she's happy, chatting a lot more and is always joining in to different things, quiz, bingo, singing. The other day someone was dancing with one of the staff."

Staff told us that they supported people to participate in activities. The registered manager told us that they supported people to attend a café every other week and in the past they have organised trips to the seaside and zoo.

We saw that activities were based on personal preferences and that staff used a variety of methods to stimulate and engage people. We saw photographs in the main lounge of people on an outing. We saw one person whistling to the canaries in the bird cage. Another person found comfort in caring for their doll. We saw that when staff spoke with this person they also enquired about their dolls' wellbeing. When this person requested to return to their room to rest a member of staff supported them. This showed that the staff acknowledged the importance of the doll to the person and were responsive to their needs.

Before people moved to Kingfisher Assessment Unit @ Preston Lodge their needs had been assessed by a representative of the local authority or the hospital discharge team. The registered manager told us that because the service provided intermediate and short term care for people, referrals were often at short notice. Therefore, they had systems in place to ensure the assessment and admission process was seamless and effectively managed. The registered manager worked closely with health care professionals to ensure all relevant information was gathered about the person including any special requirements such as cultural needs.

The registered manager worked closely with other health and social care professionals to ensure this was the right place for people and for their on-going care when they return to their own homes. For instance, staff were aware of the emergency admission procedures, should a person require support for their safety. The on-call management team, health support from the clinical response teams and the local walk-in centre provided support to people in an emergency. That meant people could be assured that staff could access the relevant medical support in the event of an emergency.

People's care records showed the assessment of needs was comprehensive. The support plans were developed with the person and where appropriate their family member and health care professionals. Support plans we looked at focused on the promotion of people's independence with regards to their personal care and mobility. There was clear guidance on each person's individual care needs and were updated regularly to help ensure the information was accurate and to reflect the changes in the person's

needs. That meant the decision to support the person could be made without delay and supported the PIR sent to us by the provider before our inspection visit.

The individual diet profile was provided to the catering staff to ensure suitable meals were prepared. One person's profile stated they required thickened fluids due to the risk of choking. During lunch time service we observed a member of staff prepare a thickened drink correctly and another person was provided with a suitable diet which was consistent with their diet profile. That showed staff understood and were responsive to that person's individual needs.

People's care needs and where appropriate their reablement programme was monitored and reviewed weekly. Any changes made were communicated daily during staff handovers. For example, one person's support plan showed that the person was at risk of developing pressure sores and that staff were to re-position the person every two hours. The turning charts we looked at confirmed this was done in line with their individual support plan, which helped to maintain their health.

People we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. One person told us that "I've never complained and I would complain to anybody if I needed to." Another said, "I've got no complaints; don't think I would have any as they're [the staff] so good."

The provider's complaint procedure was detailed and accessible to people using the service and their representatives. The complaints and compliments log showed the service received no complaints and 11 compliments which supported the information received from the provider prior to our inspection visit. All the compliments were thank you messages received from relatives or directly from the people who used the service about the good standards of care that they had received.



## Is the service well-led?

### Our findings

People told us they were happy with the quality of care and support provided. One person said, "It's a very good service for people like me that need a little help but wants to go home." Another person informed us that the 'Registered manager and staff were very accommodating' about their stay so that their move home could be managed.

People told us that their views about the service were sought through individual discussions and meetings to drive improvement. One person we spoke with confirmed that the meetings do take place but they chose not to attend but told us that "They will come round and ask if there's anything that could be done better."

We found meetings involving people who used the service were held every two months. The meeting minutes reflected positive comments from people who used the service at that time and there were no concerns or suggestions noted as to how the service could be improved.

The service has a registered manager who has maintained their knowledge to ensure people received a safe and quality service. They worked alongside staff and health and social care professionals to ensure that the service people received was reflective of the provider's visions and values for respecting people and promoting respect and equality for all.

The registered manager understood the key risks and challenges for the service. The provider's business continuity plan and support provided to the registered manager ensured risks were mitigated and that they responded to the challenges promptly. For instance, the service ensured plans were in place to support people return home safely and live independently as far as practicable. That included provision of equipment to promote people's independence and care support in the community with the involvement of the relevant health and social care professionals. That showed the service ensured people's ongoing care and support at home was managed.

The registered manager told us that they operated an 'open door' policy and encouraged people who used the service, relatives, visitors and staff to approach them at any time with any concerns they may have. They showed commitment to continued development of service and were involved in the staff development to ensure the right training was sourced.

We asked people for their views about the registered manager and staff at the service. All those we spoke with informed us that the attitude of the staff and the registered manager was good and they were committed to their work by providing the best possible care. One person said, "It's a very good service, good staff and a good manager."

Staff we spoke with were motivated and knew what was expected of them by the provider. Staff spoke positively about the registered manager who they found was supportive and provided good leadership. Records we looked at confirmed the range of training and development opportunities made available to staff that enabled them to develop.

Staff said that the regular supervision meetings gave them opportunity to discuss areas for concern and personal development. We asked the registered manager about the development plans reported in the PIR that was sent to us prior to the inspection. They told us that they staff supervisions were ongoing and that staff were being supported due to changes in the provider's management structure but the quality of service people received was maintained.

Regular meetings provided staff with opportunities to raise issue and resolve issues and make suggestions to bring about improvements to the service. We also found issues raised through the different staff meetings were monitored by the registered manager and the provider to ensure action had been taken. This showed they were promoting an open and fair culture.

The provider's quality assurance and governance system was used effectively. Regular checks and audits were carried out by the registered manager and senior staff, which included the equipment, premises, the management of medicines and people's care records to ensure they were reviewed regularly and reflective of people's needs. Where any issues were identified, the registered manager took action to make improvements and monitored the quality of care provided.

The provider representative that supports the registered manager also carried out regular internal quality audit visits. The recent visit reports included views from people who used the service; records checked and monitored the improvements made to ensure the provider's expectations of the service in relation to quality were met. That meant people could be confident that systems in place effectively monitored the quality of service provided.

The provider had a range of policies and procedures which were in place and reflected current legislation and good practice guidance. The registered manager told us some policies and procedures were being updated following the changes in the provider's management structure.

We found the service worked in partnership with other agencies to ensure people who used the service received quality support that was appropriate and promoted their independence and wellbeing. They told us that the registered manager and staff worked well together and had made a positive change to the lives of people that have used the service and continue to use the service.