Country Retirement & Nursing Homes Ltd

Decoy Farm

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 October 2016 and was unannounced.

Decoy Farm is a service that provides accommodation and nursing care for up to nine people with a learning disability or autistic spectrum disorder. There were eight people living at the service when we visited.

The service had 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.

Staff had been trained to recognise signs of potential abuse and to keep people safe. People felt safe living at the service. Processes were in place to manage identifiable risks within the service and to ensure people did not have their freedom restricted unnecessarily. The provider carried out recruitment checks on new staff to make sure they were suitable to work at the home. There were systems in place to ensure people were supported to take their medicines safely and at the appropriate times.

The staff recruited had the right values and skills to work with people who lived at the home. Staffing levels remained at the levels required to make sure every person's needs were met and helped to keep people safe. The registered manager planned staffing resources flexibly and responsively so that people were able to enjoy a varied but well-structured day.

Staff had received essential training to keep their skills up to date and the registered manager supported them with regular supervision. Staff sought people's consent to care and support in line with the Mental Capacity Act (MCA) 2005. People were supported to eat and drink and to maintain a balanced diet. People were registered with a GP and were supported by staff to access other healthcare facilities.

There were positive and caring relationships between people and staff. People were encouraged to maintain their independence and staff promoted their privacy and dignity. Pre-admission assessments were undertaken before people came to live at the service. This ensured their identified needs would be adequately met. There was a strong caring culture in the care and support team.

People were able to contribute to the planning of their care. People participated in a wide and varied range of activities. Regular outings were organised and staff encouraged people to pursue their interests and hobbies. The registered manager and staff planned for these in detail to ensure the maximum amount of enjoyment would be had. People were able to partake in activities and opportunities that were previously thought to be unachievable.

There was a complaints procedure in place to enable people to raise concerns if they needed to. Complaints were responded to an acted upon in a timely way.

There was a positive, open and inclusive culture at the service. There was good leadership and management demonstrated at the service, which inspired staff to provide a quality service. There were systems in place to monitor the quality of the service provided and to drive continuous improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk managements plans were in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs safely.

People were supported by staff to take their medicines safely.

Is the service effective?

Good

The service was effective

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with current legislation.

Staff supported people to eat and drink and to maintain a balanced diet.

If required, people were supported to access other healthcare facilities.

Is the service caring?

Good

The service was caring

Staff had developed positive and caring relationships with people.

People said they were happy. They were treated with kindness and compassion. Staff demonstrated understanding toward people and interacted in a caring manner.

Staff ensured people's privacy and dignity were promoted.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Assessments and care plans provided the information that staff needed to be responsive toward people's needs.

The programme of activities was varied and provided opportunities for people to maintain links with the community. People chose to join in activities if they wished to.

People and their relatives knew how to complain if they were not satisfied. They felt concerns would be addressed promptly.

Is the service well-led?

Good ●

The service was well-led

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The registered manager was known well by people and staff.

There was a friendly, open and positive culture which encouraged good communication.

The service had quality assurance systems in place which were used to good effect.

Decoy Farm

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.

The inspection was unannounced and was carried out on 10 October 2016 by one inspector.

Before the inspection the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We checked the information we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

On the day we visited the home, we spoke with three people living at the home, three members of staff, the registered manager and the provider's director of specialist services. We also spoke with relatives of two people living at the home. We looked at records relating to two peoples' care, which included risk assessments, guidance from health professionals and capacity assessments. We also looked at quality assurance audits that were completed by the registered manager and the provider.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Decoy Farm and knew what to do if they were worried or had any concerns. One person said, "There are people that I can talk to here if I am worried or upset, I trust them." Relatives we spoke with also told us that felt their family member was safe living at the home. One relative told us, "People are safe here, if you have any concerns [registered manager] listens to any concerns we have and would do something about it."

Staff told us that they had received safeguarding training and those we spoke with demonstrated a good understanding of the different types of abuse that people could experience. All the staff we spoke with were confident that if they raised a concern, the management team would take the appropriate action. We saw that there was information displayed in communal and staff areas of the home with details of the different agencies who staff and people could contact if they suspected abuse.

The registered manager told us that safeguarding was a regular agenda item at staff meetings as well as at 1:1 staff supervisions. The registered manager told us that staff updated their safeguarding knowledge during annual refresher training and we saw records that confirmed this. We also saw that safeguarding concerns were raised with the local authority when required and that the Care Quality Commission (CQC) was notified without delay.

Staff and the registered manager told us that risks to people's safety had been assessed. These included risks associated with handling money, being out in the community and for the various activities that people participated in outside and inside the home. There were also generic risk assessments in place such as, trips, slips and fire awareness. Where risks had been identified,
measures had been put in place to minimise them. For example, one person was at risk of damaging furniture in their flat. The risk assessment seen identified the measures that had been put in place to support the individual and to reduce the risk of harm. We saw evidence that the risk management plans were reviewed on a monthly basis or sooner if people's needs changed.

The registered manager discussed the arrangements which were in place for dealing with emergencies and for ensuring the premises were managed appropriately to protect people's safety. We saw regular checks on the gas and electrical equipment were carried out to ensure they were fit for use. The fire panel was checked on a regular basis and there was a Personal Emergency Evacuation Plan (PEEP) for each person who lived at the service. We saw there was a contingency plan in place and it provided guidance for staff on the action to take in the event of an emergency such as, in the event of a fire, electrical and gas failure and adverse weather conditions. There was also a senior manager on call to provide advice and support to staff if required.

The providers' director of specialist services told us that there had been a recent incident where by a small fire accidentally started. We saw from the incident records relating to this that staff had reacted quickly and safely in preventing the spread of the fire and keeping people safe. The fire safety and detection equipment in place had also worked as expected in alerting staff and people living in the home to the incident. The

director of specialist services told us that the local fire and rescue service had praised the manager and staff for their response to the incident. They also told us that staff took into account learning from the incident when reviewing risk assessments.

People and their relatives told us that there were sufficient numbers of staff available to meet their needs and to promote their safety. One relative we spoke to told us, "On the whole, staffing is consistent, the number of staff is good for the number of people here. The registered manager explained that staffing levels were based on people's needs. Staffing ratios were flexible depending on what people were doing and where they were doing it. For example, when people were staying in the home, they received 1:1 support during their waking day. For some people this started at 7am, for others it started at 10am, as this was their preferred time to rise. When a person accessed the community to participate in an activity or go shopping for example, staffing could be increased to two. We looked at the staff rota for the current week and the previous month and found that it reflected the appropriate staffing numbers.

The registered manager told us that the organisation's own bank staff covered staff vacancies and shortages. This was so that peoples high level of support needs could be met by staff that were familiar to people and knew them very well.

The registered manager was able to describe the recruitment process. Potential staff were required to complete an application form, those applicants deemed suitable were then asked to attend an interview. They told us that staff did not take up employment until the appropriate checks such as proof of identity, references and satisfactory criminal records checks had been undertaken. We looked at a sample of staff records and found that the appropriate documentation required had been obtained. Staff who held a professional qualification, such as a registered nurse, were required to provide evidence that their registration and qualification was current and that they were legally entitled to work in this role.

There were systems in place to ensure that people received their medicines safely. People told us they received their medicines at the prescribed times. All medicines were administered by staff who were registered nurses. Nursing staff told us that they had been trained in the safe handling of medicines and training was regularly updated. We saw evidence to confirm this. We saw that most medicines were dispensed in monitored dose blister packs and were stored appropriately. There was an audit trail of all medicines entering and leaving the home. A specimen signature of staff who administered medicines was in place. This ensured that any discrepancies would be addressed promptly. Daily temperature checks of the room where medicines were stored were undertaken to maintain their conditions.

We checked the Medication Administration Record (MAR) sheets and found they had been fully completed. We also checked a sample of medicines and found that the stock levels and records were accurate. When medicines were prescribed to be administered 'As required' (PRN) we saw there was a protocol in place for staff to follow. Any administration of PRN medicines was authorised by the senior person on duty.

Good

Is the service effective?

Our findings

People confirmed to us that staff had the right skills and knowledge to carry out their roles and responsibilities. Relatives we spoke to also felt that staff had the specialist skills to manage their family member's high level of support need. One relative told us that staff were particularly skilful at managing and reducing self-harm and destructive behaviour which some may find challenging.

Staff confirmed they had received training to enable them to carry out their roles and responsibilities appropriately. From our observations we found that people received care from staff who had the necessary skills, knowledge and understanding of their needs. The registered manager told us that new staff were required to complete an induction period and familiarise themselves with the service's policies and procedures. Staff we spoke with told us that during this induction period, they spent time with people living at the home. They told us that they felt this was essential in building a relationship with the person prior to providing personal care. They also shadowed experienced staff members until they felt confident that they could support people. In addition they were provided with essential training such as moving and handling, fire awareness, safe handling of medicines, safeguarding of vulnerable adults, autism awareness, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), food safety and emergency first aid. We saw evidence which demonstrated that the staff team had completed this training as well as updates. We found there was an on-going training programme at the service to ensure all staff received updated training.

There was a supervision framework in place and staff told us they received regular supervision. This enabled them to discuss their training needs as well as the needs of the people who used the service. The registered manager told us that staff received six-weekly supervision; however, for new staff this was more frequent. We saw written evidence to demonstrate staff were in receipt of regular supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had policies and procedures in relation to the MCA and DoLS. Staff we spoke with said they had attended training and demonstrated a good understanding of MCA and DoLS. We saw evidence that showed that where people required a DoLS application to be made on their behalf, then this was done so. Where an application had been authorised, then the registered manager and staff were working within the conditions specified by the authorisation.

Throughout the inspection visit, we saw staff asking people for their consent before providing support to them. We saw in people's records that when it had been considered necessary, mental capacity assessments had been completed and best interest's decisions made. These had involved the appropriate individuals such as a person's relative or their GP. Records we looked at showed that where people had varying or fluctuating capacity, due to illness or part of their condition, then this was also identified. We saw that in these circumstances, a person's capacity was regularly reviewed and the process restarted. Staff had a good understanding of the MCA and how its principles should be applied.

We looked at how people were supported with eating and drinking, and how they maintained a balanced diet. People told us that they had enough to eat and were encouraged to be independent in food preparation and shopping. Relatives we spoke with told us that the food was of good quality. One relative we spoke with told us, "There's plenty to eat and drink, they get a healthy and balanced diet here." We saw that they were either able to prepare meals from individual kitchens within their accommodation, or in communal kitchens. Where people needed specialist diets, staff provided these.

We saw that guidance and information was available for people to access on healthy lifestyles. Staff were able to tell us about peoples individual needs for eating and drinking, such as when people needed encouragement to eat. One relative we spoke to told us that their family member needed a lot of support in being able to maintain a healthy and balanced diet. They told us that staff continually tried to find healthier alternatives to cooking certain foods. For example, their relation particularly enjoyed eating chips, but in order to make this healthier for them, a specialist dry fryer was purchased by the home to reduce the amount of oil used. We were satisfied that people living at the home received enough to eat and drink and maintained a balanced diet.

People told us that staff supported them to maintain good health and to access health care facilities. Staff told us people were registered with a GP who visited the service annually and carried out health checks. We saw evidence that staff supported people with annual dental and optical appointments. We saw people had medical diaries and health action plans, which staff kept up to date. If required people had access to therapists who were able to support them with their emotional and psychological needs. Relatives told us that they felt the registered manager and registered nurses worked hard to ensure that medical appointments were planned and managed so that stress and anxiety for the person was reduced. The registered manager told us that they had recently provided training to the local GP surgery around autism awareness. This was so that staff working at the surgery were able to be aware of what was important to a person living with autism.

Good

Is the service caring?

Our findings

People told us they had developed positive and caring relationships with staff. We observed that staff treated people with kindness and compassion. People looked comfortable and at ease in the company of staff. Staff included everyone in conversation and spoke with people in a calm and appropriate tone. Relatives we spoke with were very positive about how caring staff were towards their relative. One told us, "Over the years, the relationship with the majority of staff has been wonderful, the staff are truly excellent, they have genuine love and respect for people at the home, [relative] is very well supported." Another relative we spoke with told us, "When [relative] came here, it was like paradise, we had such peace of mind that [relative] is cared for so well. I can go home after each visit and not worry."

People were supported to maintain important relationships. They were supported to keep in touch with and spend time with their families. People's relatives all told us they had regular contact with their family member. Relatives told us that they felt the registered manager went the extra mile to achieve this. They told us that when their relative's sister came to visit by public transport, staff collected them and drove them to the home.

People told us they were able to express their views and were listened to. We found that people were involved in decisions relating to their care and support needs. The manager told us that people had a key worker to ensure they were involved in decisions about their own care and support. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, changes in health and in communicating with relatives and health professionals. We could see from records of these meetings that people were able to express views and make decisions about how their care and support was provided. They could also use this meeting to express any concerns that they had. Relatives told us that they felt they were fully involved in their family members care where appropriate. They told us that they felt consulted and able to contribute.

Staff were confident that they were aware of people's preferences and personal histories. Staff we spoke to told us that when they started working at the home, that they spent considerable time learning about these for each person. We found that each person had a list with information about their needs and abilities to which they had contributed to where they could.

People told us that staff ensured their privacy and dignity were respected and promoted. Staff told us that they always knocked and waited for a reply before entering people's bedrooms. They also told us that when assisting people with personal care they ensured that their privacy was promoted and they were not unnecessarily exposed. Relatives we spoke with told us that they felt that their family member was treated with dignity and respect.

Staff told us that people were given the privacy they needed. All bedrooms were single occupancy, which meant people could retire to their bedrooms if they wished to be alone. Staff told us they did not enter people's bedrooms when they were locked unless they had been given permission to do so. The registered manager and staff told us that people were supported to be as independent as they wanted to. People we

spoke with confirmed this and gave us examples such as being supported to clean their rooms and do their personal laundry.

Outstanding ☆

Is the service responsive?

Our findings

The relatives we spoke with told us the staff were very responsive to each person's needs. We saw that activities were designed for each person and that staff actively encouraged and supported them to be involved. People went out into the community on a regular basis. We saw that people had good levels of staff support in the community and there were staff available to facilitate their individual, chosen activities.

The registered manager and staff had a proactive approach to ensuring people were at the centre of planning their care. Information from people, their families and other professionals was used so that they accurately reflected the needs of the person. To achieve this the provider had trained two members of staff to be communication champions. Their role was to promote the importance of good communication in order for people to be able to live their lives with minimal frustration and disruption. They promoted this by working intensely with people on developing bespoke communication systems and aids, such as daily planners in pictorial form. An example of this we saw was a 'traffic light' system of signs that one person was able to put on their bedroom wall. This let staff know what kind of day they were having and how they were feeling about it. This enabled staff to adjust their approach when supporting this person, reducing their anxiety.

The communication champions also trained other staff in using and promoting these. One communication champion we spoke with told us that the provider was very supportive of this initiative, and arranged for them to attend local and regional networks. This was so that they could develop their own knowledge, and bring new ideas into the home for potential use to improve support for people. This meant staff communicated effectively with people and treated them as individuals in their own right. People felt embowered and listened to because of this. One person we spoke with told us that they knew what was in their care plan and that they contributed to writing it. They told us, "Staff know what I want, it's all in there, we have a review if I want to change it."

We found people's views on how they wished to be cared for including information relating to their independence, health and welfare was recorded in the support plans we looked at. The support plans seen were personalised and contained information on people's varying levels of needs, their preferences, and histories and how they wished to be supported. Plans were evaluated on a monthly basis with people's key workers. A yearly review of their entire care needs was carried out, which involved their key workers, family members and social workers. People were able to attend this review if they wished. This ensured people were provided with as much choice and control over their care and support needs and the opportunity to discuss any concerns they may have.

Staff were able to demonstrate how they responded to people's concerns and well-being in a caring manner. We saw changes in people's behaviour were recorded and monitored to identify what could have triggered the changes. Information relating to people's well-being was passed on to staff during handovers to ensure the action taken by staff was consistent and person-centred. People's relatives were made aware of changes in their behaviours and staff sought medical advice if required. Relatives we spoke to confirmed this.

People told us that staff supported them to follow their interests and to take part in social activities that they wished to participate in. One person said, "I get to go to an art group, I get to see my friends there. Staff support me in getting there and stay with me, it's really good, I got to participate in an exhibition." The registered manager and staff were able to tell us how people were supported to develop and maintain relationships with people that mattered to them to avoid social isolation. Staff told us that people regularly went on shopping trips. One person we spoke with was just about to set off on holiday, and said they were very excited about this. They told us that they had chosen where they wanted to go and what type of holiday they wanted to go on.

The majority of people living at the home had been supported to go on holiday during the past year. People had visited outdoor activity centres, the seaside and holiday camps. People were also supported to go on short breaks to theme parks and major cities to 'see the sights'. We saw that for one person, who was an avid follower of a football team in the North East, great efforts had been made for them to travel to watch their team play several hundred miles away. This also meant they were visiting the community where they once lived, which was important to them.

The registered manager told us that one person living at the home had a long term goal to enjoy an overseas holiday. They were also very interested in aeroplanes. The registered manager told us that the person struggled with changes to their routine due to their Autistic Spectrum Disorder. The staff team put in place a plan for the person so that they could work towards this goal. This included watching aeroplanes at a small local airport from the roadside, attending air shows and air museums. To support the person in understand the aim of what these visits were for, staff produced and used visual cues and objects. Staff also planned to ensure that journey times were not too long, and that the environment would not be over stimulating. This meant that staff were able to provide predictability for the person, which helped them cope. The registered manager told us that following the success of these visits, the person had recently been able to enjoy an overnight stay at a major airport hotel to watch aeroplanes and experience the busy environment.

This was seen as a huge achievement for the person, and a significant step towards their goal of an overseas holiday. The registered manager showed us an email of thanks from a member of the person's family. The family member wrote, "Just to say how much I appreciate the amount of work that went into [persons] short but amazing trip to Gatwick! [Person] has been saying they want to do this for most of time [person] has been at Decoy! For him to realise the first part of his dream must be brilliant for him!" They went on to say, "I am so pleased for [person] that he has an experienced team around him and of course you believe in yourself, you have faith in your decisions and those calculated risks you take are let's say calculated! I always say 'a ship in the harbour is safe but that's not what ships are made for! Well [person] truly left the harbour and nobody knew what the seas would be like but you catered and planned for every eventuality!"

The home had recently employed an activities co-ordinator and we spoke with them about their role. When they started in post, they spent periods of time with people living at the home. This meant that they were able to build a relationship with them before exploring what kinds of activities the person wanted provided. Following this the activities co-ordinator went away and researched which options were available in the local community. Where people's requests could not be met locally, or they did not want to leave the home to access that activity, these were provided at the home. For example, they arranged a 'local pub' themed evening, with drinks, snacks, a quiz and pub games at the home. This was in response to a person's request to enjoy a pub atmosphere, but was unable to as they found leaving their home stressful. We found people had their individual activity plans and attended day centres and activities of their choice outside the service.

The registered manager was able to demonstrate how the service ensured that people's opinions mattered.

An example given was that one to one meetings were held and people were listened to. Issues raised were addressed. The registered manager told us that as a result of listening to one person, they arranged for them to carry out admin duties with the home's office staff. We spoke to this person and they told us how happy they were with this arrangement. They said, "It's my new woman project, that's what I wanted, and that's what I got." We concluded that people received high quality consistent care, and were enabled and fully supported to be involved in the planning of their care.

People and their relatives told us that they were aware of how to raise a complaint. A relative said, "I know how to raise a complaint but I have never had the need to raise one." One person we spoke to told us, "I know how to complain, I made a complaint last year, it got sorted." We saw the service's complaints procedure was displayed in an appropriate format in the service to enable people and their relatives to raise concerns or complaints if they wished. The procedure outlined the system in place for recording and dealing with complaints. The registered manager told us that complaints were used to improve on the quality of the care provided. We saw evidence that complaints made had been investigated in line with the provider's policy and in the appropriate timescale.

Good

Is the service well-led?

Our findings

There was a positive, open and inclusive culture at the service. Relatives told us that they felt that the registered manager and staff team listened to them. One relative told us, "You can raise your concerns with [registered manager], she sits down and works with you to resolve problems or concerns. There's never any adversity or grumpiness, she always works for a solution." We saw in a feedback form completed by a relative, that they had stated, "It goes without saying that the home is led by a recognised outstanding leader. They are always there when I need them, they get back to me as soon as is possible."

We saw that the registered manager and staff had close relationships with people living there. People were clearly pleased to see them when they arrived at the home, and wanted to spend time with them. We saw during our inspection visit that the registered manager was accessible at all times and that they displayed good leadership and direction to the staff. We also saw that the registered manager had recently been named 'manager of the year' at the providers annual staff awards. The registered manager told us that they had also provided training to their local GP surgery on Autism Awareness. They told us that they felt strongly that partner agencies should feel comfortable when supporting people with Autistic Spectrum Disorders. By providing awareness training, their hope was that people living at the home would have an enhanced experience when seeing their GP. This meant that there was an open culture within the home, which was focussed on treating people as individuals.

Staff told us that regular staff meetings were held and the registered manager updated them with any changes that were occurring in the service. Staff also confirmed that the registered manager was transparent and approachable. They told us that the registered manager encouraged them as well as people and their relatives to come to her if they had a problem. When mistakes happened, they were dealt with openly and in a transparent manner to minimise the risks of errors occurring.

The registered manager told us about the arrangements in place to enable people and their family members to provide feedback on the quality of the care provided. She told us that surveys were regularly sent out and they were analysed to ensure areas identified as requiring attention were addressed. We saw that as a result of feedback from families gained from one of these surveys, the registered manager had implemented a rewards system for staff to recognise their hard work.
Staff told us they had been provided with whistleblowing training and that it was a regular agenda item at staff meetings. All the staff we spoke with were confident if they raised a concern it would be investigated appropriately by the manager in line with the provider's procedure.

The registered manager told us that staff were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, feedback was given to staff in a constructive and motivating manner. This ensured staff were aware of the action they needed to take. Staff told us there was good leadership and management demonstrated at the service and that there was a good working atmosphere, One staff member said, "I love this place, it's so positive."

The registered manager had systems in place to assess the quality and safety of the service provided in the

home. We found that these were effective at improving the quality of care that people received. There was an established auditing programme to monitor service provision. Care plans and medication audits were completed regularly. We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified. Maintenance checks were completed regularly by staff and records kept. There were cleaning schedules to help make sure the premises and equipment were clean and safe to use.

The registered provider carried out their own annual internal quality audits including health and safety audits in line with their own policies and procedures. There were also regular visits from representatives for the provider to undertake checks on different aspects of the home and monitor the standards. During our inspection we saw one of the providers quality assurance managers visit the home to carry out checks.