Care Quality Commission

Sheffield City Council

Sheffield City Council - 136d Warminster Road Short Breaks

Inspection report

136d Warminster Road
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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?	Requires Improvement

Summary of findings

Overall summary

Sheffield City Council -136d Warminster Road provides short stay respite accommodation for up to seven adults with learning disability. The service is on one level and provides a range of single room accommodation. It is situated in a quiet residential area of south west Sheffield close to local amenities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last full inspection took place on 18 June 2013; the registered provider was compliant in all areas assessed. We undertook this current unannounced inspection on 20 July 2016.

The CQC had not received all notifications for incidents which affected the safety and wellbeing of people who used the service as required by registration regulations. This had been a misunderstanding by the registered provider and registered manager and they told us they would forward all required notifications in future. We have written to the registered provider to remind them of their responsibilities in this area.

We found people who used the service were protected from the risk of harm and abuse. Staff had received safeguarding training and knew what to do if they witnessed abuse or if it was disclosed to them. Staff knew what to do in cases of emergencies and each person who used the service had a personal evacuation plan.

People had risk assessments in place for specific concerns, such as falls and choking and these contained detailed information to guide staff in how to minimise risk. Some areas of the environment had been risk managed but not all and the registered manager confirmed they would review this. Incidents and accidents had been analysed to help find ways to reduce them.

There had been no recent recruitment of new staff to the service although staff had been transferred to work from other services within the organisation. The staffing levels had recently been reviewed and increased to ensure sufficient numbers were on duty to meet the needs of people who used the service.

Staff supported people to take medicines as prescribed. Staff had received training in medicines management.

We observed kind and caring approaches from the staff team. People's privacy and dignity were respected and staff provided people with explanations and information so they could make choices about aspects of their lives. Staff were overheard speaking with people in a kind, attentive and caring way. There were positive comments from relatives about the staff team.

Staff received training that enabled them to support people safely and to meet their assessed needs. We

found staff received guidance, support, supervision and appraisal. This helped them to be confident when supporting people who used the service.

People who used the service received person-centred care based on their wishes and preferences, although some of the person centred records had been archived. People and their relatives were involved in the formulation of plans of care. Staff were aware of people's health care needs and the support they provided helped to maintain them. Staff liaised with health professionals for advice and guidance when required.

We found staff supported people to maintain their nutritional needs. They assisted people to make choices about their meals in line with their care plans.

We found people were supported to make their own decisions and to contribute to their planned activities. When people were assessed as lacking the capacity to make their own choices, decisions were made in their best interest but, how the assessments and decisions were recorded could be improved. We have made a recommendation about this.

People who used the service accessed a range of activities within the service and in the wider community; these provided them with stimulation and a feeling of inclusion.

We found there was a good organisational structure and a culture aimed at person-centred care, inclusion, involvement and valuing people who used the service and the staff who worked for the service.

There was a quality monitoring system that ensured people's views were listened to, any complaints were addressed, audits were completed and checks carried out on staff practices and performance. There was an ethos of learning to improve practice, and the service provided to people.

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.

Staff were recruited safely and there were sufficient numbers on duty to meet people's needs.

Staff received safeguarding training and knew what to do to keep people safe from the risk of harm and abuse. People had risk assessments to help guide staff in how to minimise risk although some areas of the environment such as the laundry required risk management.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions. However, staff did not always follow best practice when assessing people's capacity for making specific decisions which included restrictions for them. We have made a recommendation about this.

Staff supported people to meet their nutritional needs whilst in their care.

People were supported by staff that had received training relevant to their roles and tasks. Staff received supervision, support and appraisal.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion.

Staff provided explanations to people prior to carrying out tasks and gave them information at a pace that was appropriate to their needs.

People's privacy and dignity was maintained and confidential information about them was held securely.

Is the service responsive?

Good

The service was responsive.

People were provided with care that was person-centred and tailored to their individual needs. People who used the service and their relatives were included in the formulation of care plans.

There was a range of activities that people participated in that responded to their needs and interests.

There was a complaints policy and procedure and people felt able to raise complaints or concerns in the knowledge they would be addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Due to a misunderstanding about notification responsibilities, the Care Quality Commission had not always received information about issues which affected the wellbeing of people who used the service.

There was a quality monitoring system in place which ensured audits were completed, action plans developed and learning enabled.

The culture of the organisation was open and staff felt able to raise concerns in the belief they would be addressed. Staff told us they felt very supported by the registered manager.

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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 registered 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 unannounced inspection took place on 20 July 2016 and was carried out by an adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

At the time of our inspection there were five people using the service. We spoke with two people who used the service and spent time informally observing how staff supported people. We also spoke with four relatives to ask their opinion of the service provided to their family member.

During the inspection we spoke with the registered manager, first line manager and two care workers. We looked at the care records of three people who used the service including any accidents and incidents, daily records, medication records, risk assessments and care plans. We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their

liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance records, complaints, records of meetings, recruitment information, staff training records, policies and procedures and records of checks carried out on equipment and facilities. We completed a tour of the premises.

Good

Is the service safe?

Our findings

Relatives told us they thought their family member was well-looked after by the staff who supported them, and the service they received was safe and met their needs. Comments included, "Yes very safe, [Name of person] is always really happy to go and stay there" and "I knew as soon as I went to look round the service they would be safe and well looked after and I haven't been disappointed" and "When he's there I'm always settled and reassured, there has never been any issues and I have complete confidence in the staff and service." They also told us they considered there were sufficient staff on duty, one person said, "I've noticed there's always plenty of staff on when I visit."

We found the service helped to keep people safe. There were policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. We saw there were posters on display which provided information for staff and visitors about how to safeguard people and what to do if they witnessed abuse. Staff confirmed they had completed safeguarding training and in discussions were able to describe types and signs and symptoms of abuse. They all knew what to do if they became aware of concerns.

We saw people who used the service had risk assessments in place to help guide staff in how to minimise risk. For example, these included moving and assisting, the use of medical equipment, epilepsy management, choking, nutrition and how to support people if their behaviour was challenging to themselves or other people.

We found fire safety records and maintenance certificates for the premises were in place to keep people safe. We saw contractors were in the process of renewing the wiring throughout the service. All staff were responsible for highlighting any issues which needed repair or replacement and maintenance personnel completed this work. Moving and handling equipment was maintained safely, hot water outlets had thermostatic monitoring values to prevent scalding, stored water had been tested for legionnaire's disease and portable electrical appliances were checked periodically. The registered provider/manager undertook risk assessments of the environment to ensure it was safe for the people who used the service although we found not all areas of the service were included. For example, the laundry equipment had been moved to a larger room and although the room was organised, clean and tidy with clear dirty to clean workflows, staff were storing paperwork and other items in the room which needed to be assessed for the risk of cross contamination. The registered manager confirmed they would address this.

The service had a medication policy outlining the safe storage and handling of medicines and the staff we spoke with were aware of its content. We discussed the process for the safe handling of medication with the first line manager who demonstrated a good knowledge of the correct process to follow. They told us a pre-admission call was made to ask relatives if there had been any changes regarding the medication their family member was taking. Changes in medicine prescriptions were confirmed with the person's GP. We found people's care plans included guidance regarding how and when medicines were to be administered.

The first line manager told us that as the service was for respite care [short term] all ordering of medicines was carried out by relatives. People brought their medicines with them when they arrived for their stay;

these were checked in and stored securely in the person's room or the medicine storage room. At the end of their stay people took all remaining medicines home with them. We sampled the medication administration records (MARs) which we found to be appropriately completed. Records showed there had been a number of medicines errors and recording errors made by staff in recent months. Discussions with the registered manager confirmed they were tackling this robustly, individual supervision meetings had been held with relevant staff and additional training sessions and competency assessments were arranged and carried out where necessary. Records showed there had been no errors in the last four weeks.

There were systems in place to manage emergency situations. For example, if people were admitted to hospital as an emergency, staff would accompany them and stay with them to advise medical and nursing staff of communication needs. We saw people had personal emergency evacuation plans, which provided staff with guidance in how to move people to safety quickly and efficiently when required. There was a business continuity plan and procedure which gave instructions to staff in how to deal with emergency situations such as a disruption to the delivery of the service.

The registered manager confirmed there had been low staff turnover at the service. Any new staff employed at the service in recent years had been transferred from other services within the organisation; therefore no new staff had been recruited. The four staff files we checked showed staff were recruited safely; each potential employee completed an application form so gaps in employment could be examined. References were obtained and a check made with the disclosure and barring service [DBS]. The Disclosure and Barring Service 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. Records showed the DBS checks had been renewed within the last two years; this showed the organisation had systems in place to protect people's safety.

We looked at the number of staff that were on duty on the day of our visit and discussed how staff rotas were formulated with the registered manager. We saw there was enough staff available to meet people's needs. We saw staffing levels were flexible to fit in with the activities people were taking part in. For example, on the morning of our visit there were three care workers on duty when we arrived. However, when people went out for the day, for instance to day centres, this was reduced to one care worker who was supporting the person staying at the service. The first line manager was also on duty. The registered manager confirmed they had recently reviewed and increased the staffing levels at weekends to meet people's social needs. Staff we spoke with told us there was enough staff to meet people's needs. Comments from staff included, "The staffing levels are fine for the current guests we are supporting" and "We were struggling at weekends to ensure people could go out to places they wanted to and this is being sorted."

Good

Is the service effective?

Our findings

All four relatives we spoke with told us their family members were cared for by well trained staff; they were notified if important health issues occurred whilst people were supported by the staff. Comments included, "I have confidence in all the staff, they know what they are doing and are good at reporting any concerns", "They [the staff] seemed competent; they asked appropriate questions about moving and handling and I've observed them provide safe support" and "Staff are very attentive, [name of person] had a fall one visit, they arranged for [name of person] to be checked over by the doctor and dealt with everything really well."

The person who used the service we spoke with told us they liked the meals, they said, "I like crumpets for supper best and I also like burgers and cheesecake."

We found staff were aware of the health needs of people they supported and were provided with guidance to ensure needs were safely met. There was information in people's care files when health professionals were involved in their care such as GPs, dieticians, specialist nurses, speech and language therapists, physiotherapist and occupational therapists. We saw staff recorded events that required monitoring and passing onto relatives such as epileptic seizures, pain relief and specific health observations. In their care files, each person had 'hospital and communication passports.' These records contained details of people's communication needs, together with medical and personal information.

We observed staff supported people to meet their nutritional needs. During the inspection we observed breakfast time and people were consulted about their choice of meal. We saw care plans included how staff were to meet people's nutritional needs and provided staff with important information such as the texture of food required, what to avoid and how small it needed to be cut up to aid swallowing difficulties.

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 so that they can 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). At the time of the inspection the service was waiting for assessments and approval for 14 applications they had submitted.

The care files we checked had records that evidenced decisions were made in the person's best interest when it was decided they lacked capacity. However, we found MCA assessments and best interest decisions for the use of equipment that restricted people's movement, for example bedrails and lap straps on specialist seating and wheelchairs, were not in place, although detailed risk assessments and 'restraint records' were in place in all cases. The registered manager told us they would address this straight away.

We recommend the MCA code of practice is used to inform and guide staff when completing mental capacity assessments and best interest decision-making.

Staff had completed training in the Mental Capacity Act 2005 (MCA). In discussions they demonstrated a good understanding of the principles of the MCA and were clear about how they gained consent from people regarding care and support tasks. Comments included, "We always ask the clients about their care, give them explanations and involve them as much as possible", "Some of our clients can't communicate verbally but we know from their body language, facial expressions, sounds and gestures what they want. We also show them pictures" and "Sometimes clients refuse care or meals, we would give them time and go back, sometimes it takes a different approach."

Staff told us they received training that ensured they were confident when supporting people who used the service and were able to describe how elements of their training influenced their working practice. Comments included, "I'm up to date with refresher training, we talk about training in our supervision meetings" and "If a new client has any special needs we would receive the relevant training."

The first line manager told us that the induction system had been developed to include care certificate standards, which new staff would have to work through and evidence competence. All staff were issued with an 'Employee Handbook'; this provided them with information about policies and procedures and how they were expected to carry out their role.

The training records showed staff had completed a range of essential and refresher training, the courses included: fire safety, food hygiene, first aid, safeguarding, equality and diversity, infection prevention and control and MCA. Staff had also completed training on the management of behaviours which challenged the service, including physical interventions, although this was now out of date. The registered manager confirmed that none of the current client group demonstrated behaviours which challenged the service and staff training in this area would be arranged where necessary.

Staff also told us they received a range of on-going training to develop skills in line with the needs of the people who used the service. For example, training was provided on subjects such as learning disability, autism, epilepsy, diabetes, feeding and swallowing, Makaton, postural therapy and intensive interaction therapy. Courses on dementia had been scheduled for staff in this year's programme. Some training had been facilitated by health professionals involved in specific people's care so they could be sure staff had the right skills to support them.

The first line manager told us the registered provider ensured there was scope for development such as completing leadership and management courses and recognised qualifications in care. We saw that eight of the nine support workers had completed a qualification in care at various levels.

Records showed staff had regular one to one supervision sessions and an annual appraisal where their progress and development were discussed. Staff told us they received good support from the service to enable them to provide care which met people's individual needs. One member of staff said, "I really enjoy my job, the focus of the service is to support clients and their families and we get to know them really well. We have a good team of staff here" and "We have regular supervision and can speak with senior staff when we need to, they are very hands on and approachable."

The environment had some adaptations to meet people's current needs. The corridors were wide and there were grab rails, ramps and mobility aids. New shower rooms had been provided and one of the bedrooms had been enlarged to provide space for people with specialist seating and other mobility equipment. The service was decorated in a contemporary style and the registered manager confirmed more areas of the service were due to be redecorated and refurbished.

Good

Is the service caring?

Our findings

Relatives of people who used the service were complimentary about the staff team. They said staff promoted people's privacy and dignity and treated them with care and compassion. Comments included, "The staff here are all really nice, [Name of person] loves coming", "I'm really happy with everything, the staff all know [name of person] routine and I know they like going there, they are always upset if for some reason they can't go" and "The staff are really friendly and kind."

One person who used the service told us they liked the staff, they said, "Staff are nice they chat with me."

We observed people were happy and at ease with staff and we saw that staff had a good rapport with them; staff demonstrated understanding and kindness. The staff explained to people the purpose of our visit and reassurances were given to people before we accessed different areas. We saw staff interacting positively with people who used the service as they were leaving to go to day service or home; there were jokes, laughter and appropriate banter between them.

We found staff had a good knowledge of the people they supported and were able to speak in detail about their individual needs. They had a good understanding about their current needs, strengths and anxieties and their role in supporting and enabling these. When they discussed people's care and support needs with us they did so in a respectful and compassionate way.

In discussions, staff described how they promoted people's privacy and dignity. Comments included, "We always knock on doors and let the guest know who it is. Their privacy is always respected, we make sure the bathroom and toilet doors are always closed, if we can leave the person safely whilst they are using the toilet then we will", "I treat guests like my family would want to be treated" and "Confidentiality is important, we are careful who we share guest's details with and never talk about people outside of work."

Staff also described how they supported people to make choices, how they included them and how they helped them to maintain a level of independence. Comments included, "Encourage guests to do what they can do", "Include people with choices about the clothes they want to wear, meals they prefer and activities they want to do" and "Some guests have been coming here for a long time and we have got to know them really well, but we still ask them about things and involve them in decisions."

We found records were held securely. The registered manager confirmed the computers held personal data and were password protected to aid security. Staff had completed training about information governance in their induction and this was covered in the staff handbook.

The first line manager explained each person had their own accommodation which they could personalise for their stay. They described how some people brought in their favourite DVD's, music and soft toys.

The care plans provided staff with information about how to support people in ways that promoted privacy, dignity, choice and independence. For example, they described what preferences people had for the way

care was to be carried out and how people communicated their needs when they were unable to do this verbally. One care file detailed the person's religious beliefs and detailed the gender of staff required for personal care support to promote their privacy and dignity.

The service had appointed a dignity champion, the first line manager and we spoke with them about the dignity related initiatives at the service. There was a dignity board in the entrance hall with a variety of information and records showed dignity was a standing agenda item at staff meetings, the 'Thought of the day' was a popular discussion point.

The registered manager confirmed advocacy services had been involved with people in the past and they would access this service if people needed additional support. Advocates can represent the views of people who are unable to express their wishes.

Good

Is the service responsive?

Our findings

The person we spoke with told us they were satisfied with the care and support provided. We saw they looked happy and interacted with staff in a positive way. They told us, "I'm happy here. I like talking to people." They went on to describe the activities they participated in when they visited the service. They said, "I like singing to Abba on the Wii [game console] and playing tennis and golf. I also like painting and colouring."

A relative described how staff were flexible and responsive to people's needs. They said, "The staff will usually ring before their stay to see if there have been any changes. They are good at checking things out, they want to get things right." Another relative told us, "There have been a couple of times when I've needed to arrange emergency respite, they made it really easy and it was all sorted. They [the person] really like going so that didn't worry me and staff always look after them really well. It's a great service."

Relatives told us they knew how to raise concerns and make complaints. Comments included, "I haven't had any issues in all the time they have been going, that says something" and "They gave us that information when we started the service. I speak with the staff regularly on the phone and wouldn't hesitate to mention something if I had to. We can also talk about concerns at review meetings." One person described some recent concerns around their family member returning home with other people's clothing or items of clothing going missing. We mentioned this to the registered manager to look into.

The registered manager explained that the care files for each person who used the service had been re-written in the last 12 months using a new documentation format. This work had been carried out following the findings of an internal audit. The registered manager confirmed the staff team who had completed this work had spent time speaking with people who used the service where possible, families, staff and relevant health and social care professionals to establish the person's needs and preferences for care. The general assessment records weren't held in the care files and the registered manager confirmed they would look into this. There were comprehensive risk management plans regarding issues such as epilepsy, skin integrity, falls, moving and handling, nutrition and the use of bed rails.

We looked at the care files for three people who used the service and found these to be well organised and easy to follow. We found the care plans gave a clear picture of people's needs and abilities, so staff knew the level of support the person required and could enable them to maintain their independence. They were person-centred in the way they were written. For example, one person's care plan described how they held the support worker's hand if they wanted their hair stroking and would pull the staff's hand to their head if they wanted their head massaging. Their social care plan detailed, "[Name of person] really likes being outside with wind blowing in their face."

Another person's care plan provided clear directions for staff in the support they needed at mealtimes to promote their independence with eating and drinking. Staff were directed to provide the person with their specially adapted dessert spoon and a beaker with handle, lid and nozzle. Detailed plans of care were in place to support health care concerns such as epilepsy and gave staff clear timescales for any medical

interventions.

We found there were no supplementary records to describe other person centred information such as the person's dreams, personal strengths, goals and aspirations and none of the information was provided in a pictorial or easy read format to support the person's accessibility and involvement. The registered manager explained how the previous recording format contained this level of information, which had now been archived and they would discuss the current format limitations with their senior managers and at a new 'communications group' they were attending.

We found staff liaised with other health, social care and educational professionals when the care and support people required was transferred between services and agencies. Reviews of the care provided were held and meetings arranged when issues needed to be addressed. In recent months some people had been assisted to move to supported living placements and the staff at the service had been involved in the transition arrangements.

There was a range of activities completed within the service and these included games, DVD's, Wii games, music, art sessions, pampering evenings, TV, pool and table hockey. There were areas to watch films and sit and chat with friends. We saw staff supported people to access community facilities as part of their support plan. These included visits to cafes, pubs, cinemas, local parks and shopping trips. The registered manager told us how they were trying to tailor and provide more social support to meet people's individual preferences. They described how they had made arrangements to change one person's respite support dates the following weekend, so staff could take them to the local Tramlines [local music festival] event in the city, which they knew the person would really like to attend. The first line manager explained how they were hoping to provide a sensory room in one of the unused rooms as there were some people who enjoyed this type of stimulation and support.

There was a complaints procedure which was displayed in the service. This described how people could make a complaint and how to escalate it if required. The staff had access to a complaints policy and procedure to guide them in how to manage complaints. Records showed that when complaints were received the registered manager had followed the registered provider's policy to ensure the issues were managed appropriately and resolved.

Requires Improvement

Is the service well-led?

Our findings

Relatives of people who used the service told us they thought the service was well-managed. Comments included, "It was the best thing I ever did when I chose that service, I recommend it to other families", "They provide a very good standard of care, all the staff are very professional" and "I'm happy with the management there. I've completed surveys over the years, they genuinely seem interested in our views and want to get things right."

We found there had been numerous occasions when the Care Quality Commission (CQC) had not received safeguarding notifications of concerns and incidents that had occurred between people who used the service, although they had been reported to the local authority. The registered manager confirmed there had been no serious accidents or deaths to report. Although the service had submitted a number of deprivation of liberty applications to the local authority to be authorised, we required the notification to be completed when a decision had been made. The registered manager told us this had been an error and in future the CQC will be notified of all safeguarding incidents when they occurred. It is important we receive notifications for these incidents so we can monitor the level of risk in the service and check with the registered manager how they are supporting and protecting people.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations and on this occasion we have written to the registered provider reminding them of their responsibility regarding notifications to CQC.

The registered manager had been managing the service since April 2015 and obtained their registration with CQC in October 2015. They also managed other services within the registered provider's portfolio, which were located in Sheffield and confirmed they were based at the service working there from Monday to Friday. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. They said the service was well organised and the registered manager was approachable, supportive and very much involved in the daily running of the service. One member of staff commented, "The manager is brilliant. She's very visible, hands on and lovely with the guests. She always does a walk round saying 'Hello' to everyone before she goes into the office. The guests are our priority." Staff told us they were kept informed about important issues.

The staff described the culture of the service as open and friendly, they also told us about the positive team approach and that they enjoyed coming to work. There were minutes of staff and management meetings which reflected the discussions. Comments from the staff team included, "I enjoy working here, there have some management changes and we can see improvements with the building and day to day organisation", "We have regular staff meetings and they do listen to us" and "I've only worked here for a few weeks but I'm really enjoying it, I know lots of the guests from other services I've worked at and it's great to work with them again."

There were systems in place to monitor and review the quality of the service and to drive improvements. We saw an internal annual audit programme was in place and audits were carried out for areas such as

medicines, accidents, care practice, health and safety, food safety, the environment, supervision and infection control. We found action plans had been developed to address shortfalls identified.

The registered manager confirmed they attended monthly meetings with the quality and governance team, where they reviewed changes to policies, procedures and meeting agendas. The area manager or quality and governance team visited the service every six months to review aspects of the management and administration systems. We reviewed reports dated July 2015 and February 2016 which showed action had been taken to address any issues identified. For example, the health and safety audit detailed the fire risk assessment required updating and this had been completed.

There was a range of processes in place which enabled the registered provider and registered manager to receive feedback on the quality of care provided at the service, this included guest meetings and satisfaction surveys for people who used the service, their relatives and staff. The registered manager explained how they had arranged carers meetings in the past but these had not been attended, however the care reviews also incorporated obtaining feedback on whether the service provided was meeting people's needs and expectations. A suggestions box was provided in the entrance hall for people to use.

Accidents and incidents records were maintained and demonstrated appropriate immediate actions were taken. The registered manager confirmed how all accident, incident and safeguarding reports were sent to the senior management team for analysis and review to identify any patterns and outcomes to inform learning at service and organisational level.

Policies and procedures were in place to inform people who used the service and provide guidance to staff. We found some key policies such as complaints, safeguarding and fire safety had been provided in an easy read format to support accessibility for people. The registered manager confirmed a new communication group had recently been set up and they would be tabling their suggestions about improving accessibility of information at the service such as policies and care records at the meeting.