

# Spectrum (Devon and Cornwall Autistic Community Trust)







## St Erme Campus

### Inspection report

St Erme Campus  
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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	

#### Overall summary

We inspected St Erme campus on 9 October 2014, the inspection was unannounced. At the last inspection in June 2013 we did not identify any concerns. St Erme has three residential homes on the campus, they are called The Lodge, The House and St Michaels. In total up to 20 people who are on the autistic spectrum could receive care and support there. On the day of our visit twelve people were living at St Erme. The home is part of the Spectrum group.

The home has a registered manager in place. 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 were happy and relaxed on the day of the inspection. We saw people moving around the home as they wished, interacting with staff and smiling and

# Summary of findings

laughing. Staff were attentive and available and did not restrain people or prevent them from going where they wished. We saw they encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful manner.

Care records were detailed and contained specific information to guide staff who were supporting people. One page profiles about each person were developed in a format which was more meaningful for people. This meant staff were able to use them as communication tools.

Risk assessments were in place for day to day events such as using a vehicle and one off activities. Where activities were done regularly risk assessments were included in people's care documentation. People had access to a range of activities. These were arranged according to people's individual interests and preferences.

Relatives and health care professionals told us St Erme was a caring environment and staff had a good understanding of people's needs and preferences. We found staff were knowledgeable about the people they supported and spoke of them with affection.

The service adhered to the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people.

Relatives knew how to raise concerns and make complaints. They told us concerns raised had been dealt with promptly and satisfactorily.

Incidents and accidents were recorded. These records were reviewed regularly by all significant parties in order that trends were recognised so that identified risks could be addressed with the aim of minimising them in the future.

There was an open and supportive culture at St Erme. Staff and relatives said the registered manager was approachable and available if they needed to discuss any concerns. Not all staff felt they were fully appreciated by the larger organisation or that the organisation had an understanding of the day to day demands on them

The Health and Social Care Act 2008 requires providers to notify the Care Quality Commission of events and incidents which may have an effect on services. Whilst we had received notifications as required by St Erme staff, Spectrum senior management team had failed to notify us of incidents and events which might have impacted on the running of their services including St Erme.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff were confident they could keep people safe whilst supporting them to take day to day risks.

Staffing levels had been low but the service had managed this effectively and staff numbers had improved.

We found the service managed risk well whilst ensuring people led a full life.

Systems in place for the storage and administration of medicines were robust.

Good



### Is the service effective?

The service was effective. Staff were well supported through a system of regular supervision and training. This meant people were cared for by staff with up to date information and knowledge.

We found the service to be meeting the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

Good



### Is the service caring?

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People were encouraged to maintain and develop their independence. We saw relationships between staff and people were strong and supportive.

Staff knew the people they were caring for well and communicated with them effectively. This showed us staff were able to respond to people's needs.

Good



### Is the service responsive?

The service was responsive. Care plans were personalised and reflected people's individual needs.

People's individual methods of communicating were identified and respected.

People had access to a range of activities both in the home and the local community. These were planned in line with people's interests.

The service had a satisfactory complaints policy in place which was adhered to.

Good



### Is the service well-led?

The service was not always well led. Spectrum had not notified the Care

Requires Improvement



# Summary of findings

Quality Commission of events which might have affected the running of the service.

All new employees undertook Values Training as part of their induction.

People and their relatives were regularly consulted about how the home was run .

# St Erme Campus

## 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 checked 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 9 December 2014 and was unannounced. The inspection was carried out by two inspectors. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider and contained some key information about the service. This enabled us to ensure we were addressing potential areas of concern and identify any examples of good practice. We

also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send to us by law.

We looked around the premises and observed how staff interacted with people throughout the day. We looked at five care records relating to people's individual care. We also saw records associated with the management of the service including quality audits.

We spoke with eight members of staff, the registered manager and the nominated individual. We received feedback from three external health and social care professionals to gather their views on the service. We spoke with one person who used the service and two relatives. We observed staff interacting with people during the course of the day.

# Is the service safe?

## Our findings

Due to people's complex health needs we were not always able to verbally seek people's views on the care and support they received. During our visit we visited The Lodge, St Michaels and The House and spent time in each of the communal areas with people and staff. We observed people were relaxed and at ease in each other's company. We saw that when people needed support they turned to staff for assistance without hesitation. We saw that positive relationships between people and staff had been developed. During our visit we saw the managers' office was unlocked with people coming and going to speak with the manager and see what was going on.

Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One commented; "He's very happy." A health care professional told us "I believe the staff on the ground working with our service user are caring and it is safe."

Staff had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. Notices were placed around the home with the appropriate contact details and telephone numbers should staff or people be witness to or suspect abuse. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The management of the home recognised when to report any suspected abuse. The manager had when needed, reported concerns to the local authority in line with local reporting arrangements. This showed that the manager worked openly with other professionals to help ensure safeguarding concerns were recognised, addressed and actions taken to improve future safety and care of people living at St Erme.

Staff were aware of the service's safeguarding and whistle blowing policy and said they felt able to use it. These policies encouraged staff to raise any concerns in respect of work practices.

The manager and staff told us they supported people to take day to day risks whilst keeping them safe. We saw care plans contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person's work placement and associated activities. All people living

at St Erme had a risk assessment completed in respect of how they would respond to a fire alarm and what support they would need to ensure they left the building safely. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Staff were knowledgeable about people who had behaviour that might challenge others. Information regarding signs of anxiety was recorded in care plans which directed staff as to how they could recognise signs and take steps to avoid people becoming distressed or anxious.

Incidents and accidents were recorded appropriately during and after an incident and the information was reviewed and analysed regularly to identify any common triggers. Records of incidents were also seen by Spectrum's behavioural forum team and heads of service. Action taken to diffuse a situation was also recorded in order that the staff team could learn from the experience. One professional commented "Care plans and incident recordings can be impressive. Given the challenging nature of the client group I request the provider to provide a breakdown of behavioural incidents so that there is a focus on interpretation of recorded information not just the process of recording." We saw that this occurred.

The manager acknowledged that over the summer months they had difficulty ensuring that there were sufficient staff on duty at all times. They told us during this time they used staff from Spectrum's system of bank staff as required. We had received concerns about staffing levels at this time from anonymous sources. This led to staffing levels and the possible impact on people's care being discussed within the safeguarding arena. Spectrum responded by continuing with their recruitment campaign and had successfully recruited more staff. The manager told us there were current vacancies for staff at each of the three homes on site but it was planned that these vacancies would be filled by new recruits.

On the day of our visit there were sufficient trained staff on duty to meet the needs of people who lived at the home. Commissioners assessed each person at the home to ensure the correct staffing levels were identified to meet the person's individual's needs. Staff told us when minimum staffing levels for the service were on duty they felt there were sufficient staff available to meet the needs of the people living at St Erme. They told us staffing levels

## Is the service safe?

“had improved” and that “more regular staff” were now working at the service so that people were being provided with support in a consistent manner. Staff felt that they had time to spend with the people living at the service. We looked at staff rotas for the last month which confirmed the minimum staffing levels were observed at all times. Staff were able to spend time chatting with people about their day as well as attending to people’s personal care needs. The support was unrushed and staff were able to give one to one support as commissioned by the local authority. The manager had dedicated administration hours. This meant they were able to carry out their management duties effectively. This showed that St Erme house, at the time of our visit, was appropriately staffed to meet people’s needs.

There was a thorough recruitment process to help ensure new employees had the appropriate skills and knowledge required to meet people’s needs. We looked at three recruitment files and found they contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment.

We looked at the arrangements in place for the administration of medicines and found these to be safe. Medicines were stored securely in a locked cupboard. We checked the Medicines Administration Records (MAR) for three people and found the number of medicines stored tallied with the number of medicines recorded. Staff had received up to date medicines training. There was clear guidance for staff when administering ‘as required’ medicines (PRN). For example we saw descriptions of the behaviour that might cause these medicines to be administered with guidance for how to administer, and who to inform. This meant there was clear guidance to help ensure a consistent approach from the staff team.

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

# Is the service effective?

## Our findings

Staff told us people were fully involved in how they planned their day from choosing what they wanted to wear, to what they wanted for their meals and how they would spend their day. We saw a person at breakfast say to a member of staff they wanted to go for a walk to Falmouth that day. Staff said this was fine and they then planned with the person how they would get to Falmouth and what they would do when they got there.

We spoke with one person about how they were involved in choosing their food. They told us they did their own food shopping with support from staff. The person told us in their “house” the people living there all picked two meals a week and on the Sunday they all had a roast dinner. There were pictorial prompts to aid people to pick meals and a pictorial menu was on display in the kitchen. The person told us they were happy with this arrangement and the food was “nice”. They told us that staff cooked the main meals but they were able to prepare their own snacks and drinks, with support as necessary. This arrangement was similar to the other two ‘houses’ on site.

Staff said people had access to good quality food and there was plenty of choice. We saw the fridge was well stocked with a range of fresh food. Staff told us people’s preferences in respect of food were recorded in care plans and staff knew these well.. We spent time with staff and people whilst they had breakfast and saw that they chose what they wanted to eat and drink. We saw fresh fruit was readily available and that people could make snacks or drinks at any time, with staff support as needed. This meant that people were supported to maintain a healthy diet.

Spectrum’s induction training programme comprised of a mixture of training in the organisations head office and shadowing more experienced staff in the service. We spoke with three staff that had started working with Spectrum within the last year. They told us their induction to the company and to the individual services was comprehensive and that it prepared them well for the role they were undertaking. They told us they had felt confident and competent to start supporting people when the induction period was completed. Following the induction there was a six month probationary period.

Relatives told us they found staff were knowledgeable and competent. Staff had the knowledge and skills necessary to

carry out their roles and responsibilities effectively. We looked at the training records for the home and saw staff received regular training in areas required by law such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided. For example training in autism awareness and communication techniques. Staff were complimentary about the quality of training they received and told us they felt they had enough to enable them to carry out their roles effectively.

Staff told us they attended regular meetings every six to eight weeks (called supervision) with their line managers where they discussed how they provided support to help ensure they met people’s needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff had an annual appraisal to review their work performance over the year. We confirmed this from the records. We saw supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people’s needs.

The manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. The manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the MCA and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. The manager was aware of the recent court ruling where the criteria for when someone maybe considered to be deprived of their liberty had changed. The manager told us they had made applications to the local DoLS team, for example as they provided one to one care to a person twenty four hours a day. This meant that the person was not free to leave the service at any time and had to have



## Is the service effective?

staff support with them at all times. As decisions had been made on a person's behalf, the decision had been made in their 'best interest'. The decision was clearly recorded to help ensure staff adhered to the requirements of the authorisation. This evidenced the manager had followed the correct processes and listed all the families and professionals involved in the decision. The manager had contacted the local DoLS team to discuss when people's movements around the house were being restricted to check they were acting within the requirements of the law.

People's care plans contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed people were supported to see their GP and dentist

regularly. The manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. For example one person had recently had a medication review and the dosage of medications had been changed. Records of the conversations between doctors and staff were seen and had been transferred to the person's care plan. The manager had sought the opinions of the community learning disability nurse and doctors regarding the person's subsequent treatment so they could be assured of getting the right advice. Health professionals told us staff had taken on board the advice the doctor had given them promptly. This meant that the person received consistent care from all the health and social care professionals involved in their care.

# Is the service caring?

## Our findings

Due to people's complex health needs we were not always able to verbally seek people's views on the care and support they received. However we observed people were relaxed and at ease in each other's company. We saw staff were respectful and spoke with people kindly and made sure people were comfortable and occupied. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter.

Relatives told us they thought the staff at St Erme provided a caring service. Relatives said they visited often and were always made to feel welcome. There were opportunities for relatives to see their family member in private if they wished. Relatives confirmed that they also stayed in contact with family members via Skype, e-mail and phone calls. All the health care professionals told us they felt the service was caring and one commented "I believe the staff on the ground working with our service user are caring."

Staff spoke fondly of the people they supported. We were told that a number of staff chose to come in for the Christmas party, which was not their day of working to spend time with the people they supported. The manager said staff did this as they knew this would make the persons Christmas "extra special."

The manager and staff told us about people's backgrounds and described the progress they had made and the pride they took in their achievements. For example one person wanted to go to the cinema and from "taking small steps" to overcome their anxieties associated with being in public places this had been achieved. Another example was that a person's bedroom had been bare due to their tendency to damage property when anxious. Staff had worked with the person and a picture and photo was now on the wall. The picture initially was hung quite high on the wall and was lowered as the person came to accept the picture being there. This showed that staff considered how to support people to overcome their anxieties and were patient in working with the person at their pace to achieve their desired outcome.

We saw the service was innovative and creative when identifying ways to enable people to express their views. For example due to people's complex health needs staff used a variety of ways to communicate with people. We

saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Objects of reference were used to inform people what was happening, for example staff would show people car keys or coats to indicate they were going out. Social stories were used to help people develop a better social understanding of specific situations. For example a relative lived some distance away and so had not seen their family member for many years. When a visit was arranged staff explained how it would occur in a social story to support the person as they prepared for it. We were told the visit was very positive. This showed that staff considered how to share information with people in a meaningful way.

On our arrival at the service people were preparing to go out for the day. We saw staff support people to get ready and explain to them what was happening and why. We observed staff speaking gently to people and reassuring them about the plans for the day. They demonstrated kindness, patience and understanding in their interactions with them. We were introduced to some people so that they knew who we were and we explained why we were visiting.

Staff knew the people they supported well and were able to talk about them knowledgeably. Care records contained information about people's personal histories and detailed background information. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. In addition along with the person, staff had summarised what was important to the person by compiling a one page profile which outlined the persons likes and dislikes, preferences, what others liked about the person and what was important to and for the person. People had dedicated key workers who were responsible for updating care plans and leading on supporting people. These were chosen according to their experience and relationship with the person concerned. We saw one member of staff discreetly support a person who was clearing away the lunchtime dinner plates. Staff knew when the person needed direction and support to complete the task by understanding the person's mannerisms.

Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They

## Is the service caring?

told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the home we observed staff knocked on people's doors and asked if they would like to speak with us. We saw records that showed people had been asked if they wanted a key to lock their own bedroom door, one person wanted this and they had their own key. This meant that the person's privacy and dignity was promoted and encouraged.

We observed that when any personal care was required care staff offered support unobtrusively and in a manner which ensured the person's dignity was maintained. People were smartly dressed and looked physically well cared for. People had specified in their care plan that they wished to

be involved in choosing their clothes, and liked to look 'smart'. This showed that staff took time to assist people with personal care and respected people's individual preferences.

Staff told us they had opportunity to have one to one time with people. A member of staff told us they would often sit and chat with people. We saw this occur throughout our visit and this was recorded in care notes. This demonstrated that staff took time to listen to people.

People had access to advocacy services and Independent Mental Capacity Advocates (IMCAs). This ensured that people had an independent person to represent their views.

# Is the service responsive?

## Our findings

Relatives told us they felt they were fully involved in the care planning process and were kept informed of any changes to people's needs. People were consulted about the support they received. We heard staff ask people what they wanted to do and how they wished to spend their day. In discussion with staff and the manager we heard how the service endeavoured to help people maintain relationships with family and friends. People told us staff arranged for them to see their families and supported them to meet up if necessary.

Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people and were regularly reviewed to accurately reflect any changes in people's needs. Staff told us they found care plans to be informative and clearly described the person and how they needed to be supported and in what areas. For example one person liked to make their own appointments with the hairdresser. Staff knew they were to contact the hairdresser first to inform them the person would then be phoning so that when the person phoned they would speak to the hairdresser they wanted to make the appointment with.

Environmental changes to The Lodge and The House had occurred over some time which had led to a reduction in the number of people living in these units. Staff said that the changes, especially at The Lodge have had a positive impact for the people living there as there has been a significant decrease in the number and severity of incidents in the unit. This was also confirmed by records seen. We were told people continued to have opportunities to socialise with the other residents as they wished and were therefore protected from the risk of becoming socially isolated.

People were supported to take part in a wide range of meaningful activities both in and out of the service. For example people attended Shiatsu, swimming sessions, local walks and had passes to local amenities such as the Eden Project and a theme park. People were supported to use local amenities such as shops and cafes and the manager told us they were known in the local community. On the day of the inspection all of the people who lived at St Erme were taking part in various individual activities.

People's care plans were up dated and reviewed on a regular basis to ensure they reflected people's changing needs. We saw one person who used the service had signed their care plan. People were involved in reviewing their care along with other interested parties. The person's ideas as to how they would like to progress their living skills were discussed in these reviews and agreement made as to how this would be achieved. Some examples of 'achievements' that people suggested were horse-riding, going to the pictures, sponsored bike ride and going fishing. These have either been achieved or were in the process of being achieved. This showed that St Erme staff were willing to listen to new ideas and find a way to enable the person to achieve their ambition.

Care plans guided staff in how to approach and work with people who may challenge others. For example one person had liaised with staff and agreed upon a 'reinforcement schedule' this clearly set out the way in which the person needed to present themselves and if achieved they would then be able to undertake their chosen activity. This had been discussed with the person, their family and other relevant professionals in the best interest arena. This agreement had been signed by the person and staff involved in its development. It was then reviewed by staff with the person and their family to ensure that this approach was still appropriate.

In addition to care plans each person living at St Erme had daily records which were used to record what people had been doing and any observations regarding their physical or emotional well-being. We saw these were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

The service had a policy and procedure in place for dealing with any complaints. This was made available to people and their families. We saw the homes complaints procedure which provided people with information on how to make a complaint. An easy read version was also available for people which used written and pictorial symbols so that it was presented in a more meaningful way. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local authority, the police and the ombudsman so people were able to take their grievance further if they wished. Relatives we spoke with told us they

## Is the service responsive?

knew how to complain and they would be confident that any complaints they had would be dealt with. They described the manager and staff as approachable and available if there were any issues they wanted to discuss.

One relative said they had complained in the past about staffing levels and the continuity of staffing and were happy in how this had been dealt with. We saw from records that this had been responded to in a timely manner.

# Is the service well-led?

## Our findings

The Health and Social Care Act 2008 requires providers to notify CQC of events and incidents which may have an effect on services. Whilst we had received notifications as required by St Erme staff, Spectrum senior management team had failed to notify us of incidents and events which might have impacted on the running of their services including St Erme.

Staff described to us an open and supportive culture at St Erme. Staff said they felt that the manager and the person in charge of each unit were approachable, listened to comments and suggestions and they had confidence that any issues raised would be addressed. Staff said they believed the manager was aware of what went on at St Erme on a day to day basis. Comments regarding higher management were varied. Staff did not feel that the management team at Spectrum had an understanding of what it was like working at St Erme. The overall view was that Spectrum higher management did not appreciate the work they did, and felt contact with them was usually when “something’s gone wrong.” We discussed this with the manager who said there was an open door policy at Spectrum and staff could always phone head office if they had any queries or concerns and speak with higher management. They told us they would address this at the next team meeting to remind staff this was an option available to them.

Staff meetings were held regularly and staff told us these were an opportunity for them to raise any concerns or ideas they had. They felt their ideas were listened to and acted upon. The manager told us they had regular supervision and attended monthly operational managers meetings. These meetings looked at staffing issues, update on people using the service and overall day to day management of the services. They also had access to on-going support from the operational manager as they needed it. They told us they felt supported in their role.

There was a clear ethos at the home which emphasised the importance of supporting people to develop and maintain their independence. It was important to all the staff and management at the home that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care documentation.

Staff said they felt they were kept up to date with current guidance and the manager told us head office passed any relevant information directly to managers across the organisation. The manager told us that the organisation was working towards accreditation with the National Autistic Society.

During induction new employees were required to undertake ‘Values Training’. This introduced staff to organisational values contained in their policy which included giving people they supported ‘the same opportunities for community living and development as anyone else in society.’ The manager told us staff who had been with the organisation for some time would also receive this training as it had not always been part of the induction programme.

Relatives were consulted regularly both formally and informally. There was an annual satisfaction survey and we saw the results from the most recent one were positive. Relatives told us they were pro-actively encouraged to approach the manager and staff with any concerns or ideas they might have.

The manager and staff told us they were continually gathering the views of people who used the service. They did this formally using pictures and symbols to attempt to make the process meaningful for people. Staff said the most reliable way of ascertaining people’s satisfaction was by observing and monitoring behaviour. This was recorded in a variety of ways including daily logs, incident sheets, and learning logs. This helped to capture people’s views.

Views from professionals were also sought so that the manager could consider how to improve the service. Comments we received from health care professionals included: “In the past it could be said that the service saw themselves as leaders in their field and this resulted in a culture that was not open to new ideas. However, over recent years this appears to have changed in a positive way.” And “throughout our involvement the staff at St Erme and the care staff team at The Lodge have always shown enthusiasm, commitment and motivation to not only reflect on past practice but to willingly engage and demonstrate a dedication to improve practice that enhances care and services to the person they support.”

There was an effective quality assurance system in place to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents,

## Is the service well-led?

refrigeration temperatures for both food and medicines fridges, and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.