Metropolitan Housing Trust Limited

# Rosswood Gardens

## Inspection report

4, 6, 8 & 10 Rosswood Gardens
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 17 May 2016 and was unannounced. This is the first comprehensive inspection of the service since the provider changed their legal entity and reregistered with the Care Quality Commission (CQC) in December 2014.

Rosswood Gardens is a care home and short stay respite unit that provides personal care and accommodation for up to 23 adults living with a learning disability, autistic spectrum disorder or Down syndrome. The service is divided into three self-contained units which each have their own lounge, dining area, kitchen, bathroom, toilet and laundry facilities. When we inspected the service there were 12 people living at the home and four people receiving temporary respite care. Respite care can be provided to a maximum of four people at any one time. Approximately 30 people regularly receive respite care at Rosswood Gardens.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were happy living or receiving respite care at Rosswood Gardens. We saw staff looked after people in a way which was kind and caring. Feedback we received from people using the service, their relatives and community professionals supported this. Staff spoke with people in a warm and respectful way and ensured information they wanted to communicate to people was done in a way that people could understand.

People felt safe living or receiving respite care at the service. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe. The service managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies.

We saw people could move freely around the home. The provider ensured regular maintenance and service checks were carried out at the home to ensure the building was safe.

Staff had built caring and friendly relationships with people. People were aware of who the staff were and we observed people and staff engaging in friendly conversations. There were sufficient staff to meet people's needs, and staffing levels were flexible to provide people with the support they required. People told us there were always staff around and if they needed any assistance a staff member came to support them promptly. We observed staff spending time with people in communal areas.

People were encouraged to maintain relationships with people who were important to them. There were no

restrictions on visiting times and we saw staff made peoples' guests feel welcome. Staff encouraged people to pursue meaningful social, leisure and educational activities that interested them. People were supported to be as independent as they wanted and could be.

Care plans had been developed for each person using the service, which reflected their specific needs and preferences for how they were cared for and supported. These plans and associated risk assessments were regularly reviewed and kept up to date. This gave staff clear guidance and instructions about how they should care and support people and ensure their needs were met.

Staff supported people to make choices about day-to-day decisions. Consent to care was sought by staff prior to any support being provided. People were involved in making decisions about the level of care and support they needed and how they wanted this to be provided.

Staff were aware of who had the capacity to make decisions and supported people in line with the Mental Capacity Act 2005. Where appropriate, staff liaised with people's relatives and involved them in discussions about people's care needs. The registered manager understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People were supported to keep healthy and well. Staff ensured people were able to access community health and social care services quickly when they needed them. People received their medicines as prescribed and staff knew how to manage medicines safely.

There was a choice of meals, snacks and drinks and staff supported people to eat healthily. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration.

The registered manager encouraged an open and transparent culture. They proactively sought the views of people, relatives, visitors, staff and other healthcare professionals about how the care and support people received could be improved. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

The registered manager demonstrated good leadership. It was clear they understood their role and responsibilities, and staff told us they were supportive and fair. The provider and managers carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced. Managers took appropriate action to make changes and improvements when this was needed. Managers used learning from incidents and inspections to identify how the service could be improved.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe. People told us they felt safe living or receiving respite care at the home. There were robust safeguarding and whistleblowing procedures in place and staff understood these and what abuse was and how to report it. There were enough staff to meet the needs of people using the service.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the hazards they might face. Managers consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

People were given their prescribed medicines at times they needed them.

### Is the service effective?

Good

The service was effective. Staff were suitably trained and supported, and were knowledgeable about the support people required and how they wanted their care to be provided.

The registered manager knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS. Staff supported people, where possible, to make choices and decisions on a daily basis. When complex decisions had to be made staff involved health and social care professionals to make decisions in people's best interests.

People received the support they needed to remain healthy and well. When people needed care and support from community health and/or social care professionals, staff ensured people received this promptly. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

### Is the service caring?

Good

The service was caring. Staff were caring and supportive and always respected people's privacy and dignity.

Staff were knowledgeable about the people they supported, which included their personal preferences and routines.

People were fully involved in making decisions about the care and support they received. People were supported to be independent by staff and do as much for themselves as they could or wanted to do.

## Is the service responsive?

Good

The service was responsive. Staff supported people in line with their care plans, which were kept under constant review and updated accordingly.

People were encouraged to maintain relationships with the people that were important to them. People were supported to live an active life in the home and in the wider community. People had enough opportunities to pursue meaningful and fulfilling social and educational activities that interested them.

People felt comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

## Is the service well-led?

Good

The service was well-led. There was open and honest conversations amongst the staff team and staff felt their views and opinions on service delivery were listened to.

Processes were in place to review the quality of the service, and prompt action was taken when it was identified that improvements were required.

The registered manager adhered to the requirements of their registration with the Care Quality Commission.

# Rosswood Gardens

**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 17 May 2016 and was unannounced. It was carried out by one inspector.

Prior to the inspection we looked at information we held about the service. We reviewed notifications sent to us by the provider about significant incidents and events that occurred at the service, which the provider is required by law to send to us. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with eight people who lived at the home, two people receiving temporary respite care, one person's visiting relative, the registered manager, a team leader and five care workers. We reviewed eight people's care plans and five staff records. We also looked at medicines management processes and records relating to the management of the service. We undertook general observations throughout the day and used the short observation framework for inspection (SOFI) during lunchtime in a dining room. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we telephoned the relatives of four people who regularly received respite care at Rosswood Gardens. We also received feedback about the home from two community professionals who had visited the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe living or receiving respite care at Rosswood Gardens. One person said, "Yes - I feel very safe here", while another person smiled and clapped their hands in response to being asked this question.

The provider had procedures in place which set out the action staff should take to report a concern. We saw contact numbers for organisations staff should report any concerns they might have openly displayed in the office. Other records showed staff had received up to date safeguarding adults training. It was clear from discussions we had with the registered manager and other staff that they knew what constituted abuse and neglect, how to recognise these signs and who they should report their concerns to. Two members of staff told us they would follow their employers safeguarding or whistle blowing procedures and report any concerns they might have to the registered manager and the local authority.

The provider identified and managed risks appropriately. Where there was risk of harm to people, there were plans in place to ensure these were prevented or appropriately managed. People's care plans clearly identified risks to people's safety and the management plans in place for staff to support people to minimise those risks. For example, we saw positive behaviour support plans were used to monitor people whose behaviour might challenge the service from time to time. Information was included in people's support plans about what might trigger this behaviour and how staff should support the person during and after the occurrence of such an incident in order to maintain their safety and the safety of others.

Staff demonstrated a good understanding of the specific risks each person faced and how they could protect people from the risk of injury and harm. Two members of staff gave us an example of how they provided one-to-one support to people accessing the wider community identified as being at a high risk of harm to others. Where new risks had been identified people's records were updated so that staff had access to up to date information about how to ensure people were appropriately protected from harm.

The service managed accidents and incidents appropriately. We saw care plans were immediately updated in response to any accidents and incidents involving people using the service. This ensured care plans and associated risk assessments remained current and relevant to the needs of people using the service. Records were completed of all incidents that occurred and the action taken to support the person at the time, as well as additional action taken to prevent further incidents. The registered manager reviewed all incidents that occurred to identify any trends or patterns, including the time and location that they occurred.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such emergencies quickly. For example, we saw each person had a personalised fire safety risk assessment which made it clear how that individual should be supported to evacuate the home in the event of a fire. Other fire safety records indicated people using the service and staff regularly participated in fire evacuation drills, which people we spoke with confirmed. Staff demonstrated a good understanding of their fire safety roles and responsibilities

and told us they received on-going fire safety training. Other records showed us staff received fire safety and basic first aid training.

The home was well maintained which contributed to people's safety. Maintenance records showed service and maintenance checks were regularly carried out at the home by suitably qualified professionals in relation to the homes fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems. We observed the environment was kept free of obstacles and hazards which enabled people to move safely and freely around the home and garden. We saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use.

There were enough staff deployed in the home to meet people's needs and keep them safe. People said there were enough staff available when they needed them. One person told us, "There's always someone here to look after us." We saw the staff rota for the service was planned in advance and took account of the number and level of care and support people required in the home. The registered manager told us staffing levels were flexible and were routinely increased at certain times of the day to cover peak periods of activity, for example, when people had to attend health care appointments or social activities outside of the home. Throughout our inspection we saw staff were highly visible in the homes. This meant people could access staff promptly.

Medicines management in the home was safe. We saw medicines were safely stored away in locked medicines cabinets. Medicines records showed people had individualised medicines administration (MAR) sheets that included their photograph, a list of their known allergies and information about how the individual preferred to take their medicines. The MAR sheets we viewed were completed correctly. Checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's MAR sheets. Records showed staff had received up to date training in the safe management of medicines and their competency to continue handling medicines safely was reassessed annually.

Good

# Is the service effective?

## Our findings

Staff were appropriately trained and supported. People told us staff had the right knowledge, skills and experience to understand and meet their needs and preferences. One person said, "The staff are good at looking after me", while another person's relative told us, "The staff certainly know my [family member's] likes and dislikes inside out". Staff received a thorough induction that included shadowing experienced members of staff perform their duties. We saw all new staff were now required to work towards achieving the 'Care Certificate'. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Systems were in place to ensure staff stayed up to date with the training the provider considered mandatory for their role. Staff records indicated that most staff had completed training in learning disability and autism awareness, positive behaviour support, moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, fire safety, food hygiene, equality and diversity, first aid, prevention and control of infection, person centred care and dignity, epilepsy awareness and assistance with eating.

Staff told us they felt they received the training they needed to meet the needs of the people they supported. One member of staff said, "The training I've received has been excellent", while another member of staff, "This is the best place I've worked in terms of the training you're provided. It's been so useful. I've learnt so much since I've been working here". The registered manager monitored staffs training and arranged refresher trainer as and when required so staff's knowledge and skills remained up to date. Where people had specific needs, staff received specialist training to enable them to properly meet those needs. For example, additional training was provided by the dietician to ensure staff were aware of how to support people who required a percutaneous endoscopic gastrostomy (PEG) feeding tube. This is a tube into a person's stomach to directly provide them with food (a special type of nutrition) and drink.

Staff had sufficient opportunities to review and develop their working practices. Records indicated staff were expected to attend individual supervision meetings with their line manager and group meetings with their co-workers every six to eight weeks. This was confirmed by discussions we had with the registered manager and staff we spoke with. Staff's overall work performance was also individually appraised every six months by their line manager. Staff told us through the meetings described above they had ample opportunities to discuss their learning and development needs or any issues or concerns they might have with the services management. Several members of staff told us they felt they got all the support they needed from the management team. The registered manager told us that in addition to staff meetings, supervisions and appraisals senior staff also regularly carried out direct observations of staff performing their care duties at the home.

The 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.

We saw staff had received recent training on MCA and DoLS. Appropriate arrangements were in place to ensure people consented to their care and support before this was provided. Care plans showed people's capacity to make decisions about specific aspects of their care was assessed. This gave staff the information they needed to understand people's ability to consent to the care and support they received. We saw staff always offered people a choice and respected the decisions they made. For example, we observed staff ask people what they would like to eat for their lunch on the morning of our inspection. Staff we spoke with demonstrated a good understanding and awareness of people's capacity to consent and to make decisions about their care and support.

Staff ensured people ate and drank sufficient amounts to meet their needs. People told us the food they were offered at the home was "good" and that they were always given a choice at mealtimes. Typical comments we received included, "The food is very good here", "Staff always ask me what I would like to eat for my dinner" and "Sometimes we go out to the pub to eat, which I really like". Staff liaised with dieticians if they had concerns about a person's nutritional intake. Staff regularly weighed people and if they had concerns a person was losing weight they liaised with health care professionals appropriately. Where people were unable to orally eat staff worked with dieticians to ensure they supported people safely with their PEG feeding tube. We saw care plans included information about people's food preferences and the risks associated with them eating and drinking. Staff demonstrated a good awareness of people's special dietary requirements and the support they needed.

People were supported to maintain their health. Relatives told us they were kept updated about any changes to their family members' health and wellbeing. Staff liaised with people's GP and other healthcare professionals as required to ensure people's health needs were maintained. Several people's relative told us staff were quick to get medical assistance for their family member when they required it. We saw people's care plans contained important information about the support they needed to access healthcare services such as the GP or dentist. People's health care and medical appointments were noted in their records and the outcomes from these were documented. People also had current hospital passports. These are important documents that contain information medical staff need to know about them and their health in the event that they needed to go to hospital. Records showed staff recorded and monitored daily, information about people's general health and wellbeing. Staff we spoke with were knowledgeable in recognising signs and symptoms that a person's health was deteriorating. They liaised with the nursing staff if they had concerns about a person's health so that additional medical support could be obtained.

Good

# Is the service caring?

## Our findings

People were supported by caring and attentive staff. People spoke positively about the staff and typically described them as "kind and caring". One person told us "The staff look after me and make sure I'm feeling alright", while another person said, "This is the best place to live because the staff are so nice to us". Feedback we received from relatives was equally complimentary about the staff and the quality of the care and support they provided their family members. Typical comments they made included, "The care provided at the home is amazing. My [family member] really enjoys staying at Rosswood", "Fantastic service…The carers are particularly good and are very good at their job" and "The staff are absolutely brilliant. My [family member] receives excellent care from an excellent group of staff". We also received positive comments from community professionals we contacted. One community professional told us, "I am satisfied with the quality of the respite care at Rosswood Gardens."

Staff treated people with respect. People looked at ease and comfortable in the presence of staff and we saw they supported people in a caring way. For example, we heard conversations between staff and people living at the home were characterised by respect, warmth and compassion. It was clear from our discussions with staff that they knew the people they supported very well. For example, staff were able to give us good examples of important events in people's lives, what food and social activities they enjoyed and what might upset them. Care plans contained information about people's life history and the things that were important to them to help staff get to know them and develop positive relationships.

Staff ensured people's right to privacy and dignity were upheld. People told us staff were respectful and always mindful of their privacy. People told us staff announced themselves and asked for permission before entering their rooms. People were supported to change their clothes if they became dirty during the day. We observed people looking clean and well presented, and their relatives told us people were always supported to dress in line with their fashion style and tastes.

People were supported to maintain relationships with their families and friends. Relatives told us they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. One relative said, "All the people who live or work at Rosswood Gardens always make us feel so welcome whenever I visit my [family member]." Care plans identified all the people involved in a person's life and who mattered to them.

People were supported to express their views and staff gave people the information and the time they needed to make decisions about the care and support they received. One person told us, "I have lots of meetings with my key-worker to talk about how I'm getting on and if there's anything I need." While another person said, "My care plan has lots of pictures in it so I know what's going on… I like the staff photographs on the wall so I know whose coming to look after me". We saw information at the service was available in easy to read formats, using plain language and pictures.

We saw people's wishes and preferences were respected in relation to the care being provided. People told us they could choose what time they got up and went to bed, what they wore, what they ate and drank,

when they had a bath or shower and what they watched on television. One person said they had chosen what they were wearing that day and had decided to have soup for their lunch. We saw another person ate their lunch much later than the others because they had decided to stay in bed longer and have a late breakfast. Staff were aware of the importance of involving people in decisions. Two people gave us an example of how staff had encouraged them to choose the colours they wanted their bedrooms to be redecorated, which we saw had happened during a guided tour of the premises. Several staff also told us they used information gathered from people during house meetings to ensure weekly menus and activity programmes reflected people's expressed wishes and preferences.

We observed staff communicating appropriately with people and in a manner they understood. Staff were familiar with people's communication abilities and preferences. We observed an individual use an initial communication book to show two members of staff what activities they would like to participate in. It was clear from the person's reaction the staff involved in this interaction had understood exactly what this individual wanted to communicate to them about a specific activity they particularly enjoyed doing. Staff told us they ensured they spoke to people in a way they understood, including using short and clear sentences.

Staff encouraged and supported people to be as independent as they wanted to be. People told us they helped keep their home clean and tidy. A few people said they sometimes cooked meals and often went food shopping with staff. One person said, "I have my own vacuum cleaner now so I can clean my bedroom whenever I want", while another person told us, "I made pancakes today". During our inspection we saw people were actively encouraged and supported by staff to undertake a variety of household chores that included, helping prepare lunch, making hot drinks, cleaning their bedroom and tidying up the dining room after they had eaten. Care plans detailed guidance for staff about proactively encouraging and supporting people to do as much for themselves as they could and were willing to do. Staff supported people to practice their faith. Staff accompanied people to church and celebrations were held at the service to acknowledge religious festivals. Records showed all staff had received equality and diversity training.

Good

# Is the service responsive?

## Our findings

People were supported to contribute to the planning and delivery of their care. Records showed people using the service, and where appropriate their relatives, had regular opportunities to attend meetings with staff to plan and review their care and support. Information from the initial assessment and discussions from these meetings were used to develop a personalised care plan for each person. These plans focused on people's personal, health and social care needs, their strengths and abilities, preferences, personal goals and the level of support they should receive to have their needs met. Care plans also included detailed information about people's daily routines, how they liked to spend their time, their food preferences, social activities they enjoyed, social relationships that were important to them, and how they could stay healthy, well and safe.

Staff were knowledgeable about people's needs and the level of support people required. A person's relative told us, "Staff always follow the instructions I give them about how to look after my [family member] when they stay overnight at Rosswood Gardens." Staff were able to describe people's daily routines and their preferences as to how they were supported and cared for. Staff also told us they had read people's care plans and we saw they had signed records to confirm this and that they were familiar with their content.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. We saw care plans were updated regularly by people's designated key-workers to reflect any changes in that individual's needs or wishes. This helped to ensure they remained accurate and current.

People could engage in social activities that interested them. Several people told us they "liked the activities" and they could join in if they chose too. One person said, "We're going to have a Birthday party later and make a cake for [a person using the service]", while another person told us, "We go out a lot and do loads of fun things with staff. I like shopping and going to the social club where we have discos sometimes". People also told us they had been on holiday to various destinations in the UK and abroad in the past year. During our inspection we saw people return from attending various prearranged activities in the community, which included classes at a local college and a shopping trip. It was positively noted that since our last inspection the rear garden was being appropriately maintained and was now regularly used by people to have barbeques, play sport and relax in.  Activities people regularly participated in both at home and in the local community included; art and craft sessions, gentle exercise classes, playing bingo and table football, attending a wide range of educational and independent living classes at college, swimming, bowling, shopping and having meals out at local cafes, restaurants and pubs.

The provider responded to complaints appropriately. People and their relatives told us they felt able to raise a complaint if they had any concerns about the service provided at Rosswood Gardens. One person said, "I would tell the manager if I was unhappy about something and they would help me sort it out ", while a person's relative told us, "The service always deal with any issues I've had with them in the past". The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The complaints procedure was openly displayed in the home and explained what people should do if they wished to make a complaint or were unhappy about the service. Records showed no

formal complaints had been received by the service for some time. Despite this the provider encouraged people to make comments about the service. Staff told us they would support people if they wanted to make a complaint and ensure this was reported to the registered manager so it could be dealt with.

Good

# Is the service well-led?

## Our findings

People were positive about the management of the service. One relative said, "The registered manager clearly knows what they're doing, she's always been very approachable and always takes on board what I've said to her." While another relative told us, "I think the respite unit where my [family member] regularly goes is extremely well-managed". Feedback we received from community professionals was equally complimentary about the management of the service.

The registered manager demonstrated good leadership. They spoke about their vision for Rosswood Gardens including the importance of consistent leadership, individualised care and supporting staff to ensure their vision and values ran through the care and support they provided. The registered manager demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations for ensuring compliance with CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

The registered manager promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service. People and their relatives told us they were encouraged to share their views about Rosswood Gardens including, what the service did well and what they could do better. The provider used a range of methods to gather people's views and/or suggestions which included monthly group meetings and individual one to one key-worker sessions for everyone who lived at the home. The service also used satisfaction questionnaires to obtain feedback from people's relatives and professional representatives including, care managers and GP's. It was clear from the results of the most recent survey conducted by the home that people's professional representatives were satisfied with the overall standard of care and support provided at Rosswood Gardens.

The provider valued and listened to its staff team. Staff told us the registered manager was accessible and were confident any concerns or poor practice issues they raised with them would be taken seriously and dealt with quickly. One member of staff gave us a good example of how with the registered managers backing they had improved the range of social activities people could choose to participate in which included a pictorial representation of a 'wish list tree' that identified all the 'dream' activities and holidays people who lived at the home would like to do in the future. Staff told us as a result of the wish list tree some people were planning to go on a cruise ship next year.

The provider had established good governance systems to routinely assess monitor and improve the quality and safety of the service people received at the home. Records indicated the provider used learning from incidents and inspections to identify opportunities to continuously improve the quality of service people experienced. In the past year the provider had contracted an independent auditor to review the service and identify how they might improve. We saw where issues had been found by the auditor, the registered manager had put an action plan in place which stated what the service needed to do to address these issues and improve. For example, we saw the homes arrangements for keeping money safe on behalf of the people using the service had been made more secure.

Other records showed the provider regularly carried out their own internal checks of the service to assess the quality of care and support people experienced. The service's area manager and registered manager both carried out monthly audits at Rosswood Gardens, while other senior staff conducted a range of daily, weekly, quarterly and annual checks at the home. These covered key aspects of the service such as the care and support people received, accuracy of people's care plans and risk assessments, the management of medicines, the use and maintenance of equipment used in people's home, health and safety of people's home environment, and accidents, incidents, safeguarding and complaints. These checks were documented along with any actions taken by staff to remedy any shortfalls or issues they identified through these audits. Progress against these actions was discussed and reviewed regularly by both the homes registered and area managers.