

Royal Mencap Society

# Woodhouse Road Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on 6 December 2017. The inspection was unannounced.

Woodhouse Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Woodhouse Road accommodates eight people living with learning disabilities and an autistic spectrum disorder. On the day of our inspection seven people were living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in October 2015, the service was rated 'Good'. At this inspection we found that the service remained 'Good'.

The service had a registered manager in place at the time of our inspection. 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. However, at the time of our inspection the registered manager had left the service to manage a different service within the organisation. A new manager was in place who had submitted their registered manager application, we are monitoring this.

People remained safe because they were supported by staff who knew how to recognise abuse and understood their role and responsibility in protecting them from avoidable harm. Risks in relation to people's needs including the environment were assessed, planned and monitored. There were sufficient staff employed to support people. People received their prescribed medicines safely. People lived in a clean, hygienic service. Staff supported people effectively during periods of anxiety that affected their mood and behaviour. Accidents and incidents were reported, monitored and reviewed to consider the action required to reduce further reoccurrence.

People continued to receive an effective service because their needs were assessed and understood by staff. Staff received an appropriate induction, ongoing training and supervision that supported them to meet people's needs effectively. People's dietary needs had been assessed and planned for and they received a choice of meals and drinks. Systems were in place to share relevant information with other organisations to ensure people's needs were known and understood. People were supported to access healthcare services and their health needs had been assessed and were monitored. The premise met people's current needs

and discussions had commenced with the landlord about ensuring people's future needs could be met. The principles of the Mental Capacity Act (2005) were followed when decisions were made about people's care. Applications had been made when required to the Deprivation of Liberty Safeguards supervisory body. However, improvements were required to ensure when an application had been made they had been received by the supervisory body.

People continued to receive good care. People were involved as fully as possible in their care and support and staff respected their privacy and dignity. Independence was promoted and staff had a good understanding of people's diverse needs, preferences, routines and personal histories. People were supported to access independent advocacy service when required.

People continued to receive a responsive service. People who used the service had opportunities to contribute to their assessment and reviews of their care and support. People's support plans focussed on their individual needs, creating a person centred approach in the delivery of care and support. People were supported to achieve their goals and aspirations and lead active and fulfilling lives. People had access to the registered provider's complaints procedure. People's end of life wishes had been discussed with them.

The service continued to be well-led. There was an open and transparent culture in the service where people were listened to and staff were valued. Staff spoke positively about the new manager who had a plan of how they wished to improve and develop the service. People who used the service knew who the manager was and were confident they managed the service well. There were systems and processes in place to monitor quality and safety and these were being further developed in some areas.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Woodhouse Road Care Home

## **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 was a comprehensive inspection that took place on 6 December 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners of adult social care services (who fund the care package provided for people) of the service and external health and social care professionals for their views about the service. We received feedback from a social worker and a community psychiatric nurse.

The day before the inspection we contacted two relatives by telephone for their views and feedback about the service their family member received.

On the day of the inspection we spoke with three people who used the service for their views about the service they received. During the inspection we spoke with the registered manager and four support workers. We looked at all or parts of the care records of three people, along with other records relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes, policies and procedures and arrangements for managing complaints.

After the inspection we contacted a further relative and a friend of a person who used the service.

# Is the service safe?

## Our findings

People were protected from abuse and avoidable harm. One person told us they felt safe because, "Staff are always around, I like it here, it's a nice house and the staff are here to help me." Relatives and friends told us they had no concerns about safety and said they thought people who used the service generally got on well. Relatives and friends also said they felt staff were supportive and protective towards people from experiencing any type of avoidable harm.

Staff were aware of their role and responsibility to protect people from avoidable harm including discrimination and harassment. One staff member said, "We're aware some people who live here get on better with some people more than others. Occasionally there is a fall out but we are always around and manage any difficulties." Staff told us they had received safeguarding training to support them in keeping people safe and training records confirmed this. Staff were confident the manager would act on any safeguarding concerns. The registered provider had safeguarding policies and procedures in place to guide practice. From our records we were aware safeguarding issues had been appropriately reported and responded to. People did not have safeguarding information available to support them to know their rights and what to do if they were concerned about abuse, bullying or harassment. The manager told us they would address this and make information available to people.

We observed people who used the service were very comfortable with the staff, they were relaxed and interacted well with all staff indicating they felt safe.

People could be assured safe staff recruitment practices were followed. Staff told us about the checks that were completed before they commenced their role. From viewing staff files this confirmed what staff had told us. Checks had been completed to see if potential staff had a criminal record, their proof of identity and reference checks had also been completed. This meant as far as possible, people were protected from staff who were unsuitable to provide care and support.

Risks associated with people's needs such as health related conditions, skin care, safety in the community and behaviours, had been assessed and planned for. This information provided staff with guidance on how to effectively and safely support people. We found on the whole information was sufficiently detailed and where additional information was required, the manager said they would review this as a priority. People told us they did not feel they had any undue restrictions placed upon them and they told us how they accessed the community independently or with staff. People had access to all parts of the service.

People were living in a safe environment where health and safety checks were completed on a regular basis to minimise any risks. These checks were completed on the internal and external environment and premises, including equipment. We found these checks were up to date and equipment seen was appropriate and in working order. The property belonged to a housing association and any repairs were reported to the landlord. Individual plans were in place to support people in the event of an emergency requiring people to be safely evacuated. We noted two people did not have evacuation plans in place and the manager agreed to complete these. Staff had been trained in health and safety and how to respond if

there was a fire in the service

Some people experienced anxiety that affected their mood and behaviour. People's care records included information for staff about how to support people with their anxiety and behaviour and on the whole this was useful to staff. We found staff were knowledgeable about people's needs related to their behaviour and were able to easily explain how they supported people. We observed staff responded effectively when a person's anxiety increased. Their approach and intervention had a positive effect on the person. Staff were given training in relation to responding to behaviour using less restrictive methods and were able to explain what this meant, such as using diversional techniques.

People who used the service told us they were happy with the availability of staff. One person said, "There's always staff here to talk to and help us." On the whole relatives and friends said they felt staffing levels were appropriate. However, one comment received suggested staffing levels had sometimes impacted on a person receiving support with some aspects of personal care. We discussed this with the manager who agreed to act upon this concern raised with us.

Staff told us there were sufficient staff available. The manager told us new staff had recently been recruited, resulting in a full complement of staff. Any staff shortfalls were covered by the staff team. The manager told us how staff were deployed and said the staff rota was flexible, dependent if people required additional support, such as to attend any appointments or specific activities. We looked at the staff rota and saw it matched the staffing provided on the day of our inspection. In discussion with the manager, it was apparent that at times staff could be lone working at the service. We raised some issues with the manager about the support needs of some people who may be at risk with only one staff member being available. The manager assured us careful consideration of the deployment of staff at these times were made.

People could be assured their prescribed medicines were managed appropriately. People told us they received their medicines safely, in their preferred manner and at the same time each day.

A staff member told us about the process for ordering, receiving and returning unused medicines to the pharmacy. They also advised of the audits and checks in place to monitor the management of medicines and these systems followed best practice guidance and were found to be up to date. Staff records confirmed they had received appropriate medicines training including competency assessments. The registered provider had a medicine policy and procedure to support staff. A community pharmacy audit was completed in October 2017 and found, on the whole, medicines were managed appropriately. We did note however, the community pharmacist had recommended a new thermometer to record minimum and maximum room temperatures to ensure medicines were stored at the correct temperature, had not been purchased. Following our inspection the manager confirmed they had purchased a thermometer as required.

We found information available for staff about how people preferred to take their medicines, including any allergies and other information specific to the person, was detailed and informative. Protocols were in place for medicines which had been prescribed to be given only as required and these provided information for staff on the reasons the medicines should be administered. A sample stock check of medicines were found to be correct and medicine records confirmed people had received their prescribed medicines as required.

People lived in an environment that was on the whole clean and hygienic. Staff were aware of the importance of infection control measures to reduce the risk of cross contamination and had received infection control training. Staff completed daily cleaning, the manager told us they were in the process of reviewing and updating the cleaning schedules used, to ensure staff had detailed instructions of what was



required of them. Cleaning materials were stored safely and the registered provider had an infection and control policy and procedure that reflected best practice guidance to support staff.

Staff were aware of their responsibility to respond to any incident or accident and said any concerns or incidents were discussed at staff handover meetings and communicated with the manager. Records confirmed appropriate action was taken such as investigating incidents to help prevent them happening again. Senior managers within the organisation received regular reports from the manager of any incident and accident. This meant there was continued oversight by the manager and senior managers to ensure action was taken to mitigate further risks.

## Is the service effective?

### Our findings

People received care and support based on their holistic needs and the registered provider supported the manager with providing latest research and best practice guidance relevant to people's needs. The manager also told us they researched any areas they felt they required additional knowledge to support people. The manager was experienced in learning disability services. They had a clear understanding and knowledge of best practice, whereby they promoted independence and social inclusion. Staff told us they found the manager to be informative and had introduced new methods and approaches that were having a positive impact on people.

From viewing people's care records we found people's needs and choices had been assessed. Care and support was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes. Examples of this were how people were supported to lead full and active lives where positive risk taking was supported. People told us how since living at the service they had developed their independence which was very important to them.

The assessment of people's diverse needs including the protected characteristics under the Equality Act was considered. People's support plans included information about people's diverse needs. An example was provided of how a person who had a preference of wearing particular clothing was supported to do so free from discrimination and prejudice.

Assisted technology was used effectively to promote people's independence. For example, some people required close observations to monitor their health and well-being. The use of alarms and sensors to alert staff when people were independently mobile were in place for some people. A flashing light system was connected to the fire alarm, to alert a person with a hearing impairment when the fire alarm was activated.

People could be assured they were supported by staff that had received an appropriate induction, ongoing training and support. People who used the service, relatives and friends were positive staff were competent, knowledgeable and skilled to meet people's individual needs. One relative said, "Staff are spot on in understanding [name of family member] needs."

Staff were positive about the support they received. One staff member said, "The training opportunities are good and informative and supportive." Another staff member told us about the opportunities they received to discuss their work, training and development needs with the manager and was positive this was helpful. Records confirmed staff had completed an appropriate induction when they commenced their employment and received ongoing training to refresh their knowledge and skills. The staff training record demonstrated staff had received appropriate training for the needs of people who used the service.

People were positive about their meal choices. One person said, "We can make drinks and snacks when we want to and choose what we want to eat, we have what we want." A relative told us about concerns their family member had experienced with eating and what action staff had taken to address this.

People's nutritional needs had been assessed and planned for and staff were found to be knowledgeable about these. Staff told us how they respected choice but promoted healthy eating. Whilst no person had any dietary needs associated with any religious or cultural needs, staff told us how they had supported people with these needs who no longer lived at the service, showing a good understanding and supportive approach. We observed people made drinks and snacks independently and had individual choices of what they wanted to eat. We found adequate stocks of food in the kitchens and these were stored appropriately. People's weights were monitored and action was taken such as a referral to the GP or dietician when concerns were identified. We noted there was no oversight by the manager to ensure people received a balanced diet that met their needs and preferences. The manager agreed this was required and agreed to implement checks.

There were records in place to ensure people had information about their care when they moved between different services such as the hospital. Staff completed 'traffic light assessments for people with a learning disability' to provide information about the person's care needs to be used in the event of an emergency admission to hospital.

People were supported with their healthcare needs and to access primary and specialist health care services. Some people told us they chose to attend some health appointments independently but explained they could ask staff to support them if they wished. Relatives and friends told us they were confident staff met people's health needs well. A friend of a person said, "Staff were very good at supporting [name of person] with their health needs when they first moved in, they sorted everything out they were outstanding."

An external professional told us staff responded well to people's health needs. Comments included, "Staff meet service user's physical health and changing needs well."

People's care records confirmed staff worked well with a variety of external healthcare professionals to meet people's health needs and outcomes effectively. For example, the following external professionals were involved in some people's health needs; GP, dietician, speech and language therapist, dentist and epilepsy nurse specialist and community psychiatric nurse.

People had sufficient space and facilities to support them such as a chair lift that was available to support people's mobility needs and some people had ground floor accommodation due to their mobility needs. Whilst the premises met people's current needs, people living at the service were an aging group. The manager said people's changing needs were a consideration with regard to the long term use of the building. The registered provider had started discussions with the landlord about securing more appropriate premises in the future. Where people required specific equipment such as wheelchairs, walking aids, pressure relieving mattresses or cushions these were available and being used. Some people showed us their bedrooms that reflected their preferences and were found to be appropriate and reflected people's individual needs and wishes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Throughout the inspection we observed staff gained people's consent before providing care and support. Staff used effective communication and listening skills and activity included people in discussions and decisions. People told us they felt valued, consulted and listened to. One person said, "I make my own decisions, I've signed my support plans to show I agree about how I'm supported." Relatives and friends

were positive their family or friend was involved in their care. Where a person lacked mental capacity to consent to a particular decision relatives and friends said they were asked and consulted as part of the best interest decision making process.

We checked whether the service was working within the principles of the MCA. We found mental capacity assessments and best interest decisions had been completed where people lacked mental capacity to make specific decisions. Staff were aware of the principles of MCA and DoLS and told us they had received training in these areas. The registered provider had an MCA and DoLS policy and procedure to support staff.

There was no current Deprivation of Liberty Safeguards (DoLS) authorisations in place. The manager showed us applications that had been made to the supervisory body that had either been assessed as not required or were waiting for an assessment. We identified one person who clearly had some restrictions placed upon them for their safety. The manager showed us the application that had been made, however there was no acknowledgement from the supervisory body to confirm the application had been received. We asked the manager to contact the DoLS team at the local authority during our inspection. It was identified this person's application had not been received and the manager resubmitted it. The manager said for all future applications made they would ensure confirmation of receipt is gained.

## Is the service caring?

### Our findings

People we spoke with told us they were happy living at the service. One person said, "I like the staff they're alright." Relatives spoke highly of the caring and supportive approach of staff. One relative said, "The staff are very good, supportive, understanding and kind, it's the best placement [name of family member] has ever lived."

External professionals were positive about staff. One professional said, "They are keen to engage with me and make me feel welcome when I visit, they support to find a private space so that I can meet with individual service users." Another external professional said, "I found the staff member I dealt with recently, to be very person centred and proactive in supporting the service user to explore options and make their own decisions about what activities they would like to do. Communication with the home was good."

Staff showed great understanding of people's needs, preferences and what was important to them. The staff we spoke with had worked at the service for a substantial time and clearly had developed meaningful relationships with people. Staff showed warmth, respect and a strong commitment in wanting to support people to lead active and fulfilling lives based on their wishes. One staff member said, "I think the service is fantastic in forward thinking, we get to know people really well and support them to try new things." An example was given regarding how a person who had been at the service two years had worked with staff to gain skills and confidence and was accessing the local community independently. This person confirmed since they had been at Woodhouse Road they were much more independent. They told us how they now went to the local shops and pub independently and how important this was to them. Staff had recognised the person was ready to develop their independence further and a referral to occupational therapy services had been made, to assess and support the person and staff in how to develop greater independence.

Staff showed a proactive and person centred approach in how they supported people. They constantly explored with people what activities and opportunities they could try. One person who used the service had a passion and love of dolphins and a wish to go swimming with them. During the summer of 2017 this person with another person who used the service who they were friends with, were supported by two staff to go on holiday to Spain. One staff member supported the person with their dream to go swimming with dolphins. We saw photographs to confirm what we were told and it was clear to see the person was overjoyed.

Staff were very positive about their work and expressed great fondness and commitment towards the people they supported. One staff member said, "I enjoy supporting people to the best of my ability and treat people as I would expect to be treated." Another staff member said, "We work hard to promote people's independence, everything we do is individualised to the person, we focus on people's strengths and wishes."

We saw good examples of staff engagement with people. Staff were attentive and responsive, patient and caring. People were fully included in discussions and their decisions were respected. One person really enjoyed interacting with staff and their mood could quickly change. Staff were seen to be very patient and reassuring in their manner, giving the person their full attention.

The service had information about independent advocacy services and how to support people to access this. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The manager said they would ensure this information was easily available for people. There are different types of advocates and at the time of our inspection the manager gave an example of how a person was being supported with Independent Mental Capacity Advocate.

People told us how they were involved in their care. We saw examples of people's care records where they had signed documents as a method to demonstrate they had been consulted and involved. People also told us they had house meetings and records confirmed this. We noted from house meeting records the discussions were limited to activities, this was a missed opportunity to discuss and consult people about the development of the service and to exchange information such as changes to staffing or other events affecting the service people received. The manager agreed and said they would look at ways of developing house meetings.

People told us they found staff to be respectful about their privacy and dignity and that staff supported them to develop their independence. One person said, "Staff listen and treat me properly." Another person told us of the jobs they completed around the service. Some people with the support from staff cleaned their bedrooms and did their own laundry, some people assisted in the kitchen, laid the dining tables and one person told us how they sometimes went to the local shop to purchase food provisions.

Relatives and friends were positive that staff maintained dignity and respect. One relative said, "I have no concerns, staff treat [name of family member] very well, I would know if they didn't."

People's information was stored securely and managed in line with the Data Protection Act. Staff demonstrated an understanding of the importance of respecting confidentiality. Relatives told us there were no restrictions on visiting their family member and said staff were welcoming when they visited.

## Is the service responsive?

### Our findings

People told us they were involved in planning their care and support. They said staff spoke with them about how they wanted to be supported and helped them achieve their goals and aspirations. Relatives told us they felt, on the whole, involved. Not all relatives and friends said they were invited to participate with their family member or friend, in any meetings to discuss the care and support provided. The manager told us they were aware of this and said they had plans to arrange more formal opportunities for people, their relatives and friends where appropriate, to discuss and review the service provided to individuals.

People's care records confirmed a pre-assessment had been completed and support plans developed that informed staff of people's support needs. Staff said they felt they had sufficient information about people needs but said how they gained more awareness and knowledge by spending time getting to know people. Care records confirmed people's diverse needs, including their religious and cultural needs and preferences of how they wished to be supported had been discussed with them.

People told us they had freedom and choice of how they spent their time, including what time they got up and went to bed. One person said, "I'm always out independently, I tell staff when I'm going out and when to expect me back." This person also told us how they had a particular health condition and that they attended a support group. Whilst they went independently they told us and records confirmed, how they had been supported by staff to access this service. Another person told us how they wanted to develop their independence. Whilst they accessed their local community independently they wanted to explore their wider community. A staff member told us of the action being taken to support this person's wishes.

Staff said some people had particular preferences about which staff they liked to do particular activities with and this was accommodated as far as possible. Social inclusion was very much promoted and people had access to information about local attractions and events.

Staff gave examples of how they provided responsive care and support that was based on people's individual choices, interests and hobbies. For example, one person was a fan of a particular film star and staff had supported them to join the fan club and to attend a convention. Another person had expressed an interest in visiting London and an overnight stay was being arranged. A person had shown an interest in experiencing a helicopter ride and this opportunity was being actively explored. A person had been supported to visit an aviation museum due to their interest in planes. Another person until recently, did voluntary work at a local museum and a supermarket. These examples demonstrated how staff upheld the provider's philosophy of the service where choice, independence and inclusion was promoted and supported.

On the day of our inspection visit three people accessed the community independently. One person was supported by a staff member to go Christmas shopping, another person went out with a staff member to complete an errand and had lunch out. One person was visiting their family and another person remained at the service, they told us how they visited the Salvation Army each week and how staff supported them to see their partner. This was clearly very important to them and with speaking with staff, it was evident that they

understood and respected this. Care records confirmed this person had regular contact with their partner as described to us.

The manager told us they were aware of their responsibilities in relation to, The Accessible Information Standard. This standard expects provider's to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. Staff had received training in people's preferred communication methods and showed a good understanding of people's different communication needs. Examples were given how some people with sensory needs used Makaton (a form of sign language) and British Sign Language to communicate with others. People had communication support plans to advise staff of their communication needs and we observed staff used effective communication and listening skills.

People told us if they had any complaints or concerns they felt confident to raise these with staff. One person said, "I would talk to the staff if I wasn't happy about something." Relatives told us they were aware of how to make a complaint and that they felt any issues or concerns would be acted upon. People had access to the complaints procedure that was presented an easy read format to support with communication needs.

Staff were aware of their role and responsibility in responding to concerns and complaints. The complaints log showed one complaint had been received a few days prior to our inspection, we discussed this with the manager who told us of the action they had taken to respond to this.



## Is the service well-led?

### Our findings

The registered manager had recently left the service and a new manager was in place and had submitted their application to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People who used the service and relatives and friends told us they knew who the manager was and spoke positively about them. One relative said, "I like the new manager, they are very nice." We also received positive feedback from external professionals about the new manager's leadership style. Comments included, "I think the new manager will have a positive impact on this service, she is more hands on in her style and I think will benefit the team by leading by example."

Staff were equally positive about the new manager who they described as, "Very caring, they listen, interact with people and is supportive and approachable." Staff told us they felt senior managers within the service were knowledgeable and confirmed they visited the service to carry out audits and checks. The manager told us they felt supported by senior managers within the organisation and there were good systems and processes in place that enabled them to effectively manage the service.

The provider had a clear set of values and vision for the service and this information was clearly displayed within the service and in the service user guide and statement of purpose. This information advised people what they could expect from the service. Staff demonstrated a very good understanding of the ethos and philosophy of the service, being that of empowering people to be equal and active citizens in the community. Throughout our inspection day we saw how staff fully embraced these set of principles when engaging with people. Staff showed great respect and that of an equal relationship with people they supported, showing they valued each and every person who used the service.

The service had submitted the notifications to the Care Quality Commission that they were required to do. Policies and procedures were in place that were based on best practice and reflected relevant legislation where required. The ratings for the last inspection were on display in the home and available on the provider's website.

As part of the registered provider's internal quality assurance checks, annual satisfaction surveys were sent to people who used the service, relatives, staff and professionals. The last survey was completed in 2016. The manager had recently sent surveys out and was waiting for responses to return. The manager told us they would then analyse the findings and add any required action to the services ongoing improvement plan.

There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and care plans to ensure the service complied with legislative requirements and promoted best practice. The manager was required to submit regular audits to senior managers within

the organisation to enable them to have continued overview of the service. The provider's representative also completed additional audits. The registered provider had an improvement plan, this included actions identified through internal audits and checks. The manager told us of areas they had identified that required some improvements. This included support plans and risk assessments being reviewed and transferred onto new documentation the provider had introduced. Some improvements were also required in the level of detail staff recorded in people's daily records. This told us the manager and registered provider had procedures and systems in place that demonstrated the service was continually driving forward improvements to the service people received.