

HICA

The Birches - Care Home

Inspection report

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Date of inspection visit:
24 May 2017
25 May 2017

Date of publication:
20 June 2017

Ratings

Overall rating for this service**Requires Improvement** ●

Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The Birches is a purpose built facility owned by Humberside Independent Care Association, a not for profit organisation. The service provides care and accommodation for up to 31 adults with a learning disability. Accommodation comprises of single bedrooms set within individual bungalows with communal sitting and dining areas.

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

At the last comprehensive inspection on 19 and 20 January 2017, we rated the service as Requires Improvement overall. We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we saw evidence to confirm that the registered provider had taken appropriate action and achieved compliance.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and knew what actions to take if they suspected abuse had occurred. Staff who had been recruited safely were deployed in suitable numbers to meet the assessed needs of the people who used the service. People's medicines were managed safely and administered as prescribed. People were cared for in a clean, hygienic and well maintained environment. Staff understood how to minimise the potential for cross contamination and wore personal protective equipment when required.

People were supported by staff who had completed a range of training and nationally recognised qualification in health and social care. Staff told us they received effective levels of support and annual appraisals. People were supported to eat a balanced diet of their choosing. When concerns were identified relevant professionals were contacted for their advice and guidance. The registered manager was aware of the responsibility in relation to the Deprivation of Liberty Safeguards and had submitted applications for a number of people who used the service. However, the principles of the Mental Capacity Act were not followed or applied consistently. After the inspection we received information from a regional director and the registered manager about the actions that would be taken to rectify this.

People were supported by caring staff who knew their needs and preferences for the care and support they required. During our observations it was apparent that caring and supportive relationships had been developed between the staff and the people who used the service. People's privacy and dignity was respected and promoted. Staff understood the importance of treating private and sensitive information confidentially.

People or their appointed representatives were involved with the initial and on-going planning of their care.

People's levels of independence and strengths and abilities were recorded. People were encouraged to take part in activities and to follow their hobbies and interests. The registered provider displayed their complaints policy within the service and provided it to people at the commencement of the service to ensure it was accessible. We saw evidence to confirm when complaints were received they were investigated and responded to in line with the registered provider's policy.

Quality assurance systems and processes had been developed to ensure shortfalls were identified and action was taken without delay. People who used the service and their relatives were asked to provide feedback on the service and their opinions were used to make improvements when possible. The registered manager understood and fulfilled their responsibilities to report accidents and incidents as well as other notifiable events to the Care Quality Commission as required.

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.

Medicines were ordered, stored and administered safely. People received their medicines as prescribed.

Suitable numbers of staff were deployed to meet the needs of the people who used the service. Staff were recruited safely.

People were cared for in a clean and hygienic environment that was well maintained and fit for purpose. Staff wore personal protective equipment such as aprons and gloves as required.

Staff had received training in how to safeguard people from the risk of abuse and avoidable harm. They understood their responsibilities to report any poor care they witnessed or became aware of.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff understood the need to gain consent before care and support was provided. However, the principles of the Mental Capacity Act were not followed or implemented in a consistent way.

Staff had completed a range of training, which ensured they had the skills and abilities to support people effectively. Staff told us they received effective support and mentoring.

People ate a balanced and varied diet of their choosing. People's nutrition and hydration intake was monitored when concerns were identified.

People's varied health care needs were met by a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff who knew their needs and understood their preferences.

Staff had developed caring and positive relationships with people who used the service.

People were treated in a kind and caring way. They were encouraged to maintain their independence and develop new daily living skills.

Private and sensitive information was treated confidentially.

Is the service responsive?

Good ●

The service was responsive.

When possible people participated in the initial assessments of their needs and on-going reviews.

Care plans had been developed to ensure staff could deliver the care and support people required in a person centred way.

The registered provider had a complaints policy, which was displayed within the service and provided to people at the commencement of their service.

People participated in a range of activities inside the service and in the community.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

We saw improvements had been made in this area, however, we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

Quality assurance systems and processes had been strengthened to ensure shortfalls were identified in a timely way. We saw evidence that confirmed action was taken when shortfalls were highlighted or feedback was received. However, further development was required to ensure inconsistencies in the application of the Mental Capacity Act were identified.

People and their relatives were asked for their views and they were acted upon to improve the service when possible.

The registered manager submitted notifications to the Care Quality Commission as required.

The Birches - 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 was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 May 2017 and was unannounced. The inspection was completed by an adult social care inspector and a member of the local authority provider development team. At the time of this inspection 27 people were using the service.

Before the inspection we contacted the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we had received from the service and reviewed all the intelligence we held to help inform us about the level of risk.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interacting with people who used the service and the level of support provided to people throughout the day, including meal times.

During our inspection we spoke with five people who used the service and two relatives. We also spoke with the registered manager, the regional director, a team manager, four members of care staff, the cook and a visiting professional.

We looked at seven people's care plans along with the associated risk assessments and their Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included audits, policies and procedures, questionnaires, recruitment information for five members of staff

and staff training records. We also took a tour of the premises to check general maintenance as well as the cleanliness and infection control practices.

Is the service safe?

Our findings

People who used the service told us they felt safe living at The Birches, one person said, "It is safe here, the staff help me with everything and make sure I am ok." Another person commented, "I feel safe here, I wasn't safe, but now I'm here I don't have to worry." A relative we spoke with told us, "We know [Name of the person who used the service] is safe; we don't have any concerns about that."

At our inspection on 19 and 20 January 2017, we identified a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not ensured people were supported by suitable numbers of staff.

At this comprehensive inspection on 24 and 25 May 2017, we found the service had made satisfactory improvements in relation to the requirements of Regulation 18 described above and was compliant with this regulation.

People who used the service were supported by suitable numbers of staff. The Birches contained four separate units, Birch Dale, Birch Walk, Birch Rise and Birch Wood. Each unit supported a specific number of people and were staffed accordingly. The registered manager explained, "The regional director and I have reviewed everyone's needs twice since the inspection in January. We will do it every three months and make sure we have the right number of staff. "We have made increases at different times of the day and always have four staff working on the night shift."

A member of staff told us, "I think they [the staffing levels] are good, there are enough of us to do different activities and to take people out." Other staff commented, "We do have more staff working now and it has really helped us out, there is always an extra pair of hands to help when you need them which is great" and "The staffing levels don't really change on a weekend and we can always contact the manager if we need to." The registered manager explained, "We have the staffing levels we know we need and there is an extra 240 hours a week in one to one support so I am confident everyone gets the support they need."

We spent time observing the support people received and noted that they were not made to wait for long periods. Staff appeared calm and unhurried throughout the day and call bells were responded to without delay. We reviewed re-positioning charts which could indicate staffing levels were not adequate and found no evidence indicating people were not supported when required.

People who used the service told us they felt they were supported by appropriate numbers of staff. One person said, "There are always lots of carers around, when I need someone they are there." Another person said, "They [the staffing levels] are good."

At our inspection on 19 and 20 January 2017, we identified a breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not ensured that people who used the service were protected by the proper and safe management of medicines.

At this comprehensive inspection on 24 and 25 May 2017, we found the service had made satisfactory improvements in relation to the requirements of Regulation 12 (2)(g) described above and was compliant with this regulation.

The service had a dedicated medicines room for the safe storage of medication which included a medicines fridge and controlled drug cabinet. We saw records were kept of the temperature of the room and the fridge to ensure medicines were stored in line with the manufacturer's guidelines.

Medicines cabinets were in each person's room, which were used to store a small amount of people's daily medicines. The medication administration records (MARs) we saw were completed accurately without omission which provided assurance people were supported to take their medicines as prescribed. The people who used the service had been deemed to lack the capacity to manage their medicines independently but we saw that one person was enabled to apply their prescribed creams. MARs were used to record when people had their medicines administered.

We saw that a number of medication audits were conducted on a regular basis to ensure any issues or errors were highlighted and could be rectified. The registered manager told us, "I do more audits and checks now and have picked up quite a few small things. That has led to me providing some mentoring to the deputy managers and we have worked closely with people's GPs to make sure we have everything listed on people's MARs."

At our inspection on 19 and 20 January 2017, we identified a breach of regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure people received care and support in an environment that was cleaned effectively and did not pose cross contamination risks.

At this comprehensive inspection on 24 and 25 May 2017, we found the service had made satisfactory improvements in relation to the requirements of Regulation 12 (2)(h) described above and was compliant with this regulation.

The registered manager told us that cleaning schedules had been embedded and audits occurred to ensure the cleanliness of the service. We completed a tour of the premises and found it to be clean, fresh and free from unpleasant odours. Staff wore personal protective equipment such as gloves and aprons as required and we observed them follow safe hand hygiene techniques. A member of the domestic team commented, "Now the maintenance work is done and the environment is better it is so much easier for us to keep clean."

A person who used the service told us, "I clean my room, sometimes I get help from the staff. I think it [the service] is always clean and tidy." A relative we spoke with said, "We come regularly and it's always clean."

At our inspection on 19 and 20 January 2017, we identified a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had failed to ensure the premises and equipment used were properly maintained.

At this comprehensive inspection on 24 and 25 May 2017, we found the service had made satisfactory improvements in relation to the requirements of Regulation 15 described above and was compliant with this regulation.

During a tour of the service we saw that facilities and equipment were appropriately maintained and in good working order. The registered manager told us, "We have had re-decorating work done, some of the older

items have been replaced and we have new flooring." A relative we spoke with said, "I did think that some areas needed some attention but now that has been done I think the environment is lovely."

The regional director explained, "We created a schedule of works and ensured the issues that were highlighted were recertified first, but then have taken steps so that a programme of redecoration and refurbishment is now on-going."

Risks to people's health, safety and welfare were recorded and action had been taken to reduce the possibility of their occurrence. Risk assessments had been created to ensure staff understood how to keep people safe without impinging on their freedom and choices. Accidents and incidents were monitored so patterns and trends could be identified. Behaviour support plans were in place so staff were aware of people's potential triggers, known responses and the most effective way to de-escalate situations.

Personal emergency evacuation plans had been created for each person who used the service, they included people's levels of independence and the support they would require if they needed to be evacuated. The registered provider had a business continuity plan in place that covered a range of foreseeable emergencies including building damage, staff issues as well as power or IT failures. This helped to ensure people would receive the care and support they required during and after an emergency situation.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs that indicate abuse may have occurred. During discussions it was clear staff were aware of their responsibilities to report any abuse or poor practice they became aware of. One member of staff said, "It is vitally important we take action straight away, a lot of the people here couldn't say if they were being abused so it's up to us to report anything we see" and "I know the manager would investigate anything we raised."

Staff were recruited safely. We checked five staff files and saw all staff had been interviewed, provided proof of identity and had a Disclosure and Barring Service (DBS) check before being offered a role within the service. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. This helped to ensure people were not supported by staff who had been deemed unsuitable to work with vulnerable adults.

Is the service effective?

Our findings

People who used the service told us they were supported effectively by skilled and experienced staff. One person said, "All the staff are really good, my key worker is the best though, she is brilliant." Another person said, "I think all the staff do a good job, they are very good to me and they help me." A relative explained, "It's not an easy job and I think we all know that, but they [the staff] do a very good job indeed."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. At the time of our inspection four people had a DoLS in place and 10 applications had been submitted to the authorising body for approval.

People's capacity to consent to care and treatment as well as other aspects of their lives were assessed and recorded in the care plans. However, we found the MCA was not applied consistently within the service. For example, one person's care plan stated, '[Name] lacks capacity to make decisions in all aspects of their life'. We saw that a range of best interest meetings had occurred which were attended by relevant healthcare professionals and other people with an interest in the person's care. Subsequently best interest decisions were recorded for the person's care and support, medicines management and finances as required under the MCA. Another person had a similar statement in their care plan, '[Name] does not have the capacity to understand information [about their care needs]'. There was no evidence to support that decisions regarding the care and support had been made in a suitable best interest forum, which meant it was unclear if the care and support they received was in their best interest and the least restrictive.

We saw records that showed some decisions had been made unilaterally within the service. Failing to ensure relevant professionals and appointed representatives are asked for their views, before decisions and ways of working are implemented meant the registered provider could not know if the decisions made were appropriate.

Following the inspection the regional director informed us that coaching sessions had been organised through the local authority commissioners to ensure staff understood the requirements under the MCA. They also told us that best interest decisions already completed for service users would be reviewed by 26th June 2017 and then amended if required and all DoLS applications for service users that were being deprived of their liberty would be submitted by the end of August 2017.

Throughout the inspection we observed staff gaining people's consent before care and support was provided. A member of staff told us, "Not everyone can say yes or no so we have learnt to understand what they mean when they make certain sounds or by their behaviours and reactions." Another member of staff said, "We know we need to get consent before we support people, we don't make decisions for people. You get to know what people like and how they want things doing but we still always ask."

We saw evidence to confirm staff had completed training in a number of subjects to ensure they had the skills and abilities to meet people's needs effectively. We saw that staff were provided with opportunities to develop their knowledge through nationally recognised qualifications. An NVQ assessor told us, "Lots of staff have done the level two qualification and have moved on to the level three." They also said, "It is a pleasure to come here, the manager always asks for feedback, she wants to know how the staff are progressing and is really supportive of their development."

Staff told us they felt supported and received appropriate levels of supervision and appraisal. Their comments included, "I have regular meetings at least one every two months. They are really worthwhile. We talk about people; any changes in their needs or how we support them" and "We have regular meetings and appraisals every year." However, we saw that some staff had not received four supervisions during 2016, which was stipulated in the registered provider's policy. The registered manager explained, "We did not have a deputy manager for one of the units for part of 2016 and that's when staff did not have the supervision meetings." The regional director added, "We were aware of it and made sure the staff felt supported, they all know they could meet with the registered manager at any time."

People who used the service were supported to eat a healthy and balanced diet. There was a rolling menu in place and people were offered choices at each meal. The cook told us they were aware of and catered for people's dietary requirements. We saw that people received the support they required to eat their meals and the majority of people sat together to eat, which showed meal times were also used as social events.

We saw records that evidenced people received care, treatment and support from and were supported to attend appointments with a range of healthcare professionals. This included GPs, podiatrists, speech and language therapists, dieticians, learning disability teams, audiologists and diabetic nurses. This helped to ensure people received the most effective care and support to meet their needs.

Is the service caring?

Our findings

At our comprehensive inspection of The Birches - Care Home on 19 and 20 January 2017 we found that people received the care, treatment and support they required in a caring way. The rating for this key question was Good. At this inspection we found people continued to be supported in a dignified and respectful way caring staff. The rating remains Good.

People who used the service told us they were supported by caring staff. One person said, "The staff are kind, they make time for me and listen to me." Another person told us, "All of the staff are nice; my key worker is the best." A relative we spoke with commented, "I think all of the staff are very caring, you can see they are. When they interact with [Name] they are gentle and thoughtful."

We spent time observing the support people received at different times of the day. It was clear that staff had developed caring relationships with the people who used the service. They showed genuine affection for people during their interactions. A member of staff said, "I have worked here for 28 years. I have worked with some of these people for years and years how can you not care for them?"

A member of staff told us the way staff were consistently deployed allowed supportive and understanding relationships to be developed. They said, "We can cover in different units but we do tend to work on the same one. That means you see people all the time and you get to really know and understand them" and "We have people with quite profound learning disabilities but I know what they want when they do certain things or make certain sounds. After a while you just get it, you understand".

Throughout the inspection we observed people being supported in a respectful and dignified way. People's preferences for how care and support should be delivered were known and respected. A member of staff we spoke with said, "Dignity and respect is part of everything we do, I just treat people the way I would want to be treated or how I would want a member of my family to be treated." Another member of staff described the different ways they upheld people's dignity and showed them respect. They said, "I always close doors and curtains before I provide any sort of personal care. I always explain what I need to do before doing it; I knock on people's door and say who I am before entering and I try to be discreet when asking if people need to use the facilities."

People were supported to express their views in a variety of ways. The registered manager told us that they had worked together with a local advocacy service to enable the people who used the service to have their opinions heard at local authority partnership board meetings. They said, "The idea we had was that everyone could discuss things here at The Birches and then we would use an advocate to attend the meeting and speak on their behalf."

We saw that 'be heard meetings' were held regularly which gave people an opportunity to discuss aspects of their lives, such as developing skills and completing any training they were interested in. A team manager said, "We discuss all sorts in the meetings, what activities people want to do and what sorts if things they want to learn. We bought a washing machine and have it on the unit because people wanted to build some

daily living skills. It has worked well and really gives people confidence." This helped to ensure people's views were listened to and respected.

Private and sensitive information was treated confidentiality and staff understood their responsibilities in this area. A member of staff told us, "I think we all understand what happens on the unit stays on the unit. Obviously we have to discuss things with other staff on our unit but the other staff don't get to know."

Is the service responsive?

Our findings

People who used the service received personalised care that was responsive to their changing needs. One person told us, "I have meetings with my key worker and other people, like my social worker. They ask me about my care and if I am happy, I always tell them I am happy, because I am." Another person confirmed, "I have reviews." A relative we spoke with explained, "We come to any reviews or meetings, we come to everything we can actually. We are very happy with the care and are always contacted if anything changes or an accident, just about everything really, which is what we want."

We saw evidence to confirm pre-admission assessments were completed before people were offered a place within the service to ensure people's needs could be met. The registered manager told us, "This is a home for life so it is very important that we know we can meet people's needs, that they will fit in with the other people who live here and that they will be happy."

Information gathered during the pre-admission assessment along with any documentation supplied by the local authority and input from family members where possible, was used to develop a number of person centred care plans. The care plans that we saw contained information about people's needs, abilities, levels of independence and capacity. Numerous sections of people's care plans were written in an easy read format, this helped to ensure they were accessible to the people who used the service.

People's care plans contained information about their lives before they moved in to the service such as their family history, other important people in their lives, where they lived and grew up as well as any known hobbies or interests. Meetings were held regularly so people or their appointed representative could express their views about their care. This helped to ensure staff knew the people they were supporting and could deliver care in a person centred way.

The Birches - Care Home was designed and built to meet the needs of people with different abilities and levels of independence. All of the four units were on the ground level, had wide corridors and entrances to communal lounges, dining areas and bathrooms, which enabled people in wheelchairs or specialist mobility chairs to move around freely. Wet rooms had been created so they could be easily accessed and offered people more choice around their personal care needs. A range of equipment was utilised within the service to promote choice and independence and a mini bus was available to ensure people could access the community and local places of interest.

Photo collages were displayed throughout the service showing people enjoying a range of activities. A person who used the service said, "I do lots of things. I do gardening; I grow vegetables and do the weeding." They also said, "We go out in the mini bus which is great." During the inspection several people told us they were attending the local theatre that evening and were excited about the show. A member of staff said, "There is a large group of us going tonight, some of the staff have given up their spare time to make sure everyone who wants to go can do. We are as excited as they are."

The registered provider had a complaints policy, which was provided to people at the commencement of

the service. People we spoke with confirmed they understood their rights to make a complaint or raise any concerns they had about their care and treatment. One person said, "I know I can complain if I want to." Another person added, "I would tell my keyworker if anything upset me."

Records showed that the service had received very few complaints, however, the registered manager told us, "Someone did raise a concern about internet access recently, which I dealt with as a complaint." We saw that the complaint was logged on to the registered provider's internal IT system so it could be viewed and tracked by the senior management team. The regional director said, "All of the complaints go on to the system and we can see how they are progressing and make sure we respond in line with our policy."

Is the service well-led?

Our findings

People who used the service told us they thought it was well-led. Their comments included, "I am happy here, I wasn't sure if I would be but I am, there is lots to do and I wouldn't change anything", "I like the manager, she does a good job" and "I think the service is well-led, we can do anything we want and there is always someone here to help us." A relative we spoke with said, "We think the service is very good, the manager is approachable; she listens and does a very good job."

At our inspection on 19 and 20 January 2017, we identified a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider failed to operate effective governance systems that highlighted shortfalls and ensured action was taken to rectify shortfalls in a timely way. We issued a warning notice for this breach.

At this comprehensive inspection on 24 and 25 May 2017, we found the service had made satisfactory improvements in relation to the requirements of Regulation 17 described above and was compliant with this regulation.

The governance and quality assurance systems operated within the service included audits, checks, monitoring and questionnaires. The registered manager told us, "We have created more audits and introduced new checks since the last inspection, whenever we have identified issues we have taken action." The regional director added, "There has been a lot of hard work from the manager and the team and I think it has paid off" and went on to say, "As an organisation we have looked at our governance and are making changes, for example the new quality and compliance audits have just been agreed; they are outcome based and linked to the CQC regulations."

We saw evidence to confirm a wide range of audits were undertaken on a periodical basis in areas such as complaints, cleaning tasks, care plans, people's weight, pressures area care, re-positioning charts, safeguarding information and accidents and incidents. The registered manager told us, "I analyse all of the information and look for patterns and trends." However, the quality assurance systems failed to identify the inconsistencies in the application of the Mental Capacity Act. We discussed our concerns with the registered manager and were told that due to care plans be reviewed in isolation this issue had not been identified. They provided assurance that an internal audit would be developed to prevent any reoccurrence.

A range of medication audits and stock balance checks had been introduced since our last inspection, which provided assurance that medicines were managed safely. The service's supplying pharmacy had recently conducted an audit of the service's medicines management. The minor concerns that had been highlighted were actioned in a timely way. This provided assurance that medicines were stored, administered and disposed of in line with best practice guidance.

The registered manager was required to input specific information on the registered provider's internal IT system so that it could be viewed by the registered provider's senior management team. The regional director told us, "We monitor all of the services and when incidents have occurred we reviewed them to

make sure appropriate action has been taken." This helped to ensure that the registered provider was involved with and took responsibility for the day to day management of the service.

Records showed that team meetings were held regularly. Discussions were held regarding people's care, their changing needs, activities, staff training and any other business as deemed appropriate. Providing staff with an opportunity and suitable forum to discuss their concerns was empowering. A member of staff explained, "We have regular meetings and we can say anything we want, the [registered] manager doesn't control what we say, we are all open and honest with each other." Another member of staff said, "The [registered] manager is very approachable, if I need to speak to her about anything she makes herself available."

The registered provider's values were clear and the quality improvement plan that was in place showed their commitment to delivering high quality care. Pledges had been made around set outcomes such as services being person centred, appropriate and aspirational, people being cared for safely and protected from harm, skilled staff teams being supported and delivering compassionate care, suitable business development and innovation.

As required under the terms of their registration the registered provider ensured the service was managed by a registered manager. The registered manager was aware of and fulfilled their responsibilities to report notifiable incidents to the CQC.