HC-One Oval Limited

Manor House Care Home

Inspection report

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Tel: 01487814333

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

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

Manor House Care Home accommodates up to 40 people in one adapted building over two floors.

This unannounced comprehensive inspection took place on the 17 April 2018. This is the first inspection since the provider was registered with the Care Quality Commission in January 2017.

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

People were not always safe at the service because the risk assessments did not always contain the most up to date information.

Suitable arrangements were in place to help safeguard people from harm. Staff knew what to do if a person made an allegation that they were being harmed or if they had any concerns about anyone's safety.

People were looked after by adequate numbers of staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were looked after by staff who were trained and supported to do their job.

People were helped to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Most care plans were in place detailing how people wished to be supported and had been produced jointly by staff with people living in the service. Staff were knowledgeable about the needs of people who lived at the Manor House Care Home. People and or their relatives had agreed and were fully involved in making decisions about their care and support.

People were treated by kind, respectful staff who enabled them to make choices about how they wanted to live.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health and nutritional needs were met.

People were involved in the running of the service. Regular meetings were held for the people and their relatives so that they could discuss any issues or make recommendations for improvements to how the service was run.

There was a process in place so that people's concerns and complaints were listened to and were acted upon.

There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action was taken where improvements were identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risk assessments did not provide full information to ensure that staff knew how to reduce risks to people.

There were enough staff to ensure that people remained safe and received their care in a timely manner.

Staff understood their roles and responsibilities in ensuring that people were protected from harm.

Is the service effective?

Good

The service was effective.

Mental Capacity Act assessments and best interests' decisions had been made for people in line with the legal requirements.

Staff were trained and supported to ensure they followed best practice.

People had choice over their meals and were provided with a specialist diet if needed.

People were supported to access all healthcare services they required.

Is the service caring?

Good

The service was caring.

People were supported by caring, kind and respectful staff who knew each person and their individual needs well.

People and their relatives were involved in planning their care and support and staff showed people that they mattered. Visitors were welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to take part in activities.

End of life care was discussed with people to ensure their wishes were known.

Complaints and feedback was listened to by the registered manager and acted upon.

Is the service well-led?

Good

The service was well led.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

Manor House 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 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 on17 April 2018 and was unannounced. The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed 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. We reviewed the PIR and other information we held about the service. This included notifications. A notification is information about important events which the service is required to send us by law. We also asked commissioners for their views on the service

We spoke with 14 people living at the service who were able to give us their verbal views of the care and support they received. We also observed care throughout the inspection.

We spoke with eight staff, the registered manager, the deputy manager, one nurse, a senior care worker, three members of care staff and the chef. We spoke with three relatives and received feedback about the service from a GP via the telephone.

We looked at care documentation for three people living at the Manor House Care Home, medicines records, three staff files, staff training records and other records relating to the management of the service such as audits and service records.

Requires Improvement

Is the service safe?

Our findings

People and their families told us they felt safe at the Manor House Care Home. One person said, "I do feel safe, the staff are friendly and look after me well." Another person told us, "I do feel very safe, [the] staff are all good and the manager keeps an eye on what's going on." A relative said, "[My family member is] entirely safe here, it's a great relief to know that they are being looked after."

We found that people were not always kept as safe as they could be. The registered manager said that audits had shown that care plans, risk assessments and information in some people's files were not always correct or up to date and we saw that was the case. One staff member told us they kept people safe because, "I stick to the care plan. (Although these were not all up to date and accurate) I make sure the clients are happy and I know the risks. I make sure they are treated as they should be." This meant that staff could put people at risk because the information they had was incorrect.

On one person's file we found there was no information about how to communicate with the person. The nurse told us that the person was unable to communicate in any way and that all the person's needs were provided for after discussion with a family member. However, we spoke with three members of staff who told us the person was able to communicate their needs through facial movements, a nod of the head and sometimes verbally with, "Yes". Staff said the person was able to indicate when they were in pain and this would be referred to the nurse on duty to administer pain medication.

One person's relative told us that they used to feed their family member small amounts of ice cream and tea. This had stopped some weeks ago when the person had choked. However, there was still information in the person's file to say the person could have small amounts of ice cream and tea. The registered manager agreed the person was no longer able to swallow safely and the information was not up to date. This could put the person at risk of harm of choking.

In one person's file there was a record of their (health condition). However, there was no information for staff to know when to raise any concerns to the nurse in charge. We saw that there had been times when the person did not have any bowel movements for four days but there was no information of the impact on the person or what staff did. The person usually regularly passed stools up to three times a day because they were on a food system that provided nutrients into the stomach.

Staff were aware that the provider had a safeguarding policy. Staff had received safeguarding training and they told us they were confident of the action to take and who to contact if they had any concerns that a person was at risk of harm. One member of staff said, "I would have no hesitation contacting the [registered] manager if I had a concern or I identified some unknown bruising." All staff felt that the registered manager would take any action that was necessary to protect people from harm.

Staff who had been trained, administered people's medicines. There were regular training updates to ensure practice was up to date and staff were working to current pharmaceutical guidance and legislation. Observations showed that staff administered medicines with patience and gave people an explanation of

what they were taking and why.

Medicines were stored appropriately and records showed that room and fridge temperatures were within an appropriate range. An up to date staff signature sheet was available which meant staff who administered medicines could be identified. Medication records had been completed appropriately. One person said, "Yes I have quite a few tablets; staff do [my medicines] and always ask if I need painkillers." Another person told us, "[Staff] do my tablets, usually on time." One relative told us, "[Staff] administers [family member's] mouth and put eye drops in regularly."

Where people were prescribed creams, the records for these were held in each person's room. Care staff said they administered people's creams when providing personal care. In one file we saw that information about the application of creams had not always been provided for staff and that staff had not administered the cream according to the chart. For example there was a body chart that showed where [name of cream] should be applied two to three times a day. The records showed that the last time the cream had been applied was on 15 April 2018. Another cream gave no details of where the cream should be applied or how frequently. There were no details on the chart to show that this cream had been applied. Staff said they had not provided the personal care for that person on the day of inspection but said they would have reported these sorts of issues to the nurse in charge.

There was a mixed response about the staffing levels. People's comments included, "Staff are busy in the morning; I sometimes have to wait a long time for them to answer my bell, I just keep buzzing it." And, "[Staff] usually answer the bell quickly." And, "The call bell, what a pain. We all want [staff] at the same time in the morning. It's a bit better recently as there seem more staff around." Staff told us that the level of staff on duty was sufficient to meet people's needs. One staff member said, "It can get a bit hectic sometimes and we don't always have time to sit and talk to people as personal care always comes first. [If staff ring in sick] the management ring round to cover if possible or they do [provide care] themselves." We heard calls bells being answered promptly on the day of the inspection.

The registered manager told us that they regularly assessed people's care and support needs and used a recognised tool to help them assess the staffing levels needed from people's assessed needs on a monthly basis. The manager told us that they would increase the number of staff if people's care needs changed. On the day of the inspection we found that there were sufficient staff to meet people's needs.

Appropriate recruitment checks remained in place to ensure that suitable staff were employed. Information received prior to a person starting employment included a criminal record check (Disclosure and Barring Service), checks of qualifications, identity and employment references.

Staff recorded accidents and incidents on a form and in people's care records. The registered manager analysed the information on the form at the end of each month, or before if necessary. For example, if a person was having frequent falls, they may require advice from another professional (falls advice team). This meant that any patterns or trends would be recognised, addressed and the risk of reoccurrence was reduced. Staff confirmed that any learning as a result of incidents that occurred was discussed in handover to reduce the risk of them occurring again.

We saw that the home looked clean and was free from malodours. Staff said they had completed training in relation to infection control and were aware of the personal protection equipment (PPE) such as gloves and aprons that were to be used when necessary. One staff member said, "We wash our hands a lot. We use PPE every day especially for washing people, changing pads and clearing up vomit. If someone has MRSA we use red aprons, clothing is 'red bagged' and separated from other people's clothing, and bedding is changed

every day." People were kept safe as far as possible from infection because staff understood the importance of following procedures to prevent the spread of infection.

Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use. Equipment including moving and handling equipment were also checked and serviced to ensure they were safe for use.

Good

Is the service effective?

Our findings

People's needs were assessed prior to being admitted to the service. This included an assessment of physical needs, mental health and social needs in line with up to date legislation and guidance. The initial assessment enabled a plan of care to be formulated as information for staff and was followed by ongoing assessments when people's needs changed.

Staff told us they were up to date with their training with some training being updated, such as moving and transferring, Fire training. Training in the use of thickeners for fluids. One relative said, "They [staff] all seem to know what they're doing. My [family member] needs two staff to turn them in bed and [staff] use the hoist. Every one of them were able to [use the hoist]."

Our observations showed that staff had the required skills and knowledge to meet people's needs. Members of staff all said they would be happy for a relative to be cared for at the service. Staff confirmed they received an induction when they joined the service and had been supernumerary (an extra member of staff) for a period of time. This was until the management team felt the staff member was confident and competent to deliver care. All staff spoken with said they had received training appropriate to their roles and gave relevant examples.

Staff told us that staff meetings took place regularly. Staff also confirmed they had regular supervision, but if they had any issues or concerns they could speak to the registered manager at any time. One member of staff commented, "I am supervised by [name of deputy] monthly. It's helpful but I can go straight to any member of the management if there are problems." Annual appraisals were to be held with each staff member. Deputy Manager told us a record of this meeting would be taken. It will be a two way (joint) conversation meeting with the staff member and the appraiser. Staff will have the opportunity to contribute to their performance review as well as looking at their future learning and development needs. A staff member said, "We are very well supported. There is no doubt about that." This demonstrated staff comments were valued and supervision was a two way process.

We observed the lunch service in one of the dining rooms. People were encouraged and supported to go to the dining room. The tables were laid with linen table cloth, napkins, place mats and condiments. There was a menu available on each table. One person came along to the dining room and brought a compact disc so they could play music through the lunch. People were enjoying the music and were heard them humming along. This helped create a positive social experience.

Meals were served from a hot trolley by the cook. They explained to us that people had made their menu choices the previous day. Meals were delivered quickly to individuals by one member of staff, who made sure each person on the table had received a meal before moving onto the next table. The member of staff provided support as required and displayed knowledge of people's individual dietary needs. Gravy was served from a separate jug to each resident, giving choice as to how much was needed. Portions were generous, well presented and each person was warned that the food was hot. People ate and chatted happily and commented to each other that the food was nice and hot. Staff provided one person who

required support to eat with appropriate assistance. Staff offered another person a clothes protector which they gladly accepted because they didn't want to spill on their clothes. The member of staff remained in the dining room, topping up drinks, prompting people to eat and cutting up food where needed.

The cook then served people who had remained in their rooms. The meals were taken on a tray and each had their own gravy boat to give people a choice. When people were finishing their meal the cook re-entered the dining room and said, "How are my ladies, would anyone like seconds?" They went to each table in turn and received positive comments. One person said, "On the whole it's good with a selection [of] fresh veg every day. The cook is excellent and always communicates." Another person told us, "[The] food is good, nice and hot." Plates were all cleared before puddings were served, no-one was rushed, and several people had extra helpings of pudding.

A choice of cold drinks, including milkshakes, were available throughout the day. There was also a large bowl of fruit which was available on the sideboard for people to help themselves

Staff said they monitored some people's food and fluid intake. They told us that they completed charts for the first week each new person who came to stay in the home to monitor how they were doing. If the person was eating and drinking well then the charts were stopped. We saw that staff monitored people's weight and general health and staff introduced the charts if necessary.

Staff in the kitchen said that they were always kept updated with any special requirements in relation to people's diets. The chef told us about the people who need fully liquidised meals had plates which are sectioned to prevent the food mixing and those who require food that is fork soft. Kitchen staff are provided with information of people who cannot be left to eat and drink independently and so care staff provide those meals and drinks separately. This meant people received the foods and drinks they required.

Staff worked together with various professionals in implementing people's care and treatment. We saw regular visits from the GP took place. One person said, "[Staff] call [my] doctor in if I'm unwell." Another person said, "I have been to my hospital appointment today." A relative said, "The doctor does come and it was their doctor at home previously so it's good for continuity." Another relative told us, "[The] doctor came out as [my family member wasn't] responding to antibiotics. The staff always make sure the nurse comes to see [my family member] first then the doctor is called."

The building was well maintained, with a good standard of decoration. Wheelchairs and moving and handling equipment were stored safely and did not pose risk to people's movement around the service.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People living in the home had their capacity to make decisions and consent to their care assessed appropriately under the MCA and recorded. DoLS applications had been made to the local authority. Staff said they had received training and understood the basic principles of the MCA. Information in people's care plans had not always shown how the MCA impacted on them. However, staff told us how they provided care that was in the person's best interest and as least restrictive as possible. One member of care staff said, "Yes we have some people on DoLS. I ask [other staff] if I'm unsure about anything. Best interest is about what [people living in the home] want and how we can meet [those needs]." The member of staff gave us an example of one person who wanted to go out but was on DoLS. They went out because staff were able to

support them to go into the community and attend a local event.

Good

Is the service caring?

Our findings

People who lived at Manor House Care Home and their relatives told us they were happy living there. This was because they felt well cared for by a committed staff and management team. Comments from people living at the service included, "Staff are very good, I'm very happy", "I'm well looked after" and, "The staff are all good, I try to remember their names as they always call me by my name." One relative told us, "[The staff] are brilliant. We're reliant on staff and there's not one I don't trust [to provide the care needed for family member]. I come every day and [staff] don't walk past anyone without a quick word. They're genuine. I never come in here wondering how [family member] will be. [Staff] talk to me. They show dedication, they don't do it for the money. They always ask me if I'm okay and do I need any help. I like to see a happy workplace. I wouldn't want [family member] anywhere but here." This relative also said that they had recommended the home to people because of the care and support they and their relative had received.

People told us that their relatives were welcomed to the service by staff at any time. We were told they were always offered hospitality. One member of staff said, "It's really nice here and homely. I tell people to come in and have a coffee and see us."

Staff had a good understanding of protecting and respecting people's rights and choices. We observed staff had a sensitive and caring approach throughout our inspection. A staff member said, "We need to respect each person as an individual." Where possible people's life histories were taken on their admission to the service. Staff were knowledgeable about people's backgrounds and past history. Staff stored people's information securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Systems were in place to ensure people's privacy and dignity was upheld. For example, people had their own rooms and doors were closed when personal care was being delivered. One person told us, "[Staff] generally knock and my door is usually open. When I have a wash they cover me up and close the door." Another person said, "If I'm having a wash I don't get disturbed, the curtains are closed and [staff] use towels to cover me."

Staff understood the importance of promoting people's independence and reflected this in the way they delivered care and support. One staff member said, "We always encourage people to do what they are able to do themselves." One person told us, "[Staff] know I like to wash myself as far as I can, they pass me the flannel and I wash where I can reach, they do the rest, they don't rush me, I can take my time." Another person said, "I'm treated as an individual here."

People were relaxed and comfortable with each other and the staff around them. People were assisted by staff in a patient, respectful and friendly way. Staff frequently checked on people's welfare, especially those that remained in their own rooms. Records recording any daily interventions supported this. We saw staff always had time to stop and engage with people. People were relaxed in the presence of staff which put a smile on people's face. One person said, "[Staff are] flexible, good at communicating with me and they know me." This demonstrated staff member's patient and caring approach. One relative said, "It's brilliant here.

[Staff] are kind and genuinely care for [family member]. They often give them a hug. I'm never worried and they are happy here."

People said they were involved in their care and decisions about how they were being supported. People were encouraged to make decisions about their care, for example when they wanted to get up, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in developing their care plans and being part of the review. One person told us, "I go to bed when I want." Another person said, "I feel I have some power to make decisions'. I have freedom."

The staff clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, they described peoples care and support needs and how they communicate with people who had limited communication skills.

Information about local advocacy services was available to support people if they required assistance. Staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs and were available when they needed them. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner. One person told us, "Staff are quick to respond if you're not feeling well. They will always explain what they are going to do like calling the doctor."

Prior to people moving into the service, they all had their needs assessed to ensure the service was able to meet their needs and expectations. Most people and their families were involved in the development of care plans where appropriate. Care records contained life history information and care staff demonstrated they knew people well. We found that the care files provided adequate information in most areas so that staff could support and meet most of the people's needs. We did note that one person who had a short term medical condition there care plan did not reflect their current needs. Staff although were able to tell us how the persons needs were being met. The registered manager and nurse agreed that the information was not sufficient to help staff meet the person needs. They agreed they would take action to ensure that this area was addressed immediately. Daily care notes were completed by staff who were providing the care each day. As well as the handover at the start of each shift, the daily notes provided staff coming on duty with a quick overview of any changes in people's needs and their general well-being. Most people told us they were involved in their plan of care. One person who is in on short term care told us, "I'm discussing going into care longer term. I feel involved and my son discussed it with the nurse." Another person told us, "I can look at [my care plan] but I don't. Staff discuss progress with me." A third person told us when we asked about the care plan, "[I've] not seen any plans but [staff and I] discuss things (care needs) on a day to day with me anyway."

People and relatives had mixed views about the activities available at the service. One person told us, "I don't do anything in here. I sit alone most of the day." Another person said, "I stay in my room I like being in here. I have been to the lounge a couple of times. I prefer to sit and look outside at the birds and the wildlife." Other comments included, "I do quizzes and like the keep fit. I have a manicure and hairdresser comes regularly. It's good." "I read a lot and chat to other residents. I take part in the quizzes that the staff do." A relative commented, "[My family member] joins in all sorts of things, mostly exercises, crafts and bingo. [Staff] have helped me to organise everything for their big birthday tomorrow. They organised the cake, music and staff got into the excitement of it all." Another relative said, "It's a great village atmosphere in here." Activities had been an agenda item on the recent 'resident/relative' meeting and people had given suggestion of the activities they would like to do. The registered manager had told us they were in the process of recruiting an activity co-ordinator. There were volunteers who provided people with activities as well as external entertainers.

The provider had a clear complaints policy which made sure all complaints and concerns were fully investigated and responded to. The policy was displayed within the service and people received a copy when they moved in. Where complaints had been made the deputy manager told us they would meet with the complainant to make sure they fully understood their concerns. The records showed that complaints were dealt with in line with the provider's policy. One relative told us that they would "talk to staff if they

wanted to raise any concerns or complaints." Another relative said, "I've not had any occasion to go to [name of registered manager] to complain. I ask the staff and things get done."

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health staff had clearly identified these in people's care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. One member of staff told us that one person did not want to be left alone. The staff ensured the person had that support 24 hours a day until they died.

Good

Is the service well-led?

Our findings

The service is required to have 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. The service had a registered manager in post although they were not available for this inspection. People, relatives and staff told us the registered manager was approachable, listened and acted on information that was presented to them. One person said, "The [registered] manager's always about, she seems very organised. The staff have lists of the jobs to do." Another person told us, I see [the registered manager] on and off, she's often busy in the office. She always comes round at lunchtime and I can ask to see her if I want to talk to her." One staff member said, "[Name of registered manager] is very fair. She always listens and helps when necessary." Other staff agreed that the registered manager was available and did undertake some shifts, especially if there were not sufficient staff on the floor.

Services are required by law to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager and staff team told us they were very proud to be part of a team that delivered a good level of care to people.

People and their relatives had the opportunity to give their views on the quality of the service provided. There were regular meetings for them to attend with the registered manager. One person said, "There are residents meetings where you can give feedback, I just tell people what I think without needing to go to meetings." One relative told us, "I have been to meetings in the past. I have had a few niggles but nothing of any importance. I feel that I can talk openly. I had a survey to do about a year ago, so I expect another will be out soon." Another relative said, "A questionnaire has come through the post asking my opinions on the home, there are also residents meetings but I haven't been." Relatives are also able to provide feedback on the 'Care Homes UK' website. Comments included, 'I enjoyed my stay at The Manor, all the staff are very kind and caring. Thank you for the care, love and attention given to my [family member] during their final months in the Manor House Care Home. I cannot praise all the staff enough. Their friendliness and support for us the family was very much appreciated and nothing was too much trouble when it came to the needs of [family member]. It was a great comfort to us to know [my family member] was comfortable and peaceful at the end [of their life]. God bless all the staff' and, 'The staff are very friendly and caring. I have every confidence that my [family member] is in safe hands. Nothing seems too much trouble for the staff; they are a credit to their profession.'

The registered and deputy manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals.

Staff told us that there were staff meetings, which at the moment were mainly about the changes of provider and the new provider's expectations. Staff confirmed that minutes of meetings were kept in the registered managers' office. The minutes were available for any staff but ensured staff who had not attended the meeting were kept up to date.

The provider had a system in place to monitor the quality of the service staff delivered to people. Senior staff and managers undertook a number of audits of various aspects of the service to ensure that where needed improvements were made. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and undertake a quality audit on a monthly basis. Areas for improvement had been noted by the registered manager and actions were underway to address these. For example, some care plans require further information to be added.