Larchwood Care Homes (South) Limited

Hollies

Inspection report

Reading Road
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Reading
Berkshire
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Tel: 01189832254

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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

This inspection took place on 20 and 21 September 2016 and was unannounced.

Hollies provides accommodation for up to 58 people who require personal and nursing care due to age or frailty. Some may be living with dementia.

At the time of the inspection there were 52 people living at the service and there was a registered manager in post. 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 received high quality care from staff with the appropriate skills and knowledge to support them in a safe and effective manner.

People were treated with kindness and shown compassion. Their privacy and dignity was respected and maintained by the staff.

People, and when appropriate, their relatives were involved in planning the care they required. Staff encouraged people to communicate their wishes and maintain their independence. They respected the choices people made.

People had their right to make decisions protected. Staff had received training and understood their responsibilities in relation to the Mental Capacity Act 2005. When people's freedom had been restricted for their own safety appropriate authorisations were in place under the Deprivation of Liberty Safeguards.

A full and varied programme of activities was available. People were supported to take part in those of interest to them. Outings were organised regularly and people were encouraged to maintain links with the local community. Visitors were always welcome and people were encouraged to maintain relationships important to them.

Staff were well supported by the registered manager and provider. They received regular training and met frequently on a one to one basis with their line manager to discuss their work. Annual appraisals and regular staff meetings also provided valuable staff support.

Staff were knowledgeable with regard to safeguarding people and understood their responsibilities. They were confident any concerns raised would be dealt with promptly.

People were provided with a choice of food and drink which they enjoyed. When necessary their nutrition was monitored to help ensure their well-being. Staff supported people to eat and drink in an unhurried

manner.

People received appropriate support to maintain their health and well-being. Health and social care professionals were contacted promptly and appropriate referrals were made when people required specialist support.

The atmosphere within the service was open, calm and friendly. People, their relatives and staff found the registered manager approachable and supportive.

A programme of checks and audits was carried out by the registered manager and provider to monitor the quality of the service and make improvements. People were asked for feedback on their experience of the service and any concerns were addressed appropriately.

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.

Staff protected people from abuse and understood their responsibilities to safeguard them.

People felt safe and individual risks were assessed. Appropriate actions were taken to minimise any risks identified.

Medicines were managed and administered safely.

There were sufficient staff to meet people's needs.

Recruitment checks helped to ensure people were cared for by suitable staff.

Is the service effective?

Good

The service was effective.

People had their right to make decisions protected in accordance with relevant legislation. Staff supported them to make decisions about their lifestyle.

Staff received support in their roles through training, supervision and appraisal. They felt confident to seek advice and guidance from the registered manager.

People's health and nutritional needs were monitored and met effectively.

Is the service caring?

Good

The service was caring.

People said they were happy. They were treated with kindness and compassion. Staff demonstrated understanding toward people and interacted in a caring manner.

People's privacy and dignity were respected.

Staff supported people to be as independent as they could or

wished to be.

Is the service responsive?

Good

The service was responsive.

Assessments and care plans provided the information staff needed to be responsive toward people's needs.

The programme of activities was varied and provided opportunities for people to maintain links with the community. People chose to join in activities if they wished to.

People and their relatives knew how to complain if they were not satisfied. They felt concerns would be addressed promptly.

Is the service well-led?

Good

The service was well-led.

The registered manager was known well by people and staff alike. They all felt she was approachable and open.

There was a friendly open and positive culture which encouraged good communication.

Staff spoke highly of the support given by the registered manager, they felt valued and trusted.

The quality of the service was monitored and opportunities were taken to make improvements.

Care Quality Commission

Hollies

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 on 20 and 21 September 2016 and was unannounced. The inspection was carried out by one inspector.

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 all the information we held about the service. This included previous inspection reports and notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they are required to tell us about by law. We contacted the quality and performance team at the local authority and requested feedback from other professionals with knowledge of the service.

During the inspection we spoke with six people who use the service and seven relatives. We also spoke with nine members of staff including the registered manager, the regional manager, a registered nurse, three care staff, a kitchen assistant, an activity co-ordinator and the maintenance officer. 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 the lunch time activity on both days of the inspection and watched people taking part in group and individual activities. We reviewed six people's care plans and related documents including medicine administration records and four staff files including recruitment records. We also looked at staff duty rotas, quality assurance surveys, audits and a selection of other documents relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Hollies and relatives said they had no concerns about the safety of their family members. One person said, "Oh yeah, safe. No problems here." While a relative commented on the reassurance they felt about their family member being "in a safe place". Others told us they had no worries or concerns about their safety and staff "knew how to keep them safe".

Staff were knowledgeable about their responsibilities to safeguard people. They were provided with training which was refreshed regularly. Staff were able to describe signs that may indicate if someone had been abused such as unexplained bruising or changes in a person's behaviour. They went on to describe what they would do in such circumstances or if they had any concerns at all about a person's well-being. It was clear they knew the appropriate reporting procedures and were familiar with the provider's policies on safeguarding people and whistleblowing. They told us they were confident that concerns would be followed up and reported by the management team. However, they all knew they could report concerns outside the organisation if this was necessary and gave examples of agencies they could refer to such as the Police, Social Services or The Care Quality Commission. Guidance with regard to safeguarding people and whistleblowing was displayed throughout the service.

Staffing levels were determined according to the needs of the people using the service. A detailed dependency tool was used to help assess people's needs and a risk assessment tool calculated how many staff hours were required to provide safe care. This was reviewed monthly. People using the service, their relatives and staff all told us they felt there were enough staff. People told us they were not rushed and call bells were answered promptly during the inspection. The registered manager told us there were two qualified nurses on duty throughout the day supported by at least eight care staff in the mornings and six care staff in the afternoons. At night, two qualified nursed were supported by a minimum of three care staff. In addition to the care staff an activity co-ordinator worked each day along with housekeeping, catering and administrative staff. We reviewed a sample of the duty rota and saw minimum staffing levels had been maintained over the previous four weeks.

The registered manager told us that agency staff were used on occasions when shifts could not be covered due to illness or staff leave. However, they mostly covered shifts with their own staff or the provider's 'bank staff'. When agency staff were required a regular agency was used and every effort was made to have consistent workers from the agency. Appropriate records were kept for agency staff with regard to their recruitment and training.

People were cared for by staff who had been recruited safely. Recruitment checks were completed prior to employment and included the completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were sought from past employers to check on previous performance. These were verified before the applicant was offered employment. We reviewed the recruitment records of the last four staff recruited. In two of these files, gaps in employment had not been explained. This had not impacted on people using the service, however, we raised it with the registered

manager. They undertook to seek a full employment history with explanations and sent us evidence the day after the inspection confirming this had been completed. All other recruitment information required was available on the files. Personal identification numbers (PIN) for registered nurses were checked quarterly to ensure their registration remained valid.

Risk assessments identified individual risks relating to people who use the service and where appropriate, nationally recognised tools were used to complete the assessments. These included those associated with falls, skin integrity and malnutrition. Risk management plans formed part of the care plan and provided guidance for staff to follow and provide care in a safe manner. Risk assessments were reviewed monthly or whenever a change in a person's condition occurred. For example, where additional equipment was required to reduce the risk of falls or to maintain the integrity of a person's skin.

Health and safety risks associated with the building and the environment were also assessed. They included those related to fire, use and maintenance of equipment, food hygiene and infection control. There was a clear schedule of checks made by the maintenance officer who monitored many of the risks associated with the environment. We saw that action was taken to remedy any faults or issues identified by these checks. For example, an issue had been noted with an electric hoist, this had been disposed of and replaced. There was a dedicated maintenance officer who had worked for some years at the service and knew the building very well. They were responsible for completing routine remedial work. During the inspection we saw the maintenance officer carrying out work that had been requested and staff told us this was generally completed promptly. People also made requests for work to be completed in their rooms, for example, one person had a new TV and required a bracket on the wall. People told us the maintenance staff went out of their way to do what they wanted. The provider used outside contractors with the required competence and knowledge to maintain specialist equipment. This included equipment such as passenger lifts, hoists for moving people, electrical appliances and fire safety equipment.

Staff were aware of the actions to take in an emergency and told us they took part in fire drills. People had personal emergency evacuation plans (PEEP) detailing the assistance they required to be evacuated safely including the number of staff required to assist them. The provider had a clear contingency plan detailing actions to be taken by staff in the event of an emergency. This provided information on who to contact and alternative accommodation if it was required.

Accidents and incidents were recorded, investigated when necessary and monitored for emerging trends. The registered manager described the type of trends they looked for, these included the time accidents took place, where accidents occurred, types of footwear being worn at the time of falls and people involved. This analysis was reported on and when necessary the registered manager took action such as reassessment of mobility or increased monitoring. Details of accidents were kept in individual care files and cross referenced to the care plan.

The provider had a comprehensive medicines policy. All medicines were managed by registered nurses who follow the Nursing and Midwifery Council guidance. Their competency to manage medicines safely was tested annually. Medicines were all stored appropriately in locked trollies secured to the wall, fridges or cabinets. Temperatures of the storage areas were monitored to ensure medicines were kept at an optimum temperature. A monitored dosage system (MDS) was used for administration of most prescribed medicines which were ordered on a 28 day cycle. MDS is a system where medicines are provided in blister packs prepared by a pharmacist. Medicine administration records showed people received their medicine when it was required. We saw where people wanted to have their medicine at a particular time to suit their lifestyle this had been discussed with the prescribing GP and recorded in their care plan.

Where people required medicines to be given 'as required' (PRN), protocols had been written and were in place for each person. This ensured staff were aware of when and for what reason these medicines should be given. Staff were familiar with signs that may indicate a person needed this medicine even if they were unable to ask for it themselves. Unused medicines were disposed of in accordance with the provider's policy and a record kept. An internal audit of medicines was conducted monthly and periodic audits were carried out by the community pharmacist. The registered manager reported the service had a very good relationship with the pharmacist who also provided updated training for staff in the safe management of medicines.

Good

Is the service effective?

Our findings

People were supported by staff who were knowledgeable and had received training in order to meet their needs. Staff completed an induction when they began working at the service and then spent a minimum of two weeks shadowing experienced staff to gain confidence in their role before working independently with people. Staff told us they completed computer based training initially when they first joined the service. This was then reinforced with face to face teaching sessions which they said they found very valuable. New staff completed the care certificate and were then offered the opportunity to progress on to complete a recognised qualification in Health and social care. Records showed 11 care staff had completed a qualification. Three senior staff held trainer qualifications in moving and handling. This meant they were able to train and guide other staff on issues relating to this. During the inspection these senior staff were undertaking a refresher course to update their own skills.

People told us they felt staff had good knowledge and one said, "Yes, they know what they're doing." A relative told us, "Staff are on the ball here and seem to be well trained." Staff spoke positively about the training they received and one commented, "They're very strict about training here." Another told us "training is always going on, they keep us up to date." The provider employed a dedicated training manager who worked with the registered manager to ensure appropriate and regular training was provided. In addition to core subjects which the provider considered mandatory, staff were also provided with training in areas related to the people they cared for such as dementia awareness. The registered nurses were given opportunities to take part in continuous professional development activities. These were necessary to retain their registration with the Nursing and Midwifery Council.

Staff were provided with the opportunity to have regular individual meetings with their line manager every two months. Staff told us these meetings were useful and said they were used to discuss work related issues and training they may require. Annual appraisals were also held to look back over the previous year and plan for the next. One member of staff told us this was very important to them as they wanted to progress in their career and it helped them plan. They added that they felt well supported and encouraged in their role.

Regular bimonthly meetings were held for different staff groups. These included heads of departments, health and safety, registered nurses and care staff. They provided an opportunity for information sharing and for staff to express their views and discuss ways to improve practice. Staff told us they were given the chance to raise issues or offer suggestions during these meetings and said they felt listened to. One commented, "They are very useful, you all have time to talk, each one of us."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the

service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Training had been provided for staff in understanding the MCA and DoLS. Staff were knowledgeable about their role in protecting people's rights to make decisions and spoke about always giving people the opportunity to make their own choice. Staff sought people's consent before they did anything for them. We observed people were asked before staff offered assistance and choices were explained. We saw staff phrase options in different ways to try to help people's understanding of what was being offered. Mental capacity assessments had been carried out when appropriate. Were people did not have the capacity to make decisions, best interests meetings were held. Where others had the legal authority to make decisions on a person's behalf they sought evidence of that right. The registered manager and the senior staff had a good understanding of the requirements of DoLS and made referrals to the supervisory body when necessary. A tracking register was used to record the applications made, authorisations granted and any conditions applied as well as the review dates.

We observed the lunch time activity. This was seen to be a pleasant and social time with people chatting with each other while they waited to be served their meal. People ate quietly once the food was served and they appeared to enjoy their meal with a number of compliments heard such as "delicious" and "very good indeed". People were offered a choice of two main courses. However, one person did not want either of those options and requested something different which was promptly prepared for them. Another person ate their first choice and then said they would like some of the second choice as well, again this was quickly provided. People were offered second helpings if they wanted more. Catering staff were aware of people's individual needs with regard to diet and allergies. One person praised the catering staff for accommodating a special diet they required to maintain their health.

Staff provided assistance to people if necessary and gave encouragement to those who seemed less eager to eat their food. Staff engaged well with people while they had their meals and assisted them in an unhurried way. People appeared relaxed and comfortable, tables were nicely set, napkins were available and condiments were offered. People ate where they wished, some chose to eat in the dining room while others preferred to stay in their rooms. People who were nursed in bed were assisted by staff. We noted people always had drinks within reach and staff gave regular encouragement to people to drink enough fluid. When appropriate or where there were concerns about a person's fluid or nutritional intake, records were kept.

A nationally recognised tool was used to monitor if people were at risk of malnutrition. Where necessary people had been referred to specialist health professionals such as dietitians and speech and language therapists for advice on maintaining adequate nutrition. People's weight was recorded monthly or weekly if there was a need for closer monitoring and professional advice was followed. For example, supplementary drinks were provided and encouraged for those at risk of losing weight.

People's health care needs were met by staff who ensured they called the GP or other professionals when people required them. The GP visited routinely every week but was called at other times when people became ill or displayed concerning symptoms. Relatives told us the staff were prompt at getting a doctor if necessary and kept them informed if their family member was unwell. One relative commented that this helped to keep their mind at rest and stopped them worrying. One person described how they had been very ill when admitted to the service and said they were not expected to live. They attributed their improved health and well-being to the support they had received from the staff and the way they had worked with health professionals to aid their recovery.

Health professionals recorded their notes on people's care plans. These included the GP, community mental health professionals, dietitians and speech and language therapists. When people required hospital appointments they were often accompanied by relatives or friends but staff were available to support people in this way if they required it. People were encouraged and supported to have regular check-ups with dentists and opticians.

Good

Is the service caring?

Our findings

People received kind and compassionate care from staff. People and their relatives praised the staff. One person said, "The staff are very friendly, we are treated very well." Another commented, "Staff are a lovely lot and they have good humour." A third person told us, "The staff are all very helpful and very kind." A relative spoke about how their family member was expected to die when they first came to the service. They told us it was due to the care provided by the staff that they were "still here" and "everything's good about the care". They also told us they had good communication with the staff team and could speak to the registered manager at any time. They went on to praise the atmosphere in the service describing it as "homely and open". A healthcare professional commented that "staff work tirelessly to ensure people are happy and comfortable".

People were seen enjoying humour with the staff, they were laughing and smiling at various times throughout the inspection. People knew staff members very well and they shared jokes. There was a sense of fun which transmitted from staff to people and vice versa creating an atmosphere of people being at ease. A relative commented, "Whenever you see staff they are smiling, when she (their relative) sees them she smiles back, it says a lot."

Staff knew people well and told us they got to know people's personal preferences and individual care needs by reading the care plan and talking to people and their relatives. People's past life had been considered so that conversations and activities could reflect previous interests and hobbies. Cultural and religious needs were also considered and respected. Religious services were held regularly and people were supported to attend if they wished to.

Staff were considerate and sympathetic toward people, demonstrating this by their approach and the way they listened to people carefully. For example, one person spoke about a sick relative and was listened to and another was reassured about the transport for an appointment which arrived late. One person spoke about the kindness of staff and how they helped them to write to their family. They said this gave them great comfort.

Staff attended to people's needs in an unhurried manner and people told us they never felt rushed. The atmosphere in the service was calm and friendly, one person said, "It's lovely here and I'm well looked after." Relatives commented on the caring attitude of staff, one said, "You couldn't get better staff they look after [name] very well." Another told us, "They (staff) are wonderful, so kind, so lovely." We observed staff approaching people to check they were alright or to just have a chat or a joke. People responded positively to the interactions with staff, smiling and speaking to them with ease.

People's privacy and dignity was respected. Staff knocked on doors before entering people's rooms. They were heard checking with people that they were happy for them to do things for them and they gave explanations to people. For example, nurses explained what medicines were for and why people needed to take them and we saw care staff explaining the menu to people to enable them to make a choice.

People and when appropriate their relatives were involved in planning and reviewing their care. Relatives informed us they were always kept informed of any changes or concerns regarding their family member and said this helped them feel happy that they were receiving the care they required. One relative told us their family member had "got their life back since moving into Hollies", they added this was a great reassurance to them.

Staff encouraged people to be independent and we observed help and support was offered but not forced upon people if they thought they could manage something themselves. People were given the opportunity to discuss the care they would like at the end of their life if they wished. Where people had made specific requests these were noted in their care plan.

Good

Is the service responsive?

Our findings

Before people moved into Hollies their needs were assessed. This assessment formed the basis of their care plan which was then developed as they settled into and became accustomed to the service. Care plans provided guidance for staff to follow in order to ensure the care provided was responsive and met people's needs. They were reviewed regularly each month and amendments made as necessary to reflect people's changing needs. Healthcare professionals recorded their visits in people's care plans and any action required was cross referenced. When people required such things as fluid or nutritional intake to be monitored, charts were completed and checked by the registered nurses. Air mattress pressures were monitored and recorded twice daily to ensure they remained on the correct setting according to the person's weight.

Staff told us they were kept up to date with any changes in people's well-being and the care they required. A handover meeting at the beginning of each shift allowed time for each person to be spoken about individually and handover notes provided further information for staff to refer to. Staff told us they felt this handover information was very important and enabled them to provide the required care for each person.

Staff referred to making sure the care was always about what the person's needs were and how people wanted things done. They told us families were also very important and were involved as much as they and the people using the service wanted them to be. Families had provided information to assist the staff in getting to know people and understanding individual preferences and interests. Past histories relating to people's lives were detailed and staff commented on how useful they were to engage people in conversations and understand some of their personal preferences. For example, one person had been employed in a sport related job and continued to have a real interest in watching and talking about sport. Staff ensured important sporting events were noted and the person supported to watch if they wished.

The provider's complaints policy was displayed so they and their relatives were aware of how to raise concerns or complaints if necessary. People and their relatives told us they knew how to complain but said they had not needed to do so. They all said they could go to the registered manager and express any concerns they had. They told us they were confident things would be addressed promptly. One relative said, "I just go down to [name of registered manager] and tell her, she'll always put things right." The service had received three complaints in the last year. They had been investigated and responded to in line with the provider's policy.

Activity staff planned and delivered a full programme of activities. They told us they used people's personal histories to help guide them in providing appropriate activities. They encouraged people to carry on with old interests and hobbies if they wished to. Two activity staff were assisted by care staff and volunteers to support people with activities. The activity programme was displayed on a large board which people could refer to easily. The activity co-ordinator explained that they spent some time with every person during the mornings, they discussed choice of menus and generally found out how people were. Exercise sessions generally took place before lunch and for those people who were nursed in bed or chose to stay in their rooms, one to one activities were offered. Afternoons were generally given over to more group activities and

included games, quizzes and crafts.

Regular monthly outings were organised using the local 'Handibus'. On the second day of the inspection a trip took place to a country pub for lunch. We saw how people looked forward to this and there was a general 'buzz' when people were getting ready for the trip. Other outings included places of interest such as the Living Rainforest, Forbury Gardens and garden centres. Connections with the local Brownie group and the Salvation Army were maintained and the groups visited the service to chat and entertain people. Other activities included visits from animals such as a Shetland pony. The pony not only visited the general areas of the service but was taken to visit people in their rooms if they wished. We were told this was a particular favourite of people and seemed to bring joy and calmness.

Celebrations of seasonal events were organised such as a trip to the pantomime at Christmas and watching chicks hatch over the Easter period. People spoke positively about the activities planned and provided and said they were free to choose what they wished to join in with. A relative pointed out that their family member had become socially isolated before moving into the service and they were now joining in and socialising with others.

We used the Short Observational Framework for Inspection to observe an activity session. We saw people were interacted with and encouraged to take part in the activity. Staff provided support when necessary but allowed people to be as independent as they could be. The atmosphere throughout the activity was one of people having fun and being included in both the activity and conversations. There was a healthy competitive spirit as games were played and people appeared to enjoy joining in, to whatever level they could manage. Others watched the activities if they didn't wish to join in and contributed to the social conversations.

Good

Is the service well-led?

Our findings

The service benefitted from having a registered manager who had been in post for a significant period of time and had been registered with the Care Quality Commission since 2011. They had clear expectations and standards which they communicated to the staff and monitored carefully. Staff said they found the registered manager to be supportive. They told us they were comfortable to go to the registered manager with concerns or issues and were confident they would be listened to and action would be taken if necessary. They described the registered manager as approachable, one said, "[Name's] door is always open." A second member of staff said, "I can go to [Name of registered manager] or the nurses at any time. Meetings are great but there's never anything that has to wait (for a meeting)." Another commented on how supportive they found the registered manager and said they had experienced extra support when they had had a family problem. Staff also commented on feeling valued and being trusted to get on with their job. One member of staff told us this was important to them and gave them the desire to do their job to the best of their ability.

The culture in the service was relaxed, friendly, honest and open. There was good team working and staff got on well. Comments from staff included, "If it wasn't a good team I wouldn't be here.", "The team is strong, we enjoy what we do, everyone is caring and supportive." and "Everyone here wants to help, it's a good team atmosphere." A social care professional commented they had seen excellent interaction between the registered manager and the staff.

The registered manager and provider ensured people using the service, their relatives and staff were provided with the opportunity to give feedback on the service. Meetings were held bimonthly for people living in the service and relatives were welcome to attend if they wished to. People were encouraged to express their views and we saw people were listened to. For example, a recent suggestion of changing the way meals were served had been accepted and people said they were pleased with the change. Satisfaction surveys were also conducted and analysed. The last one conducted in March 2016 had returned mostly positive responses. Where any negative comments or suggestions for improvements had been made these had been noted and action taken. This included a meeting held with catering staff to discuss presentation of meals. Following this a separate food satisfaction survey was carried out.

The registered manager worked with the staff to maintain links with the local community. There were good relations with local schools, the Brownie pack and local churches who visited on a regular basis. Outings in the local area to garden centres and pubs helped people to maintain a presence in the community.

The registered manager and the provider's senior management team completed a series of audits and quality assurance checks to monitor the quality of the service. These included infection control, health and safety and care plan audits. In addition the registered manager carried out observations of staff working in relation to moving and handling and safeguarding people. Audits were reported on and when necessary action plans drawn up to address any identified issues. These were followed up during quality assurance visits carried out by the provider's regional manager.

Records relating to the service were accurate and up to date. They were kept securely and in a confidential manner. The registered manager sent notifications to the Care Quality Commission as required by law in a prompt and timely manner.