

Delphside Limited

# Avondale Mental Healthcare Centre

## Inspection report

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Date of inspection visit:  
20 December 2016  
22 December 2016

Date of publication:  
10 March 2017

## 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 22 of December 2016. It was an unannounced on the first day and announced on the second.

Avondale Mental Health Care Centre offers support for up to 54 people whose needs are associated with their mental health. There were 45 people in residence on the day of our visit. Staff provides support for adults of all ages which included 24-hour long-term care, short-term care respite and assessment periods. Avondale is a purpose-built building, in a residential area of Whiston which is close to public transport routes.

The service had 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.

At the last inspection on the 23 and 29 of March 2016 there were five breaches of regulation in relation to people receiving person centred care and having their independence promoted, for suitable arrangements and documentation relating to consent of people living at the service to be in place and to ensure that care and treatment was provided in a safe way. The registered provider did not have suitable arrangements to assess and improve the quality of the service they provided and they did not have sufficient arrangements in place to ensure that the staff were suitably qualified, competent and skilled to meet the needs of the people living at the service. We asked the registered provider to take action to address these areas.

After the inspection, the registered provider sent us an action plan that specified how they would meet the requirements of the breaches identified. They advised us that they would meet all the legal requirements by August 2016. During this inspection we found that significant improvements had been made across all areas and the registered provider was able to demonstrate full compliance with the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service had robust and safe recruitment practices in place. Appropriate checks were carried out before new staff started their employment. These checks ensured only staff suitable to work with vulnerable adults was employed. All new staff received a thorough induction which included a period of time shadowing experienced staff. Staff received regular training to ensure they remained up to date with their knowledge and skills required to their role. There was enough staff to meet the needs of the people living at the service.

Individual risk assessments were completed to ensure people and staff were protected from the risk of harm. Staff managed risk effectively and supported people's decisions, so they had as much control and independence as possible.

All staff had received regular training in adult safeguarding and demonstrated a good understanding of how

to recognise and report potential abuse. There were policies and procedures in place that informed staff of how to keep people safe and these were followed.

Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care records demonstrated people's involvement in decision making. Mental capacity assessments were completed as required by the MCA. Best interest meetings had taken place and were clearly documented with the decision making process clearly documented for people who lacked capacity.

Medicines were managed safely. Clear processes were in place that ensured people received their medicines on time and 'as required'. Medicines were stored, administered and recorded in accordance with the registered provider's policies and procedures.

People told us they had been involved in the development of their care plans. People's care plans provided staff with clear direction and guidance as to how to meet their preferred needs. Care plans were regularly reviewed and updated. This meant people received person centred care.

People had enough to eat and drink. People who had been identified as at risk of weight loss or weight gain were weighed regularly. Records showed that a person was managing their diabetes through diet and they had their food and fluid intake clearly documented. This ensured people's health and well-being was closely monitored and any changes were responded to promptly.

Daily records were completed and reflected on each area of the person's care plan. Information included participation in people's daily activities, medication administration, as well as any concerns relating to that individual.

People were supported to participate in activities of their choice. People told us they were treated with kindness and respect by staff. We observed positive interactions between staff and people living at the service.

People knew how to raise concerns and make complaints and felt confident to do so. People and their relatives believed any concerns or complaints would be dealt with promptly and to their satisfaction.

Quality assurance systems were in place that identified areas for improvement and development. Action plans evidenced areas that had been addressed in a timely manner. People's feedback and ideas were actively sought from the management team and these were used for service development.

The management structure within the service provided clear lines of responsibility and accountability.

## 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.

There were appropriate systems in place to ensure risks to people's safety and well-being were identified and addressed.

Safeguarding procedures were in place to protect people from risk of harm and/or neglect. People were supported by trained staff who understood how to recognise and report any signs of abuse.

There were sufficient numbers of staff to meet the needs of people at the service. The registered provider had robust recruitment procedures in place.

People's medicines were administered and stored safely.

### Is the service effective?

Good ●

The service was effective.

The registered provider had systems in place to assess people's ability to make their own decisions under the Mental Capacity Act 2005 (MCA).

People were supported by staff that had the right competencies, knowledge and skills to meet their individual needs.

People had access to sufficient food and drink and staff ensured they had access to healthcare professionals.

### Is the service caring?

Good ●

The service is caring.

Staff built positive relationships with people were given enough time to meet people's individual needs and offer companionship.

People were supported by staff that promoted their independence.

The registered provider had an advocacy policy and procedure in place and supported people to access these services when appropriate.

### Is the service responsive?

Good ●

The service was responsive.

Care records were personalised and focused on a person's whole life. Staff had good understanding of how people wanted to be supported.

People were supported to maintain hobbies and interests. Staff understood the importance of companionship.

People knew how to raise concerns and complaints about the service and they felt their concerns would be listened to.

### Is the service well-led?

Good ●

The service was well led.

The registered provider had sought feedback from people and their relatives, which enable them to identify areas of improvement.

There were effective audit systems in place to make sure that any areas for development were identified and addressed.

The registered provider had appropriately informed the CQC of certain incidents as required by law.

# Avondale Mental Healthcare Centre

## **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.

The inspection took place over two days. On 20 December 2016 it was unannounced and on 22 December 2016 it was announced. The inspection team consisted of one adult Social Care inspector and a specialist adviser on the first day of the inspection. The specialist adviser was a social worker with knowledge in the area of Mental Health as well as the Mental Capacity Act 2005.

Before the inspection, we checked the information that we held about the service including notifications we had received. A notification is information about important events which the registered provider is required to send us by law. The registered provider had completed a provider information return (PIR) and we reviewed this. A PIR 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 spoke to five people who were living at Avondale Mental Healthcare Centre and spent time observing the interaction between people living at the service and staff. We spoke to four relatives, three in person and one by telephone who had family living at the service. We also spoke to the registered manager and nine members of staff, including domestic staff, care staff and clinical leads.

We looked at some areas of the home, including some bedrooms and all communal areas.

We reviewed a range of records including the care records for five people using the service. These included support plans, risk assessments and daily records. We also looked at other records relating to the management of the service. These included staff training, support and employment records for three staff

members, medication administration records (MAR) charts and quality assurance audits.

# Is the service safe?

## Our findings

People told us they felt safe living at the service and they trusted the staff supporting them. One person said "I feel safe here and well looked after" and a relative said "Doors are secure; no one can just come in here. I find this very reassuring".

At our last inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems in place for the management of risk for people living at the service and staff supporting them. We told the registered provider to take action to address our concerns. At this inspection, we found that the registered provider had made the required improvements.

Risk assessments identified risks to people's safety and plans were clearly documented for the management of these. Staff had access to individualised information relating to moving and handling, mobility, continence, diabetes, weight loss and weight gain as well as risks relating to people's mental health. One person's risk assessment highlighted that they were at risk of developing a pressure ulcer due to an inadequate diet, incontinence and issues relating to their mental health. Records showed this person was monitored regularly for any skin integrity concerns and to consider if any other interventions including a pressure relieving mattress was required.

People who were at risk of weight loss or weight gain were weighed on a monthly or as required basis. Records showed that advice had been sought from relevant professionals for example, a dietician.

Risk assessments reflected people's experience of living with a mental health condition. They described the person living well and also considered when the person may require additional support. For example, one person stated they would like to be treated at the service (their home) if they became unwell but should this not be possible they would like their mum to be contacted prior to them being admitted to hospital. Risk assessments were reviewed regularly and were up to date. The registered provider demonstrated a clear process for the management of risk, without restricting or limiting people's independence.

Individual personal emergency evacuation plans (PEEPS) were in place. These plans highlighted the level of support a person required in the event of a building evacuation. These plans gave staff clear direction to ensure people received the appropriate amount of support required. The registered provider had a business continuity plan in place to support people in the event of emergency. An example of this would be if the home were flooded, experienced a loss of power or had a fire. Staff knew where and how to access these documents in the event of an emergency.

At our last inspection we recommended the registered provider update their medicine management policies and procedures in line with the NICE guidelines. The registered provider had reviewed and updated all of their policies and procedures relating to medicines management and had introduced a clear and easy to follow medicines management procedure that met the required NICE guidelines.

People's care plans described the level of assistance they required by staff and the reasons why they required medication, they also described when people were self-administering their own medication. We saw that medication administration records (MARs) were correct and up-to-date, had people's photographs on them and allergies were clearly recorded. Where any missing signatures from MARs were identified these were promptly addressed through audit systems.

Medicines were ordered, stored and disposed of in accordance with the medicines management policies and procedures. The room and fridge temperature within the medicines room was checked twice daily to ensure it was correct for medicines that needed to be stored at a specified temperature. A clear action plan was in place should the temperature rise.

Medication audits were undertaken weekly by the medication lead person. Actions were clearly identified, evidenced as completed and signed. This meant people received their medicines safely in accordance with their needs.

Staff demonstrated a good understanding of adult abuse. A safeguarding policy and procedure was in place and all staff attended regular safeguarding training. Staff described the different types of abuse and the signs that would indicate abuse may have taken place. They talked about possible mood or behaviour changes that may indicate a concern and also steps that they had and would take to respond to allegations or suspicions of abuse. All staff demonstrated an awareness of their responsibilities to raise a safeguarding concern with the local safeguarding team. The local authority safeguarding policy and procedure was available to all staff.

Staff were able to describe the registered provider's whistleblowing policy and stated they felt confident to raise any concerns they had. A whistle blower is a person who raises a concern about a wrong doing in their workplace.

The environment was well maintained, clean and free from offensive odours. Cleaning and maintenance schedules were in place and followed by the housekeeping team. All staff had completed infection control training and it was updated annually. Personal protective equipment (PPE) including disposable gloves and aprons were located around the service were readily available to all staff. Staff used PPE as required, for example, when they assisted people with personal care.

The registered provider had safe procedures in place for the recruitment of staff. We reviewed the recruitment records for six staff and found that appropriate checks had been completed including the disclosure and barring service (DBS) check. The DBS check identifies if prospective staff have a criminal record or are barred from working with adults at risk. Employment checks included two valid references from previous employers, confirmation of identity and the right to work documentation was in place. The registered provider demonstrated a safe recruitment process by only recruiting staff suitable to work their service.

We saw sufficient numbers of staff were on duty to meet the needs of the people living at the service. The registered provider based the amount of staff on the needs of the people being supported and this was continually reviewed. People told us there were enough staff to meet their needs and someone was always available if they needed them. One person said "If I am having mental problems staff will sit and talk to me" and another person said "If I am having any problems I only have to tell them (staff) and they will help me".

A system was in place for the recording of accidents and incidents. Records fully documented each event that had occurred and all actions taken following it. The information was reviewed by the registered

manager monthly and quarterly to identify any actions that needed to be taken to protect people. Consideration was given to the place of the accident/incident, time and if there was a cause. This minimised future risk and reduced the likelihood of re-occurrence.

Records showed that water temperature checks were in place and up-to-date as well as fire alarm and equipment safety testing. The registered provider undertook regular health and safety audits to ensure that people remained safe. There were satisfactory up-to-date inspection certificates for areas that included gas, electric and legionella. Regular servicing and repairs were undertaken and recorded for equipment that included profiling beds, moving and handling hoists and slings.

## Is the service effective?

### Our findings

Staff had the knowledge and skills required to undertake their roles. One person said "Staff are very efficient and know what they are doing".

Previously we raised concerns as the registered provider had failed to act in accordance with the Mental Capacity Act (2005). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of people who lived at the service. The registered provider had made the required improvements.

The Mental Capacity Act 2005 (MCA 2005) 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 2005. The application procedures for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of deprivation of liberty safeguards. We discussed the requirements of the MCA 2005 and the associated DoLS, with the staff and management team. One member of staff described how a person was refusing to take their medication on a regular basis. The GP, family and multidisciplinary team were contacted and a meeting was arranged. The person was deemed to not have capacity to fully understand the implications of missed medicines. Records showed a clear best interest decision making process had been followed. Staff had received training in MCA 2005 and DoLS and this was verified through training records.

Decision specific mental capacity assessments were in place and there was evidence of best interest decisions within people's care plan files. DoLS applications had been submitted to the relevant authorities appropriately. These had not yet all been authorised by the relevant authority but all supporting documentation was in place.

Staff were also able to explain the principles of people making unwise decisions when they had capacity. An example of this was a person who had a pressure area sore. The best interest's process ascertained that the person had capacity and was therefore ineligible for MCA. The person had been advised to have periods of bed rest and educated regarding the management of the sore. They had listened to the information and would rest on occasions but were inconsistent with their rest periods.

Previously we raised concerns as the registered provider did not have sufficient arrangements in place to ensure that staff were suitably qualified, competent and skilled to meet the needs of people living at the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had made improvements in this area.

People were supported by staff who had the right knowledge and skills required to meet their roles. Newly appointed staff completed an induction in line with the new Skills for Care certificate. The care certificate is a set of minimum standards that social care and health workers work with in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. All new staff shadowed an experienced member of staff until they had the confidence to work independently.

Records showed training topics included fire safety, emergency aid, health and safety and moving and handling levels one and two. Staff completed moving and handling competency assessments annually. The competency assessments included the completion of a theory test as well as demonstrating practical moving and handling skills. Training was undertaken via online, distance learning and classroom sessions.

Staff told us that the training was appropriate for their roles and there was plenty of it. Staff said they felt fully supported by the registered manager and there were opportunities for obtaining additional qualifications. Some staff had completed training linked to the qualification and credit framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. One staff member told us they were undertaking their level 2 (QCF) in health and social care. They said that they hoped to go on to higher levels in the future.

All staff told us they felt fully supported by the registered manager and management team. Records within staff files did not demonstrate that regular supervision had taken place with all members of staff. Records did reflect that regular staff meetings took place through staff handover, small team meetings and full team meetings. We discussed our findings with the registered manager and they were able to demonstrate a new supervision framework. We looked at three staff files that clearly demonstrated a structured supervision process. This was being gradually introduced throughout the service to all staff members.

The service supported and encouraged people to maintain a healthy balanced diet. The lunchtime menu consisted of a main meal and dessert. The tables were laid with cutlery, glasses, serviettes and a table decoration. There was a choice of cold drink flavours to have with the meal. People chose where they wanted to sit. One person asked for an additional portion and this was given and another person asked for bread and butter and this was supplied promptly. There was a choice of a hot or cold desert. People told us there was always plenty to eat and snacks and drinks were available throughout the day and evening. One person said "If I don't like the food that is on the menu they will always make me something else, for example an omelette". Records showed that people who had been identified as being risk of malnutrition or dehydration had their food and fluid intake monitored by staff.

People were supported to access healthcare appointments by staff. Staff liaised with health and social care professionals involved in people's care when appropriate. People had access to district nurses, occupational therapists and other healthcare professionals based on their individual needs. One person told us staff supported them to attend regular appointments with the diabetes nurse as well as hospital appointments when required. A relative told us "Staff telephoned straight away when they had concerns about [Names] health and needed to take them to hospital".

## Is the service caring?

### Our findings

People spoke positively about living at the service. Comments included "I find it smashing here, I go out any time I want and I also go on holiday", "Staff are kind, they take me out and I go to the match" and "If I have any problems I only have to tell staff. When I first came here I was worried and concerned about going out. Staff would sit and talk to me". Relative's comments included "Staff are kind and sympathetic. They are patient and never falter. They know how to get the best out of [Name]" and "The care is excellent, couldn't fault it".

Staff spent time getting to know people and demonstrated a good knowledge and understanding of them. People appeared comfortable with the support that they received from staff and we saw appropriate interactions that included laughter and banter. Staff were seen to be caring in their approach and demonstrated patience and encouragement when required. It was evident that people had formed positive relationships with staff members.

People told us that they had a key worker. Staff explained that they each supported four residents and this enabled them to get to know people really well. One person said "[Name] is my key worker; we have worked together on the computer to prepare my care plan which included health and budgeting. He takes time to check on me each day and is absolutely brilliant".

People's independence was promoted. A relative told us "[Name] likes to go shopping and this is regularly supported". One person told us that when they had broken their arm, the staff had been fantastic and looked after them in every way. They explained that they had been supported to do as much as possible for themselves, and the staff had supported them in tasks they could not complete due to their arm being in a plaster cast.

People were supported and encouraged to personalise their bedrooms with their own personal effects. Items included ornaments, cuddly toys, photographs and pictures that been placed on the wall. One person told us they liked their room and had chosen their own duvet cover. They had put photographs of their family on the walls. They said they liked the peace and quiet of their room and knew there was always staff available if they wanted company or had a problem. Each room had a room number on the door along with a personally chosen picture or photograph.

The registered provider sought feedback from everyone living at the service by seeking suggestions and ideas. Comments and suggestions boxes with paper and pens were available at a number of locations throughout the service. Residents meetings were held monthly and records showed feedback had been sought following activities. Minutes showed positive feedback had been received following a trip to Southport, Halloween activities undertaken as well as the baking, breakfast and tea groups that had taken place. These meetings were used to discuss activity ideas and to encourage the sharing of concerns, complaints and compliments. People discussed forthcoming birthdays and significant events and how to celebrate these. Educational topics were also discussed including the sharing of safeguarding information, healthy lifestyle choices and the introduction of the new electronic care planning programme. This showed

that the registered provider valued people's opinions and feedback to shape and develop the service.

The registered provider had an advocacy policy and procedure in place that included details of local services. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services as well as defending people's rights and responsibilities. Care plan records showed people had been supported to access advocacy appropriately when needed.

Recent compliments received by the service included "To all the staff at Avondale. Thank you for all your care and support", "I was feeling unwell yesterday. Staff looked after me, called the GP and supported me to the hospital. Thank you so much" and "Thank you for all the help and support you've given me".

## Is the service responsive?

### Our findings

People and their families told us they knew how to raise concerns or complaints. One person said "I would know how to complain, I can put a complaint in the box and I don't have to sign it". Another person told us they had complained about their roast potatoes being too hard. They said this had promptly been addressed and had not happened again. Everyone spoken with, without exception were confident they could express their concerns and they would be listened to.

The service had a policy and procedure in place for dealing with any concerns or complaints. This was readily available to all people living at the service. People knew who to contact if they needed to raise a concern or complaint and felt confident to do so. One person said "I could talk to any member of staff and I know they would listen to me. There are members of the management team always available and I would feel confident to speak to them". Records showed that 15 concerns and complaints had been received since the last inspection and all had been responded to appropriately and in a timely manner.'

The clinical manager or another appropriate person undertook an assessment prior to a person moving into the service. People and where appropriate, with the involvement of their relatives were encouraged to share their likes, dislikes, history and ways they would like to be supported. This information was used to develop an, 'All about me' document, a health passport as well as other comprehensive person centred care plans. The health passport contained essential information that anyone looking after the person should know. It included the headings, Things you must know about me, these things are important to me and my likes and dislikes. This information was used to support people attending medical appointments or when they were admitted into hospital.

At our previous visit we had concerns that the registered provider did not make sure people using the service received care or treatment that was personalised or that promoted their independence skills. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that improvements had been demonstrated in these areas.

Each person had their own care plan file which contained care plan documents, risk assessments, involvement of other health professionals and daily records. The care plan files were all stored electronically and accessed via computers and iPads throughout the service. All devices were password protected and staff could only access records appropriate to their role. Care plan files contained all the information required to support people throughout the day and the night and included prompts that required completion. For example, staff had to complete tasks within required timescales and these included medication, personal care routines as well as nutrition and hydration. Notes were recorded on the system to record information specific to the person. This information was used at review meetings and also to develop people's care plans to ensure they remained up to date at all times.

Some people required supplementary health and well-being monitoring to ensure they remained well. For example one person required insulin for the management of their diabetes. Their nutrition and hydration was monitored daily as well as them being weighed each month. Their care plans included how they wanted to live their life well, the outcome they hoped to achieve, what they could do to help themselves and what

staff could do to support them. Guidance was in place for signs regarding high or low blood sugars along with the best way for staff to manage this. By monitoring the person regularly, the registered provider ensured that in the event of a person's needs changing, appropriate care and support was delivered in a timely manner.

People were supported to take part in activities of their choice and encouraged to maintain hobbies and interests. People told us that they enjoyed baking and spending time in the garden. One person told us that they enjoyed growing vegetables in the garden and staff would cook them for them to have with their tea. One person was undertaking a 1:1 activity with a member of staff. This person had an interest in mining and mines and was fully engaged looking at old photographs in this subject. Another person was making birthday cards as a craft activity and told us they really enjoyed doing this. Records showed people were supported to access interests and hobbies within their community. One person told us that they went to church twice every Sunday in the morning and after tea. They said this was really important to them.

During our visit we were able to see people participating in Christmas crafts and bingo, a Christmas quiz and Christmas films were playing. Children from the local school came and presented a Christmas Carol concert which appeared to be enjoyed by the people in attendance. A Christmas party took place and people and staff were seen to be having fun dancing, singing and enjoying a large buffet with many home-baked items. People also told us they were looking forward to a Christmas tea party on Christmas Eve.

## Is the service well-led?

### Our findings

The service had a registered manager in post that had been registered with the Care Quality Commission since January 2016. People living at the service, relatives and staff all described the management team as being approachable, supportive and accessible. Comments included "We as a family like that the manager has an open door policy", "It is more positive now with the new management team" and "The manager's know everyone by name and spends time talking to us".

The management team included the registered manager, clinical manager and finance manager who were supported by the clinical coordinators. There were clear lines of responsibility and accountability within the management structure. Staff were aware of who their line manager was and who they could gain advice and support from any time. Staff had access to a 24-hour on-call manager during weekends and out of hours. This ensured management support was available all times for staff.

The registered manager monitored the quality of the service by asking people and their relatives for their opinions through questionnaires. People and their relatives all spoke positively about the service. Comments included "I find the support here is brilliant. [Name] is hard work and the whole team do brilliantly".

Staff meetings were held regularly and minutes were recorded and shared with people who were unable to attend. Staff told us they received monthly staff briefings with their payslips which had included feedback from staff questionnaires, safeguarding information and staff representative information. Staff also told us that daily handover information was sent to their service issued smart phone which was password protected. This ensured they had up to date information for the people they supported.

At our inspection in March 2016 we asked the registered provider and registered manager to take action on how they assessed and improved the quality of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider was asked to send us an action plan detailing the actions they planned to take, when they would be completed and by whom. At this inspection we found significant progress and improvements had been made in regards to their action plan.

The registered provider undertook regular daily, weekly and monthly audits within the service. Audits included medication, health and safety, staff training, care plans, infection control, environment and daily records. Part of the audit process included analysis to identify areas for improvement and development. Records showed the actions had been highlighted and signed and dated when completed.

A representative from the registered provider visited the service regularly to review the service and offer support and supervision to the registered manager. Records showed they had identified areas for improvement. For example staff shift patterns had been highlighted as a concern through staff questionnaires. The registered provider met with the staff team and had commenced a 90 day consultation process to introduce different types of rotas and remuneration packages.

The registered provider had notified the Care Quality Commission promptly of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service.

The registered provider had up-to-date policies and procedures in place for the service. Policies were available to staff in order for them to be assisted to follow best practice. This ensured staff had access to up-to-date information and guidance.