Lifeworks Charity Limited

Sesame

Inspection report

Bronshill Road
Torquay
Devon
TQ1 3HA

Tel: 01803329082
Website: www.lifeworks-uk.org

Date of inspection visit:
24 February 2016

Date of publication:
27 April 2016

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 the 24 February 2016 and was unannounced. The last inspection of Sesame was carried out in January 2014 where no concerns were identified.

Sesame is a care home without nursing, providing support for up to four people living with an autistic spectrum disorder or learning disability. Some people also had long term health conditions, complex communication needs, or behaviours that were challenging.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Best interests decisions made under the Mental Capacity Act 2005 (MCA) had not always been recorded in accordance with the MCA, although we did not find that the decisions made had been inappropriate or unduly restrictive We found that staff had taken appropriate actions in people's best interests, such as providing an epilepsy monitoring system for one person's room, but that these had not been recorded in accordance with the framework for decision making under the Mental Capacity Act 2005. Applications for the Deprivation of Liberty Safeguards had been made appropriately, and outcomes of the decisions were awaited. We recommend the provider takes advice from a suitably qualified person on the Mental Capacity Act 2005 and code of practice in relation to best interests assessments.

Care plans were personalised to each individual. They were up to date, detailed and contained sufficient detailed information to assist staff to provide care in a manner that was safe and respected people's wishes. People had individual activity programmes which were followed unless the person chose otherwise. Opportunities were explored to maximise people's involvement in the local community, and people were encouraged to be active and follow healthy lifestyles. They were supported to attend clubs and groups that interested them, including drama and crafts.

We saw examples of positive and supportive care and relationships. Staff were creative and reflective about how to help people develop new skills, positive about people's progress, and were actively involved in raising funds for the charity and the home. People were valued as individuals and there was a focus on maximising people's abilities for self-care and independence. For example, people were supported to have increased independence with their meal choices and be involved more in meal preparation. Healthy eating was encouraged and some people were supported to lose weight and others gain weight in accordance with their needs. People were involved in making choices about their meals and were involved in food shopping and meal preparation. Information was presented wherever possible in ways people could understand, and plans helped ensure staff understand how people communicated.

People were supported to develop new skills and have new experiences through the taking of appropriate risks. Risks to people were assessed and actions taken to minimise them where possible. We saw evidence that staff were involving people in strategies to manage some risks through positive intervention plans. Staff understood what they needed to do to keep people safe or report concerns about potential abuse. Systems were in place to manage complaints and ensure people with communication difficulties were able to raise any unhappiness or distress to staff and be understood.

There were enough staff on duty to support people, as staffing levels were adjusted each day to meet people's needs and the activities they wanted to undertake. This meant that staff shift times varied for example where people wanted to take part in activities in the evenings. A full recruitment procedure was followed aimed at identifying and minimising risks from the recruitment of staff.

Medicines were being managed safely and the service learned from incidents or events. We have recommended that where staff make hand written entries on the medicines administration record (MAR) that these are signed by two staff to help reduce the risks of an error. When people had emergency medicine to manage epilepsy this was taken with them whenever they left the home. Staff had received training in how to use this and there were clear protocols in place so staff had guidance of when this should be used. Staff received the training they needed for their job role. People received the healthcare they needed, and good working relationships had been established with local GPs. Staff at the home had worked with people to reduce their anxieties in relation to their health and using community medical services to good effect.

The registered manager ensured there were effective systems for governance, quality assurance and ensuring safe care for people. There were development plans in place to make improvements based on best practice guidance, and these were on target to be met. The premises provided a homely and comfortable setting for people to live in. Adaptations and improvements were continually planned to the environment to meet people's needs and wishes. For example the front garden area was being developed with decking and seating areas and the activities room was also due for refurbishment. The service took account of good practice guidance and people and their relatives had opportunities to influence the way the home was run.

Records were well maintained, and notifications had been sent to CQC or other agencies as required by law.

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 home was safe.

People were supported to develop new skills and have new experiences through the taking of appropriate risks. Risks to people were being assessed and actions taken to minimise them where possible.

Staff understood what they needed to do to keep people safe or report concerns about potential abuse.

There were enough staff on duty to support people, as staffing levels were adjusted each day to meet people's needs and the activities they wanted to undertake. A full recruitment procedure was followed for staff.

Medicines were being managed safely and the service learned from incidents or events. We have made a recommendation in relation to the recording of medicine administration.

Is the service effective?

Good

The service was not always effective.

Best interests decisions made under the Mental Capacity Act 2005 (MCA) had not always been recorded in accordance with the MCA, although we did not find that the decisions made had been inappropriate or unduly restrictive. Applications for the Deprivation of Liberty Safeguards had been made appropriately.

Staff received the training they needed for their job role.

Sesame was a domestic property in a residential area of Torquay. The premises provided a homely and comfortable setting for people to live in. Adaptations and improvements were continually planned to the environment to meet people's needs.

People were supported to have increased independence with their meal choices and be involved more in meal preparation. Healthy eating was encouraged and people's needs and risks associated with food were assessed and mitigated.

Is the service caring?

Good

The service was caring.

We saw examples of positive and supportive care and relationships. People were valued as individuals and there was a focus on maximising people's abilities for self-care and independence. Staff were creative and reflective about how to help people develop.

Staff were enthusiastic and positive about people's progress, and were actively involved in raising funds for the charity and the home. Staff respected people's confidentiality and celebrated successes with them.

Information was presented wherever possible in ways people could understand. Individual plans helped ensure staff understood how people communicated.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised to each individual. They contained sufficient detailed information to assist staff to provide care and support in a manner that was safe and respected people's wishes.

People had individual activity programmes which were followed unless the person chose otherwise. Opportunities were explored to maximise people's involvement in the local community, and people were encouraged to be active and follow healthy lifestyles. People were supported to attend clubs and courses that interested them.

Systems were in place to manage complaints and ensure people with communication difficulties were able to raise concerns that could be understood.

Is the service well-led?

Good

The service was well led.

The registered manager ensured there were effective systems for governance, quality assurance and ensuring safe care for people. There were development plans in place to make improvements based on best practice guidance, and these were on target to be met.

Staff understood their roles and the ethos of the home.

The service took account of good practice guidance and people and their relatives had opportunities to influence the way the home was run.

Records were well maintained, and notifications had been sent to CQC or other agencies as required by law.

Sesame

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 February 2016 and was carried out by one adult social care inspector. We looked at the information we held about the home before the inspection visit. We also contacted three healthcare professionals who had recent contact with the service.

At the time of the inspection there were four people living at the service. People who lived at Sesame were not all able to communicate with us verbally about their experiences, or did not wish to engage with us on the inspection. We spoke with two people who were happy to engage with us and spent time observing the care and support both people received. This included staff supporting people preparing to go out and returning from activities of their choice and while eating meals. We spent time sitting and engaging with people where they were willing to accept this and spoke with four staff about their role and how they helped to meet people's needs. We also spoke with relatives of one person who were at the home on the day of the inspection. Following the inspection we contacted three people's relatives to discuss the care that their relation received.

We looked at the care plans, records and daily notes for three people living at the service, and looked at other policies and procedures in relation to the operation of the service. We looked at four staff files to check that the home was operating a full recruitment procedure, and also looked at their training and supervision records. We looked at the accommodation provided for people and risk assessments for the premises, safe working practices and people who lived at the home.

Good

Is the service safe?

Our findings

People who we met on the inspection at Sesame were living with an autistic spectrum disorder or other learning disability. The service was aimed at supporting people to live as full a life as possible, which included taking measured and controlled risks as a part of enabling people to develop and learn new skills and have new experiences. People we met on the inspection were not able to communicate with us about their safety, but we saw them being supported by staff to protect their well-being and safety throughout the inspection. Relatives we spoke with told us they felt their relation was supported to maintain their safety and to be as active as possible.

People's care files showed evidence of thorough risk assessment and ways of reducing risk in place for each person. These also included strategies to support the person if they became distressed or agitated, and information on triggers for episodes of escalating challenging behaviour. Clear records were kept for monitoring of people's epilepsy and there were detailed protocols in place to manage risks from seizures. These included guidance for staff on the management of medicines to manage epilepsy including in an emergency situation. Staff had received training in the administration of emergency epilepsy medicines and kept them with them when they left the home with the person for who it was prescribed. One person had an monitor fitted in their room which alerted staff to the person having a seizure when they were alone in their room.

People were themselves involved in making decisions about the support they needed to reduce risks to themselves or others. For example one person had been involved in destructive behaviour in their room in the past. They were being involved in planning for painting, refurbishing and redecorating their room to help reduce the risks of destructive behaviours occurring again. Positive intervention plans for risk reduction were in place for this person, and their risk assessments referred to separate management protocols to help staff identify how best to support the person if they were agitated or distressed. These included an assessment of the person's vulnerability. Another person was at risk of choking due to a tendency to eat really quickly when anxious. There were risk assessments in place, staff had attended training in supporting people with swallowing difficulties and a speech and language therapy assessment had been carried out. Staff were aware of the risks and ensured they sat with the person while they were eating.

Learning took place from the thorough analysis of incidents, accidents and near misses at the service. Incidents and accidents were monitored and analysed to prevent a re-occurrence wherever possible. Any incidents were discussed with the staff team at monthly meetings and at keyworker meetings to share learning across the staff team.

The service had other systems for the management of risks, such as the risks of cross infection. There was a comprehensive infection control risk assessment tool and an external infection control audit had been carried out in September 2015. This had identified that the current control measures were satisfactory to manage the potential risks. Safe working practices risk assessments had been undertaken and there were policies in place to support staff with lone working with people, as well as carrying out day to day tasks, such as laundry. Staff carried identification, mobile phones and alarms when out in the community. Details were

recorded prior to any outing of the person's clothing and mood state, and a risk assessment was made of the details, expected time of return and the activities being undertaken. This was carried by staff on the outing. Risk assessments included people's vulnerabilities, such as from members of the public misinterpreting behaviours.

Health and safety assessments were carried out on the home each year by an external consultant. There was a fire precautions risk assessment and regular systems tests were carried out. Personal evacuation plans were available to help emergency services understand how to support people in the case of a fire.

Staffing levels were assessed individually to help meet people's needs, risk assessments and activity plans. This meant for example that each person was supported by a staff member throughout their shift, and for some people when they went out this was increased to two staff. For some people staff were changed regularly as they presented specific challenges. Other people might be with the same worker all day, which helped ensure consistency and continuity for the person.

Staff shifts were led by the needs of the people at the home. For example one staff member told us that their shift had been extended until 10pm on one day when the person they were supporting attended an activity group. This group finished at 9pm and it was important to the person that they were able to follow through their preferred routine before going to bed. The extension in staff hours meant that the person was able to do this with the same staff member before going to bed.

Rotas demonstrated safe staffing levels and the registered manager told us the home very rarely used agency staff. When they needed to do so this was using regular staff who knew the people being supported and the home's routines well. The registered manager was aware of stresses placed on staff and ensured that staff had access to management staff on call at all times.

At night there was only one staff member at the home, and one other on call close by. The registered manager could demonstrate to us that this met people's needs and was flexible to allow for changes to people's needs. Staff told us they were called in around once a month to support the night worker, and that would always stay on if they were needed to support people. One told us "I can literally be here in four minutes".

Systems were in place to identify and report concerns about abuse or poor practice. Staff had received training in how to protect people and in safe physical interventions. Policies, procedures and information were available on how to raise concerns. Staff said they understood what to do to raise a concern and told us they would do so if they were worried. The service had whistleblowing policies and procedures in place, and information about local safeguarding team services was displayed on the office wall. There had been no safeguarding investigations about the home.

Medicines were being administered safely, with medicines being stored securely in each person's room as well as some items in the registered manager's office in a secure cupboard. Records were completed for the administration of medicines and there was a medicines management policy and procedure for staff to follow. Clear protocols were available to describe when "as required" medicines could or should be used for people. Systems were audited regularly and staff received training by the supplying pharmacist. First aid boxes were available within the home and there were systems for the safe management of clinical waste. Where staff were handwriting alterations to a medicine administration record (MAR) only one person was signing for this on occasions, which had an increased risk of error.

Systems were in place to ensure any risks associated with the recruitment of staff were minimised. Four staff

files were seen on the inspection. These showed a full process had been followed when appointing the staff member. Staff files showed that references and employment histories had been obtained, and disclosure and barring service (police) checks had been carried out. Systems were in place to ensure any convictions would be risk assessed. The recruitment process also acknowledged valuable life experience and interests in areas not necessarily related to care. Staff were asked to update a criminal convictions declaration regularly.

People living at Sesame were actively involved in the recruitment of staff and asked to give their feedback on candidates using supported communication tools.

We recommend the provider follows the advice of the Royal Pharmaceutical Society in relation to hand written entries on MAR charts.

Good

Is the service effective?

Our findings

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 who were able to make their own decisions were given information and encouraged to do so. Where people who lived at the service were not able to make decisions assessments in line with the MCA to assess their capacity had not always been recorded. Best interest's decisions were being made on people's behalf, and we saw that these were appropriate. For example we discussed one person with the registered manager. We saw the person was compliant in taking their medicines which were essential to their health. However the registered manager confirmed that the person would not really be able to understand why they were taking the medicines or what they were for. The medicines were being given to the person in their 'best interests'. However this practice was not always being recorded in accordance with the MCA framework as a specific decision.

Another person had an intercom monitor in their room to alert staff to any noise related to an epileptic seizure. The person would not have been able to understand this or consent to it. A decision had been made that this was in the person's best interests and the least restrictive option for their care and to protect their privacy but keep them safe. However there was no specific recorded best interest's assessment in relation to the monitor being in place.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA. We found that applications had been submitted where appropriate under DoLS. Staff had received training on the MCA and DoLS and they had an understanding of the need to gain people's consent to care. We heard staff asking people for their permission before carrying out support tasks with them and checking their agreement.

Staff working at Sesame told us they had received the training they needed to carry out their role. The registered manager showed us a training matrix which indicated the training that staff had received. This included core training such as fire and safeguarding adults as well as areas more related to individual's needs such as training in a language programme using signs and symbols to help people to communicate, gentle management of challenging behaviors and Autism. The service had made a decision that all staff no matter how experienced would complete the Care Certificate, which is a national qualification for induction that is transferable across all care sectors. Relatives told us staff had the skills they needed to support their relation. One told us "Staff are all excellent".

Supervision and appraisals were being undertaken. These helped to identify staff's learning needs and any

areas of training that needed to be updated. Staff generally told us they felt supported, although there had at times been interpersonal issues amongst the staff team which had been raised with management. One relative told us the staff team had some people with 'strong personalities', and they felt sometimes individual staff supported their relation differently, although in a positive way. We discussed this with the registered manager. Grievance and disciplinary systems were in place to support staff in addressing issues that arose, both formally and informally.

People received the healthcare they needed. People had annual health checks which had included offering "Well person" clinics where people wished to take this up. The home had established a good working relationship with the supporting GP practice, and people were supported to access healthcare services at the surgery wherever possible. Work had been undertaken to help people understand and become more comfortable with healthcare appointments and to become more aware of their health needs, such as maintaining a healthy lifestyle. Emergency healthcare had been sought to support people in accordance with their epilepsy protocols.

People were supported in making decisions about their food and mealtime choices. We saw people having their choices respected. One person went into the kitchen with staff for example and chose their own breakfast, and another person had a meal of their choice (ham and cheese toasted sandwich) prepared for them and taken to their room. Another person was supported to make choices in line with their healthy eating plan. Menus reflected people's likes and dislikes and were changed regularly. People were involved in shopping for the home and cooking meals where they were able or wished to participate. For one person their meal was prepared and left for them to eat when they wished, otherwise mealtimes were a social event with staff eating with people.

People's nutritional status was reviewed and they were weighed regularly to help maintain their health. One person had been assessed as being at risk of malnutrition on admission to the home. The home had ensured they had been prescribed food supplements and a detailed food diary was maintained until they gained weight.

One person had dietary restrictions in place for health reasons. We saw that adjustments had been made to the meals to support the person with their dietary concerns. Another person had identified risks to their health from their weight. The person was supported to attend a slimming group and staff helped them to follow through healthy eating principles with their meal preparation. The person had attended a healthy lifestyles group and was due to attend a gym of their choice.

Sesame is a small care home providing accommodation in a domestic sized property for up to four people. All areas of the home seen were clean, warm and comfortable. Whilst there was some shared accommodation such as a central lounge area and communal laundry, people had their own private en-suite rooms where they could choose to spend time if they wished. The rooms were lockable from the inside but could be opened from the outside in an emergency. People's rooms were personalised and reflected their interests or wishes. There was also an activities room to which people had access, and a large comfortable dining room with seating area. Access to the kitchen was restricted with a wooden door/gate so that people could not enter the area without staff support. People were involved in keeping their own rooms clean and tidy and develop life skills where that was a part of their goals. No-one living at the home at the time of the inspection had difficulties with their mobility or had needs associated with moving and positioning.

Risk assessments had been undertaken of the property and there were plans for the future development of the environment. For example the garden area was being improved to the front of the property with decking,

fencing, raised beds and a soft surface for the trampoline. Further upgrading was planned to the sensory room and to people's individual rooms.

We recommend the provider takes advice from a suitably qualified person on the Mental Capacity Act 2005 and code of practice in relation to best interests assessments.

Good

Is the service caring?

Our findings

People who lived at Sesame were not able to discuss with us if they felt cared for, but we saw evidence of positive and supportive relationships and good communication in place. One person said "yes" when we asked them if they liked Sesame. Relatives told us they valued the homely atmosphere and 'normal life' approach to people's care. One relative told us their relation "loved all the staff to bits". They told us the person had "never been unhappy at the home or not wanted to go back" when they had been out.

We saw staff respecting people as individuals, and supporting them to develop new skills and experiences. Discussions with staff indicated they had a genuine affection and respect for people who lived at the service and had a good understanding of their needs. Staff were positive about the people they were supporting and told us that they enjoyed working with people at the home. One told us "I really love it here….I love coming to work in the morning".

Staff spoke about people respectfully and in a positive way, recognising their individual strengths.
Staff had been involved in fund raising activities for people at the service to improve their quality of life and the facilities available at the home. This had included abseiling, bake sales, arts and crafts and planning a commando challenge training course with the Marines. Staff told us they understood that Lifeworks was a small charity with limited funds so they did what they could to help.

People's files contained information about their wishes and preferences in relation to their care. Staff understood and followed these. Staff communicated well with people and we saw people seeking out staff for support and information during the inspection. Staff had recently received training in a communication system that some of the people at the home had used as children. Staff told us they had been delighted to see that people could remember some of the signs that staff had been taught which had opened up another way of communicating with them. Staff were skilled at interpreting non-verbal vocalisation and body language, and this was backed up in people's records. For example, one person's file had a section marked "what I say and what I mean". Another person's plan indicated that they expressed any pain through their behaviour which became challenging. It was included in their plan that they be offered pain relief as an early intervention to try to avoid them escalating into destructive behaviours.

Staff supported people in celebrating success. One person had a chart on their door for recognising positive behaviours. When the person had met their achievements they could choose a reward they wanted as a goal to work towards. Certificates of people's achievement were on display in their rooms. People were able to have a say in the way the home was being run through regular individual key worker meetings and resident's meetings. Sometimes people's behaviour was used to assess people's satisfaction, and staff were creative in identifying solutions to help support people. For example one person enjoyed some very quiet time in a low sensory environment as a way of self-calming. The staff had developed a system where the person had a small pop up tent that could be put in their bedroom that the person could choose to sit in for a while. This helped to calm them.

People's privacy was respected. Support was delivered in private areas such as in people's bedrooms or

bathrooms, and staff did not discuss people's needs in front of other people.

Good

Is the service responsive?

Our findings

Each person living at the home had an individual plan of care based on an up to date assessment of their needs. People had been involved in drawing up the care plans wherever possible to ensure they reflected their goals and aspirations, and this was recorded in the plans, which were updated regularly. Relatives had also been involved in making people's needs known as a part of an extensive admission process. A relative told us the home really "understand how to meet (person's name)'s needs. They understand his communication and what he wants to do."

Plans of care were comprehensive and individual, with people's goals and action plans highlighted as well as risks associated with their care. For example one person had a detailed bath time routine that when followed reduced their anxiety. People had "Key workers" who specifically worked with them to ensure their plans were kept up to date and wishes regarding their care were identified. One person had a daily diary which they carried between settings, and some elements of the plans were available in pictorial formats to support people's understanding.

We saw the home worked well with supporting people to develop their confidence and skills in accordance with their care plan. We heard that one person at the home used to have a fear of dogs. This had led to difficulties as the person enjoyed long walks and could not be protected from coming across dogs unpredictably. The home had worked with the person on de-sensitising them and controlling their fear, and had been so successful the person had recently been able to go on a walk with a dog on a lead. This success had increased the person's social and activity opportunities as they no longer were so afraid while out. The home's staff were also looking at how to support a person with an aspect of their personal hygiene. They were completing charts to identify a base line of the person's needs and were seeking specialist advice on how to make improvements for the person to improve their quality of life and dignity.

People at Sesame enjoyed an active lifestyle where that was their wish. People's files contained individual activity plans. Some people enjoyed walking miles each day or swimming and people were supported to attend places and groups of interest to them. The home had a minibus or on occasions staff used their own cars to take people out following suitable checks and risk assessments being in place. On the day of the inspection one person attended an arts and crafts class, and others went to a fairground and walking. One person chose to stay in their room. In the evening some people decided to go out to a disco. Relatives told us their relation "is always busy, always occupied" and "They are out every day. They let him decide the things he enjoys to do."

Systems were in place to manage concerns and complaints about the service. This included systems for auditing and analysing any concerns to identify and learn lessons from the outcome of investigations, however no significant concerns had been received in the last five years. Information was available in ways people could understand to help people raise concerns. This included information on "Keeping safe" where people would be able to understand this. Staff understood and had guidance on how people might express their unhappiness about something when they were not able to do this verbally.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. They were line managed and supported in their role by an operations director, who had strategic oversight of the service and improvements being made. The registered manager told us they valued this support and the questioning approach of the operations Director in supporting both their and the home's development. They felt they were open to challenge and the staff team was reflective about the care they delivered, always seeking improvement and a better understanding of people. They said "I am here to make sure this is a nice home for the people who live here, that they are supported well. I am happy with anyone giving me pointers about how to do that". Staff told us the registered manager was good at her job. One staff member told us the registered manager "is an excellent leader" and another that "This is a brilliant place to work – people work really well together and the manager is on top of it all". Relatives told us the registered manager " is approachable and helpful. Excellent" and "(name of registered manager) knows what (person's name) needs. She keeps in contact with us and (person's name) is very happy there. (Name of registered manager has a good team working with her".

The registered manager told us that the culture of the home and its ethos was shared with staff on their first day at work. Staff also received information about professional standards, codes of conduct and maintaining professional boundaries. There were monthly staff meetings, although the minutes of these were not always typed up for reference. The last available minutes from November 2015 showed staff were involved in making suggestions about people's care, which were listened to, for example with fundraising and redecoration.

People benefitted from good standards of care because the service monitored the quality of the care delivered through quality assurance and quality management systems. There was a development and improvement plan for the service in place, drawn up by the management team following a robust self-assessment. This was linked to the standards the Care Quality Commission (CQC) use to judge the quality and performance of services. The actions were dated from October to March 2016 for completion and had been substantially completed or were on target for completion. Areas identified for development included a revision of the statement of purpose and updating of some policies and procedures. Changes in legislation and CQC requirements had been shared amongst the staff team on a briefing day to ensure they understood current guidance.

The service and registered manager had contact with local and national sources of guidance on good practice. This included a local care certificate consortium developing best practice in the development of standards in assessment.

A new IT system had been commissioned to ensure Sesame was kept up to date with updated monitoring and quality management systems. A series of audits had been carried out, for example for medicines, health and safety, and infection control, some of which had been commissioned from external agencies. Where areas had been identified that needed improvement then they were included in the development plan, for example the replacement of the first floor bay window, office window, front porch and door.

Questionnaires had been sent to people, stakeholders, staff and relatives about the service in the last six months and the results were analysed and any suggestions for improvements were actioned where possible. This had included improved IT access. People who lived at the service were involved as far as they were able to be in making decisions about the service development.

Records that we saw were well maintained and up to date. Computer systems were password protected, and there were facilities for the confidential destruction of records. A new cupboard was planned for the dining room to increase the security of records in day to day use.