Benton Care Services Limited

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Inspection report

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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 19 and 20 April and 5 May 2017 and was unannounced. We spent time in the service on 19 and 20 April and contacted relatives by telephone on 5 May 2017.

Benton Care Services was registered with CQC in November 2015 when the current owner bought the service. The registered provider and the registered manager are the same person. This was the first inspection of Benton Care Services under this registered provider. Staff moved over to the new service and people who used the service remained in the same home. The service is divided into three separate houses which are located next door to each other, in a row of terraced houses. Two of the houses accommodate up to three people whilst the third house accommodates up to seven people. At the time of our inspection there were 13 people using the service.

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.

We found there were regular checks carried out on the home to ensure people were living in a safe environment. Staff carried out cleaning duties and the home was immaculate.

Staff understood how to protect people from harm and had undertaken safeguarding training. Staff knew the risks to people and ensured they put in place actions to prevent any harm from coming to people who used the service.

We found there was enough staff on duty to meet people's needs. People were given prompt attention and knew which members of staff were coming on duty. The registered manager told us they did not use agency staff to ensure people received care from staff they knew well.

Staff had been trained in the administration of medicines and had been assessed by the registered manager as being competent. We saw the service managed people's medicines in a safe way. We found people had plans in place for medicines which were required as and when, these included guidance to staff on changes in people's behaviourwhen they were in pain.

Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We found the provider was complying with their legal requirements.

Where restrictions on people's liberty were in place to keep them safe, applications had been made to the local authority to grant Deprivation of Liberty Safeguards in line with legal requirements.

People's needs had been assessed and specific and detailed care plans had been created to ensure all staff had access to information about people's needs. The registered manager told us they were in the process of reviewing everyone's care plans to ensure they were more person centred.

The service had in place its own transport. Regular checks were carried out on a mini bus, a car and one person's personal vehicle. Relatives told us people who used the service were taken out on regular outings. During our inspection we saw people were happy to go out together and, on their return, told us about what they had seen. We found staff knew people's activity preferences and were able to meet them in the service.

People's rights to make choices were respected. The staff team were established and knew people well, but we observed the staff continued to offer people choices.

Relatives told us about how caring the staff were towards the people who used the service. Feedback from professionals echoed the comments made by the relatives and explained the warm relationships between people and the staff.

The registered manager had a visible presence in the home and set the standards of care for the staff. Relatives felt the registered manager was approachable and were confident they would deal with any concerns they had.

We saw there were systems and processes in place which monitored the quality of the service. These included regular auditing of the service and surveys carried out to seek the views of professionals and relatives. The registered manager sought advice from professionals regarding the capacity of people who used the service before seeking their feedback with an adapted survey form.

We found the registered manager held staff meetings and had used the meetings to discuss improvements to the service.

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.

People experienced continuity of care as the service did not use agency staff. There were sufficient numbers of staff on duty to meet people's care needs.

Regular checks were carried out by staff on the building to ensure people were safe in their own home.

Staff working in the service had undergone a number of checks to ensure they were appropriate to work with people who used the service.

Is the service effective?

Good

The service was effective.

Services required to support people's health needs were regularly accessed by the home. People were enabled to attend medical appointments.

There were communication systems in the home which meant information was passed between staff to ensure people's care was effective. Staff also had in place regular contact between the houses during the night which enabled staff to support each other.

The service was compliant with the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Applications had been made to the local authority to restrict people's liberty and keep them safe.

Is the service caring?

Good

The service was caring.

Staff knew people well and were able to anticipate their needs.

People using the service were well-groomed. Attention was given to each person's presentation. Relatives confirmed people were always clean and well dressed.

Professionals and relatives alike commented to us on the friendliness and the genuine care provided by staff.

Is the service responsive?

Good

The service was responsive.

People had in place individual care documentation which reflected their needs and met their preferences.

The service had recently employed two staff as senior carers from within the service, and were requiring the senior carers to review people's care plans. This built in additional capacity to the service to ensure people's care documentation was accurate and up to date.

People were protected from social isolation by support from staff to go out or with their preferred activities.

Is the service well-led?

Good

The service was well led.

People and their relatives were able to identify the registered manager. They told us they felt they could approach them with concerns and were confident in receiving a good response.

The registered manager had systems in place to monitor the quality of the service. We saw they had carried out surveys and found the results of the surveys to be largely positive.

Since taking over the service the registered manager had reviewed the policies and procedures in the home to ensure they were accurate and up to date.

Benton Care Services Limited

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 19 and 20 April and 5 May 2017 and was unannounced. We spent time in the service on 19 and 20 April and contacted relatives by telephone on 5 May 2017.

The inspection team consisted of one adult social care inspector.

Before we visited the home we checked the information we held about this location and the service provider. For example, we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Prior to the inspection we contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

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.

During our inspection we spoke with seven staff including; the registered manager, the deputy manager, senior care staff and care staff. We also spoke with three people who used the service and carried out

observations of people who were using the service but unable to speak directly with us. We spoke with five relatives.

We looked in detail at three people's care records and other records associated with delivering people's care and the management of the service.

Good

Is the service safe?

Our findings

Relatives we spoke to told us they were confident people using the service were safe. One relative told us they asked their family member if they were happy when they met; their family member had said, "I am happy." People who were able to talk with us they said, "Yes" to the question, "Are you safe living here." During our inspection we carried out observations and found people did not respond to staff in a distressed manner. People were reassured by staff throughout our inspection.

The Disclosure and Barring Service (DBS) carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We saw the provider had used DBS checks to assess if staff were able to work in the service. Prospective staff members completed an application form detailing their background, their experience and training, as well as providing the names of two referees. We saw the registered manager had requested references. Interviews had been carried out with prospective staff. This meant the service had in place a robust recruitment procedure.

We looked at the administration of people's medicines and found that staff, in addition to receiving training in medicines, were also regularly assessed by the registered manager as competent to give people their medicines. We saw people's medicines were recorded on a Medicines Administration Record and noted there were no gaps in the records. Medicines were stored in a locked medicines trolley or in secure cupboards behind a locked door. This meant medicines were stored securely. Staff knew which people required topical medicines (creams applied to skin) and when they needed to be applied. We saw these had been documented.

The service had PRN plans in place which they were reviewing at the time of inspection. PRN are medicines which are given to people as and when required. In one person's PRN plan we found the person was unable to verbally communicate when they were in pain. Their PRN plan described the behaviour staff were to look out for when the person was trying to communicate any pain. The plan went onto explain that when all avenues have been explored by staff, for possible pain sources, medical attention must be sought immediately. We saw there were detailed care plans in place for people who required emergency medicines for epilepsy. The plans were informed my medical practitioners and step by step guidance was given to staff. This meant people were given their medicines in a safe way.

Regular health and safety checks were carried out to ensure people who lived in the service were safe. The service had in place Portable Appliance Testing (PAT) and there were up to date fire certificates along with gas and electrical testing records. Hot water temperature checks were regularly carried and these were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). This meant checks were carried out to ensure that people who used the service were living in a safe environment.

Risk assessments were carried out on the building and actions put in place to mitigate risks. For example,

we found people's homes were free from hazards which may cause them to trip. Where people had individual risks these were documented so staff were given guidance on how to reduce risks to people. We spoke to staff about people and the risks to their well-being. Staff were able to tell us about the risks and what actions they needed to take to prevent people harming themselves or others. We found that risks to people were closely linked and monitored with their care plans to protect people. For example, one person had in place arrangements for their financial well-being. The service identified that without the arrangements in place the person could be at risk of financial abuse. The service also recognised that without the support of a chiropodist one person was at risk of pain and neglect. We found staff understood the risks to people and took action, when necessary, to mitigate the risks to people.

We found the service had in place arrangements in case there was an emergency in the service. In each of the three houses which made up Benton Care Services we found there was a readily available red bag accessible to staff and rescue services. The bag contained people's emergency personal evacuation plans (PEEPs). These described to emergency personnel the best way to support people to assist them evacuate the building.

We saw the service had in place a stair lift and found this had been regularly serviced. Staff told us which people used the stair lift and how the different straps on the stair lift were used to meet different people's needs. We found staff had engaged with services to manage a person's wheel chair and they had sought advice for one person regarding a shower chair. This meant staff understood the need to keep people safe when using equipment.

We found the home to be exceptionally clean and observed staff carrying out cleaning duties during the course of the day, to maintain the environment. Any spills or mess was immediately cleaned up. Although people shared bathrooms we found there were arrangements in place for each person to have their own wash bag containing their own toiletries. This meant we found the risks of cross infection in the home were minimised.

The service had in place a whistle-blowing policy. The policy supported staff who wished to raise concerns or tell someone about their worries. The registered manager told us there were no current investigations to concerns raised by staff. Similarly, we found the service had a staff disciplinary policy to ensure the registered provider was able to address any adverse staff behaviour. There were no on-going investigations into staff who had failed to adhere to the standards of conduct described in the policy.

We looked at the staff rotas and found there were enough staff on duty to meet people's needs. People were responded to promptly, if they needed support from staff. The registered manager told us the service did not use agency staff and staff would step in to cover shifts to ensure people received continuous care. The registered manager also told us staff had regular shifts and people were able to understand which staff covered which days. People who used the service confirmed which staff worked on which days. This meant people experienced continuity of care.

Staff had received training in safeguarding vulnerable adults and understood how to safeguard people. Staff told us they felt confident to approach the registered manager, if they had any safeguarding concerns. We saw there had been one recent safeguarding incident. This had been followed by a thorough investigation and actions put in place to prevent a re-occurrence.

The service had use of three vehicles – a mini bus, a car and one person had their own transport. We saw one member of staff was delegated to carry out regular checks and ensure the vehicles were in good working order. One of the vehicles had been recalled to the garage due to a possible mechanical defect. We

found staff had arranged for the vehicle to be examined. This meant staff ensured from their checks the vehicles were roadworthy.

Good

Is the service effective?

Our findings

We spoke with staff about staff training. One member of staff said, "We get loads of training." Another member of staff agreed. We saw the registered provider used a local training company to train the staff and had in place an annual training plan. Dates had been arranged to ensure all staff were able to bring their knowledge and skills up to date, as required, in the forthcoming year. The training included food hygiene, promoting positive behaviour, dignity, nutrition awareness and fire awareness. We found some people had specific needs which required addition staff training and found this training had been put in place. For example, staff had received training in epilepsy and stoma care. We saw the registered manager also undertook the same training as staff. They explained to us they needed to be up to date with their practice but also aware of how staff were learning from the training.

We saw written in the staff supervision policy, "All staff will be monitored and observed on a regular basis to ensure all knowledge is put in to practice and to ensure all policies and procedures are being followed." Staff had regular supervision. Supervision meetings are held between staff and their managers to discuss their progress, training needs and to develop their skills. We saw the registered manager had used a part of supervision meetings to carry out practice observations, including the administration of medicines, in line with their policy.

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. We found staff had been trained in MCA and DoLS and understood their role. Applications had been made to the local authority to deprive people of their liberty and keep them safe. Notifications had been made to CQC when the applications had been granted.

We saw the service had engaged with other professionals to look at the least restrictive options when the service was required to limit people's freedom. People were given freedom of movement within their own home, with alarms fixed to external doors as the most appropriate and least restrictive option to alert staff they may be leaving the home unobserved. This meant staff understood the requirements and were complaint with the MCA.

We checked people's weights and found people were not losing or gaining weight. Where one person had previously lost weight this had been closely monitored by the staff and there had been involvement from medical services. Advice had been sought from specialists regarding people's diets and the advice had been

incorporated into people's care plans. Our on-site inspection was carried out shortly after Easter and we observed Easter eggs being shared with people. For one person, who experienced swallowing difficulties, the chocolate was adapted so they could join in the eating of the eggs. The registered manager told us this person enjoyed chocolate and by adapting the Easter egg the person could join in the group's enjoyment of eating chocolate. The service had in place a menu, but staff told us whilst they encouraged people to eat healthily people had a choice to eat what they wished.

We saw each house had a diary in which people's appointments and messages between staff were written. We saw some people who used the service had been assessed in respect of their communication needs. The registered manager described to us using tools to support one person. For example, they were shown pictures of the mini bus and shoes and the person understood they needed to put their shoes on to go out in the bus. One person tried to communicate with us. Staff intervened and patiently asked the person to repeat what they were saying to facilitate communication with us. We saw staff had found ways of communicating with people so they were engaged with the service. One relative told us about a communication book they had in place, and said the book was usually completed detailing activities the person had done during week. This enabled the family to have conversations with the person when they visited their family at weekends.

During the night the service had in place a system for the waking night staff to communicate with each other. On the hour the member of staff in house one contacted the member of staff in house two who then spoke to the member of staff in house three. This communication system meant staff were able to support each other and if the staff member did not respond staff could take action by contacting the registered manager.

One relative told us the home was not allowed to become, "Shabby'. They said the home was regularly re-decorated and furniture replaced. One person showed us around the conservatory and indicated to us they liked the garden. On day one of the inspection we found some loose radiator covers. These were promptly attended to and secured to the wall by day two of the inspection.

We saw people had regular dental checks in place. During our inspection one person was taken to their GP due to a health concern. We found staff recorded any changes in a person's demeanour, which suggested they may be unwell, for other staff to observe. One relative confirmed to us the staff acted promptly if anyone needed medical attention and stated their family member had their, "Well Man" check every year. Another relative told us the service could get GP appointments for their family member quicker than they could. We saw where people had specific conditions, for example epilepsy, staff were allocated to take them to their appointments. We found chiropody appointments were in place for people whose care plans indicated their feet needed regular attention. This meant the service took care of people's health needs.

Good

Is the service caring?

Our findings

One professional told us they thought the staff were, "Marvellous." Relatives told us they thought the staff were, "Caring" and "Very caring." One relative told us the staff did more than care and the staff actually liked the people they were caring for; they said, "They like [the person] as well as look after them." Staff members spoke in warm tones about the people for whom they provided care.

One relative described the staff as having, "A good rapport" with people who used the service. We observed people had good relationships with the staff and were relaxed in the home. This was confirmed in the feedback given to the service through a professionals' and relatives' survey. One professional had written, "Clients happy and a good relationship with the staff." Professionals were asked about the things that most impressed them about the service. One professional wrote they were impressed by the caring friendly staff and the attention given to the care of the people who used the service. Relatives in their survey responses also commented on the good health and wellbeing of people. One relative wrote, "My [relative's] health and happiness is well looked after."

During our inspection we were introduced to people by name. Staff supported people to communicate with the inspector. Staff knew people well having worked with some of the people who used the service for a number of years. They were aware of people's histories and family members. They were able to engage people in conversation with humour. We found staff treated people with respect and dignity and observed personal care was carried out behind closed doors.

We found people's independence was promoted. One person in a wheelchair was given support to manoeuvre in the kitchen, but was then encouraged to propel their own chair. A relative told us their family member was able to do many things but sometimes played, 'Helpless'. They told us the staff had the right attitude to ensure the person continued with their independence and promoted the use of their skills. One person visited the other houses in the service. Whilst staff discreetly observed their movements, to ensure they were safe visiting other people, the person was able to enjoy their independence.

People in the service were well groomed and wore matching clothes. The registered manager told us people felt better when they looked good. We saw staff took care of people's finger nails and ensured their hair was washed. Relatives told us their family members were, "Immaculate." One relative commented on how the service had helped their family member feel good about themselves by spending time choosing new clothes. We saw the registered manager had taken photographs of people's clothing they found had not been sufficiently well-ironed and shared these in a team meeting. This meant staff were advised by the registered manager on the standards required to ensure people's well-being was supported.

The service used the Herbert Protocol. This is a nationally recognised scheme where people who are at risk of going missing are registered so that their details can be immediately released if they go missing. This scheme used by the police and other agencies compiles useful information which could be used in the event of a vulnerable person going missing. We found the service had applied the use of the protocol equally to everyone in the service and included people who required constant assistance.

People in the home had access to advocacy arrangements. We found the registered manager understood the need for advocacy and the service had access to advocates if required. We also found the service had listened to relatives as natural advocates for their family members. For example, people's independence needs had been noted by the staff.

The home had a service user guide to give people information about the home. This was written in large print and used pictures to demonstrate meaning. People's records were stored out of sight in their homes to protect their confidentiality.

Relatives told us they valued the service supporting people to buy cards and presents for their family at birthdays and at Christmas. One relative told us it meant people were enabled to be part of their respective families. Staff supported contact with family members and we found family members were welcomed into the home. One relative told us, "You always get invited in and offered a cup of tea."

Throughout the inspection staff gave people guidance and support. They provided explanations and told people what was happening next. For example, they advised them when they were going out and supported them to make choices. When people were going out staff explained to one person they were looking for their shoes so they did not become frustrated. As people got into the transport staff provided the support and supervision people needed to ensure they were comfortable.

Good

Is the service responsive?

Our findings

We saw prior to admission the registered manager had visited people to carry out an assessment to determine if people's needs could be met in the service. Staff had information about the person before they moved into their new home. This meant people's transition into the service was well-managed and staff could meet the person's needs.

The registered manager told us they were working on developing people's care plans to ensure they were more person-centred. They told us they knew people very well and the personalisation of the care plans was based on the knowledge they had gained through observations of people and discussions with family members and other professionals over the years. Relatives confirmed the service had a person centred approach. One relative said, "They know [person's name] very well." We saw the staff had started to review people's care plans and were adding additional information from their experiences of caring for each person. For example, one care plan stated, "[Person's name] likes a bath this is known from feedback from staff through past experience when bathing [person's name], as a shower from feedback from staff and experience will pull away and display agitation and fear like symptoms e.g. pulling away, trying to get out of the shower, flickering his eyes and stiffening of the limbs and becoming loud." In another care plan we found staff were required to say, "Goodnight" to a person with affectionate tones to "Help them relax, ready for sleep." This meant the service had guidance for staff in place to meet people's individual needs and reflect their personal preferences.

People had in place care plans which reflected their needs. For example, everyone had in place an eye care plan. Specific care plans were in place for individual needs, for example, continence care and stoma care. We found staff were given appropriate guidance and support to be able to care for people. Staff were also, through their experience of working with the people who used the service, able to tell us in detail about people's care needs. At the time our inspection the registered manager and staff had read people's files and identified where care plans needed to be brought up to date and could be improved. The improvements were being worked through using an action plan and dedicated time had been set aside to make the improvements.

We found care plans were regularly monitored and updated if a person's needs changed. The service had recently introduced a new approach to monitoring care plans. This was a checking system to identify if people had the appropriate care plans in place. The registered manager had recently recruited to newly developed senior care roles and had included in their list of duties, "Monitor care plans and personal files to ensure documentation is up to date and reviews are appropriate." This meant the registered manager was building in additional capacity into the service for reviews of people's care documentation.
We saw one person had a special chair and found them sitting on the chair to relax. The staff told us during a visit to a day centre they had observed the person use a similar chair and had made arrangements for them to have their own personal version in the home. This meant staff were proactive in meeting people's individual needs.

The registered manager told us that due to cut backs in funding for services people did not always have

access to regular activities and at times it was often difficult to find such activities. We found staff knew about people's preferred activities and told us the people who used the service liked to go out for trips in the mini bus and the car provided by the service. We observed when an outing was proposed people were happy to go out. On one of our inspection days this involved a trip to the Durham Dales. On their return people were smiling and told us they had been to see, "Baby lambs." One person enjoyed TV soaps. Another person was supported to go out for the evening and staff in the houses planned to swap over to help the person get ready to go out. A third person told us they liked to do jigsaws, whilst a fourth person in the service told us they liked to go shopping. We found the service catered for people's individual choices.

Relatives confirmed to us they appreciated the regular outings for their family members. One relative said, "They get out more than I do." Another relative appreciated their family member being taken out to meet them at a local venue. This meant people were protected from social isolation.

We saw the registered provider had a complaints policy and procedure in place. We looked at the complaints file and found no recent formal complaints had been made. Relatives we spoke to told us they had not had any cause to make a complaint. On relative said if they had noticed anything and raised a concern the registered manager had dealt with it immediately. Another relative said, "We have never needed to make a complaint", but were confident the registered manager would deal with it. Staff were required to take contact cards out with them in case a member of the public objected to the way they were dealing with people. Members of the public were invited to contact the registered manager with their concerns. We saw no concerns had been raised by members of the public.

People had in place hospital passports. These are documents which are taken to hospital if a person requires emergency healthcare or needs to be admitted. They supply medical staff with information about the person and their care needs. We found these were up to date and accurate.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. It was evident they understood the requirements of CQC and had submitted all of the required notifications. This meant the registered manager was meeting their registration requirements.

The service had an up to date statement of purpose. This is a document which tells people and their relatives what they can expect from the service. The document contained principles of good care; these included choice, dignity, respect, participation and independence. We found the service had embedded these principles into the culture. Our observations during the inspection showed staff treated people with these principles in mind.

Staff and their relatives spoke with us about the registered manager. One relative was thankful to the registered manager for providing the care and support to their family member. This had in turn reduced the family's worries and they felt better able to get on with their lives. Another relative told us, "The [registered manager] might not be everyone's cup of tea but they get things done." Relatives told us they felt confident in approaching the registered manager whilst staff said they felt supported by them. We found there was clear leadership in place and the registered manager set the standards of care required in the home. This included the cleanliness of the home and the standards of care provided.

We saw the registered manager had carried out surveys to assess the quality of the service. The responses to the service were positive. However, having adapted a survey to meet the needs of people who used the service they felt it was inappropriate to conduct the survey by using staff in the service. They told us if staff completed the survey with people they were concerned they would be open to scrutiny in respect of their openness and transparency. This meant the registered manager was questioning the practice of the home and was open to scrutiny. As a first step to obtaining people's views they had written to each person's care manager to discuss the person's capacity to respond to the survey. The registered manager told us this ensured the survey was meaningful to people who used the service and their responses were given with an understanding of why the survey was being conducted.

Since taking over the service the registered manager had progressed a review of the policies and procedures to adapt them to Benton Care Services. We saw a number of policies and procedures had been updated, for example, safeguarding, whistleblowing and supervision and training. We saw an action had been put into the service improvement plan to further develop the policies and procedures. The registered manager advised us they use an external company to seek advice regarding staff employment and disciplinary issues, to keep up to date. This meant the registered manager had systems in place to ensure they were able to carry out their role.

Regular audits were carried out by someone external to the service. The registered manager told us they believed this to be a requirement. We advised the registered manager this was not the case and directed them to the appropriate regulation. We found the audits included health and safety checks, for example on

bed rails. We saw once the audits were completed the registered manager had taken actions to improve the service. This meant there were regular checks in place to ensure the service was delivering good quality care.

We saw the registered manager held staff meetings and had used a staff meeting to divide staff into groups and have a more detailed discussion on practices in the home, to drive improvements. This meant the registered manager had engaged staff to think about how the service could be improved.

We looked at the care documentation in the home and found people's needs were described in detail. The documents were updated if people's needs changed. The registered manager had in place a programme to review people's care documents to make additional improvements.

We found there was clear partnership working with other professionals in the home. Professionals told us the home kept them informed of events in people's lives. Staff made contact with other professionals to seek advice and support about people's care needs. We found the advice had been incorporated into people's care planning. This meant partnership arrangements were in place to ensure people got the best care.