

Nottingham City Council

Oakdene Residential Care Home

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 

Overall summary

We inspected the service on 8 May 2015. The inspection was unannounced. Oakdene Residential Care Home is a care home providing accommodation and support for up to 28 adults with a learning disability. The service provides both long term and respite care and also has a day centre which people who use the service access during the week. The service is located close to the centre of Nottingham. On the day of our inspection 21 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

Summary of findings

When we last inspected the service on 4 February 2014 we found there were improvements needed in relation to the environment and getting the views of the quality of the service from the people who lived there. The provider sent us an action plan telling us they would make these improvements by May 2014. We found at this inspection that this had been completed and the provider had made improvements in line with the action plan.

People felt safe in the service and the manager shared information with the local authority when needed. Staff knew how to keep people safe and respond to any incidents of concern. This meant there were systems in place to protect people from the risk of abuse.

Medicines were managed safely and people received their medicines as prescribed. People were supported by adequate numbers of staff to ensure they received care and support when they needed it.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and

support. People were supported to make decisions and where they lacked the capacity to do so staff followed the appropriate procedures under the Mental Capacity Act 2005.

People were supported to maintain their health needs. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

People enjoyed the activities and social stimulation they were offered. People also knew who to speak with if they had any concerns they wished to raise, and they felt these would be taken seriously.

People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. Audits had been completed that resulted in the manager implementing action plans to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional requirements. Their health was monitored and staff responded when people's health needs changed.

People were supported to make decisions in relation to their care and support.

Good



Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect.

People were encouraged to make choices and decisions about the way they lived and they were supported to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies.

People felt comfortable to approach the manager with any issues and complaints were dealt with appropriately.

Good



Is the service well-led?

The service was well led.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

There were effective procedures in place to monitor the quality of the service and where issues were identified action was taken to address these to promote continuous improvement.

Good



Oakdene Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 8 May 2015. This was an unannounced inspection. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received, including statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views. 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 the visit we spoke with three people who used the service, and because they had some difficulty in verbal communication we also spoke with their relatives. We spoke with six members of care staff, the cook, the team leader, who had responsibility for the day to day running of the service and the registered manager. We observed care and support in communal areas. We looked at the care records of five people who used the service, medicine administration records and staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider. We conducted a tour of the service and looked at the environment including bedrooms, bathrooms and communal areas.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

The last time we inspected the service we found there had been a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People who used the service, staff and visitors had not been fully protected against the risks of unsafe or unsuitable premises. This was because the accommodation did not clearly distinguish people's private space and parts of it were inadequately maintained. We found improvements had been made since we last inspected in relation to the environment.

People benefited from an environment which had been made safer and more homely. People told us they liked their bedrooms and we saw people had been supported to have their bedrooms personalised to their taste. We saw that bedrooms had been redecorated and repairs made to the areas we had concerns about at the last inspection. We saw a survey completed by a relative of a person who used the service and they had commented, "Oakdene has had a complete makeover and it's brilliant. Looks more like a home."

A separate entrance had been created to ensure people who lived in the service could enter and leave the home without having to go through the adjoining day centre. The garden was tidy and uncluttered and the manager told us there was further work planned to improve the accessibility of the garden.

We looked at maintenance records and saw that where issues were identified and recorded in the maintenance log by staff, these were acted on in a timely way and signed off as completed by the maintenance staff. There were regular audits of the bedrooms and communal areas carried out the manager and staff to identify any maintenance issues and we saw that where issues were identified these were addressed. There were regular fire tests being carried out to ensure the equipment and fire doors were working properly and people had personal emergency evacuation plans (PEEPS) so they could be safely evacuated from the service if there was an emergency.

All of the relatives we spoke with told us they felt their relations were safe. One relative said, "They (relation) is

safe, without a doubt." We observed people who used the service looked very comfortable with staff. They were relaxed in the presence of staff, which indicated they felt safe with them.

People could be assured that incidents would be responded to appropriately. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed.

One member of staff told us "Everyone is aware of the importance of protecting people from abuse. I have never witnessed anyone behaving inappropriately towards people. I would raise any concerns I had with the team leader or manager." Another member of staff said, "Some people don't have any family and we are the closest thing they will have to a family so it's our responsibility to make sure they are kept safe." The manager demonstrated that they had shared information with the local authority following incidents that had taken place in the service.

People who expressed themselves through behaviour which might challenge had detailed plans in place informing staff of what might trigger this behaviour and how it could be avoided. The plans also informed staff how to respond and distract people when they became anxious. We saw this was effective when the fire alarm sounded during our visit and a member of staff immediately distracted a person who became anxious at the noise of the alarm. This had a positive effect on the person and they became calmer. This meant staff had the knowledge to recognise what might trigger behaviour and used effective distraction to avoid the behaviour.

Risks to individuals were recognised and staff had access to information about how to manage the risks. We saw there were plans in place informing staff how people may be at risk when out in the community and this detailed how staff could support people to stay safe.

One person had a health condition which led to seizures and placed them at risk of harm. We saw from the care records there was detailed guidance in place informing staff how to monitor the risk and how to respond to protect the person. Staff we spoke with knew about these risks and knew how to respond to them. Another person had suffered a fall and we saw that immediately after the fall

Is the service safe?

staff had put a detailed plan in place to inform staff of the risk and had made a referral to the falls and bones team for guidance to ensure they had everything in place to minimise the risk of a further fall.

Relatives felt there were enough staff working in the service. One relative said, "On the whole there are enough staff." We observed there were enough staff to meet the needs of people who used the service during our inspection. When people needed assistance there was always a member of staff on hand to give this in a timely way and during lunch there were staff available to give support to people who needed assistance with their meal. During the day, Monday to Friday people accessed the day centre and there were extra staff in the day centre to give support. The manager told us that provision was made by the provider to increase staffing numbers if the need arose, such as for people to be taken out into the community where extra support would be needed.

We spoke with three members of staff who told us there were sufficient staff on duty to enable them to support people who used the service. They said the number of people who received respite care varied and sometimes staff felt under pressure, but they were able to discuss this at staff meetings and felt their views were taken into consideration.

It had been recognised that one person displayed behaviour which may challenge staff at the weekends due to their change in routine because the day centre was not open. We saw this had been responded to positively by the provision of a member of staff to give one to one time to this person to provide them with stimulation at the weekend.

Relatives felt that their relations were supported appropriately with their medicines and told us they didn't have any concerns about how these were managed. One relative said, "[Relations] medicines needed to be changed and staff got the doctor involved."

People were supported to take their medicines as prescribed by their doctor. We reviewed the support people received to ensure they received the medicines they had been prescribed. Most medicines were stored in blister packs which had been prepared by the pharmacist to guide staff to ensure people's medicines were given at the right time of the day. Staff who supported people with their medicines had undergone a training programme on the safe handling of medicines, and their ability to support people with medicines had been assessed. We checked a sample of the medicines and found these were all being stored correctly.

We saw one person had been prescribed a medicine which care staff could give the person when required. We asked the team leader how staff knew when the person needed the medicine. We saw there was guidance in place for staff to help them assess if the person would benefit from the medicine and staff had made the appropriate records when they had given this. . This meant the use of this medicine could be monitored to ensure it was being administered effectively.

We found there were effective processes in place for ordering, storing and administering medicines. Team leaders carried out a weekly audit of medicines including the accuracy of records. An external audit had identified there were a high number of corrections in the records kept for controlled medicines (medicines which need stricter controls) and we saw steps had been put in place to reduce the number of recorded errors and to improve the process for checking and recording these. We saw the number of errors had reduced but these were still happening on occasion. The manager was aware of this and said it was being addressed through staff supervision and training.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to provide effective care and support. Relatives told us they felt that the staff were suitably trained. One relative told us, "Staff are well trained." Another relative said they had seen staff attending training.

The manager told us in the provider information return that they had introduced an incentive for staff development called, 'Year of the staff at Oakdene' at a staff meeting held in January 2015. They told us that staff were the most valuable resource in the delivery of care and that the manager's commitment was to provide training in areas of interest and beyond the mandatory courses. They also told us that staff were motivated through training, responsibility, recognition of good work and support for areas that need developing. They told us that managers observe how staff were performing and gave feedback accordingly.

Staff told us they had regular support and supervision with the manager, where they were able to discuss the need for any extra training and their personal development. They told us they were given the training they needed to do their job and records we saw confirmed the supervision and training was given to staff. Staff told us they were also able to raise any concerns they had during regular staff meetings.

People were supported to make decisions about their care and support. We observed staff supporting people to decide how they were supported. At lunchtime staff offered people aprons to protect their clothing and respected decisions when people said they didn't want one.

The manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and described how they supported people to make their own decisions. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. We saw that where people lacked the capacity to make certain decisions the management team had assessed their capacity for these decisions. Meetings were arranged with key people involved in each individual's care to determine the decision to be made in their best interests.

The manager displayed a good understanding of the Deprivation of Liberty Safeguarding (DoLS) and had

recently made an application to the granting authority for one person. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. The manager told us that a meeting was to take place to devise a care plan which would enable staff to deliver care based on this person's best interests and in the least restrictive way. The staff we spoke with had an understanding of DoLS and we saw training had been given to staff to support their knowledge.

Relatives we spoke with told us that the food was good and that people were given plenty to eat. One relative said, "The food is beautiful, I drop in and sometimes when it is mealtime." We observed people were given plenty to eat and there were drinks served regularly throughout the day.

People were supported to eat and drink enough to help keep them healthy. We observed the lunch time meal and saw the food provided looked appetising and nutritious. Where people needed support to eat their meal we saw this was given by staff in a discreet and supportive manner. We saw from one person's care plan that they needed their meals prepared in a special way due to their risk of choking and we observed staff provide this to the person at lunch.

We spoke with the cook and they were aware of who was on a special diet, such as a diabetic diet, and who needed their meals to have additional calories added due to their nutritional risks. The cook had a detailed nutritional plan in the kitchen for all of the people who used the service. This plan gave information on allergies, special diets and people's likes and dislikes in relation to food.

People had their weights monitored monthly and where a person had been found to be losing weight staff had taken action to address this. One person had been noted to have lost weight and staff had referred the person to an external dietician. The person was now provided with fortified food, weighed more frequently and staff monitored the amount of food they ate throughout the day. There was a detailed care plan in place giving staff guidance on how to support this person with their nutrition. The guidance included recommendations that the person needed to be provided with specialist crockery and prompted by staff to eat more. We observed staff followed this guidance at lunch time on the day of our visit and the person ate a good amount of food.

Is the service effective?

People were supported with their healthcare and staff sought advice and support from a range of external professionals when people's needs changed such as dieticians, occupational therapists and the falls prevention team. People who used the service and their relatives told us that doctors, dentists and chiropodists were used by the service when needed. One person said, "The chiropodist comes in." A relative said that a dietician had been to the service and given advice regarding food.

We saw people were being supported to attend health appointments and staff arranged for health professionals such as the chiropodist to visit people regularly. We saw one person needed to have a health condition monitored and there was guidance in their care plan informing staff how to monitor this. We saw staff were following this guidance.

Staff we spoke with understood people's individual health needs and the need to raise any changes or concerns. Staff we spoke with told us, "We see people every day and we understand their needs. The team leaders know we are in

the best position to contribute to people's care plans and they ask how people have been. We can also raise any queries or concerns and managers listen to what we say." Another staff member told us about one person they supported who had become less receptive to the support staff provided. They said they had raised concerns about the person's behaviour on a few occasions and as a result a number of external healthcare professionals now provided help and support which staff found helpful.

Where people had developed, or were at risk of developing, a pressure ulcer staff had sought appropriate advice from the district nursing team and had obtained specialist equipment to help manage the risk. We saw from the care records of two people who were at risk of developing a pressure ulcer that there was a plan in place informing staff how to minimise the risk of this. We saw staff had followed advice from the visiting district nurses such as supporting people with repositioning, as detailed in the care plans. We saw this care was effective with neither person had developed a pressure ulcer.

Is the service caring?

Our findings

People who used the service and their relatives felt staff were kind and caring. One person said, “(Staff) are very good to me.” A relative told us, “Staff are very caring, [relation] likes them and goes to them. They are happy to get back to them.”

We saw a relative had commented on a recent survey, “All the staff are very kind considerate and caring.” Another relative had commented, “During my visits I have been very impressed by the way in which staff care for the residents. Particularly how they make them feel at home and become their friends rather than people who are paid to do a job.”

We observed people who used the service and staff in the afternoon engaged in an activity. It was a happy and relaxed atmosphere and there was banter and laughter throughout. Staff engaged positively with people and this led to some singing and dancing. We saw one person walking with a member of staff and the member of staff started to dance with the person and this was enjoyed, the person was dancing and smiling.

People were treated with kindness and compassion by staff. We heard staff speak with people in a kind tone of voice. We saw staff bend down to get eye contact with people to gain their attention before speaking with them. We saw staff were patient and understanding when supporting people. For example, we saw a member of staff supported a person with their meal and the staff member sat with the person in a relaxed manner giving them space and time to eat this. Staff we spoke with showed compassion for people who used the service. They also spoke with compassion about some relatives who they tried to support when they struggled with their emotions about having their relation in a care setting.

The manager told us in the provider information return that the service strived to build on positive relationships with parents/carers, having empathy and understanding on how they are feeling. They told us, “Some parents find it very difficult in 'letting go' when their loved one moves into residential care and we try to support and reassure them that we welcome their contributions in the care that we deliver.”

Staff had an appreciation of the importance of people's choice and we saw examples of staff supporting people with this. People were given choices about their care and

support. We observed staff offered people choices in relation to food and how they wanted to spend their day. The manager told us in the provider information return that people had been given the choice of how they wanted their bedrooms decorating. Staff confirmed this had been the case on the day we visited and we saw bedrooms were highly personalised to the tastes of the individuals.

One member of staff told us, “It's important to really get to know the person you are providing care for and for them to feel they can trust you and it takes time to build trust, they have to feel confident you understand what they need.” The staff we spoke with told us the key part of their role was to provide people with whatever care and support they needed. Another staff member told us about one person who was not always willing to engage with staff and accept the care being provided. They said, “We have to be patient, we have learned that sometimes they don't want us to provide care. We have to respect their wishes and wait until they are ready for us to assist them.”

People were supported to retain their independence. We saw there was a variety of communal areas where people could choose to spend their time and there were kitchenette/dining areas where people could be supported to make their own snacks and drinks to maintain their independence. We observed some people being supported to make pizza, wedges and drinks in the kitchenette.

People were provided with specialist crockery and cutlery aimed at supporting people to maintain their independence. There was also a washing machine in the kitchenette area if people wanted to do some washing. Care plans held detailed guidance about what people could do for themselves and when they would need support from staff.

People were supported to have a say in how they were supported when they had limited verbal communication. We saw there were detailed individual communication plans in place informing staff how individuals communicated and how to interpret their body language. Staff we spoke with understood people's communication skills and how to interpret their body language. We saw an example of this when staff recognised from the body language of one person that they were unhappy. It was noticed immediately by staff and they knew immediately

Is the service caring?

what had upset them, and when staff addressed this the person was visibly relaxed. Staff spoke with us and explained what the problem had been and they clearly knew the person well and how they expressed themselves.

The manager told us that there was information available for people if they wished to use an advocate and that a local advocacy service was visiting the home in the near future. We saw this information on display in the service. Advocates are trained professionals who support, enable and empower people to speak up.

Relatives told us they felt staff were respectful of people's privacy and dignity. One relative said, "They (staff) are respectful." We observed staff respecting people's privacy and dignity when supporting them. Staff were discreet when supporting people with personal care and told us

that some people chose to lock their bedroom door for privacy. We saw staff knocked on people's door prior to entering to maintain people's privacy. Staff we spoke with showed they knew the appropriate values in relation to maintaining people's privacy and dignity and treated people as they would like to be treated themselves.

The manager told us that one of the team leaders was a dignity champion. Dignity champions are given training and guidance to enable them to embed good practice in relation to valuing people and roll this out to other members of staff. The manager told us the team leader was in the process of getting a working group together to promote dignity values in the service. Staff we spoke with had a good understanding of how they should support people with their privacy and dignity.

Is the service responsive?

Our findings

People's individual needs were well detailed in their care plans and it was clear from the level of detail in the plans that people and their significant others had been involved in developing these. The plans contained a vast amount of information about each person including how they preferred to be supported and what was important to them. Staff we spoke with had a very good knowledge of individual needs and how people liked to be supported.

The manager told us in the provider information return that they were planning to introduce an individual snapshot care plan for each person so that staff could see at a glance what people's individual needs were. We saw these had been implemented and they gave staff a clear overview of each person's needs and how they wanted to be supported.

People's diverse needs were known and people were supported to live their life the way they chose. For example two people followed a particular faith and needed support to eat a diet which reflected this. We saw the cook knew about the diet and catered to these requirements. Staff we spoke with described working with relatives to address the cultural needs of one person who used the service. They told us they and the person's relatives brought in food and celebrated festivals. One member of staff said, "We learn about their cultures, help them to wear traditional dress and learn from relatives and from staff who have a similar culture."

Relatives told us they felt staff supported their relation to maintain their hobbies and interests. One relative said, "They did a birthday party and played the music [relation] likes." One relative told us, "They do things [relation] likes doing, for example getting a taxi, not the bus if out as [relation] doesn't like the bus." One person's care plan showed they had a particular interest and we saw they were supported to follow this.

We observed people engaged in activities. One person enjoyed doing some artwork and we saw artwork completed by people was displayed around the service. A group of people were supported in baking. The service had its own day centre and people who used the service were asked each day if they would like to attend the day centre to take part in activities offered there. The manager told us in the provider information return that people also had access to an alternative daycentre and on the day of our visit we saw six people being supported to go to the alternative daycentre.

People were supported to go out into the community, and holidays were provided for people who used the service. Records showed people were supported to go on holiday and trips had been arranged to external venues such as the theatre. Entertainers visited the service and there were celebrations and events held in the service.

People knew how to raise concerns if they were unhappy with the service. We saw that complaints were an agenda on the meetings held with people who used the service. This discussion included making sure people knew who to speak with if they had any concerns. Relatives told us that if they had raised any issues they were addressed by the staff and manager.

People could be assured their concerns would be responded to. There was a clear procedure for staff to follow should a concern be raised. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to the manager. We saw there had been one complaint raised and we saw this had been investigated and professionals involved in the persons care had been consulted with to ensure the best outcome for the person. A meeting had then been held with the person who raised the concern. We also spoke with the person who raised the concern and they told us there had been improvements made and they were happy with the outcome.

Is the service well-led?

Our findings

The last time we inspected the service we found there had been a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because there had been insufficient arrangements for obtaining feedback from people and inadequate quality assurance arrangements that increased the risk that people would not reliably receive support in a safe setting. We found improvements had been made since we last inspected in relation to people being supported to give their views about the quality of the service.

The manager told us in the provider information return that regular meetings were held with people who used the service and with their families. They told us that an annual survey was sent out to people who used the service and their families to capture feedback on the care delivered at Oakdene.

People and relatives were aware of the meetings held for them in the service. One relative said, "I go to the carers meetings. At the last meeting we talked about holidays, where people might go and gave suggestions." Another relative said, "I would attend if I had anything to say." We saw the records of the most recent meeting which showed that people who used the service had been asked for their opinions on what activities and holidays they would like, and if they would like any changes to the menu.

We saw evidence that an annual client satisfaction survey was carried out and this was just being completed for 2015, with surveys given to people who used the service and their relatives. We looked at the survey results for May 2014 and saw these included positive comments about the service provided along with some suggestions for improvement they felt could be made. The manager recorded the action taken in light of these comments on the survey forms. For example some people had said they were not aware of the complaints procedure in the service and the manager had provided these people with a copy of the procedure.

There was a registered manager in post and she understood her role and responsibilities. The registered manager did not work in the service every day and on those days there was a team leader responsible for the day to day running of the service. We saw the team leader also knew their role and responsibilities and demonstrated appropriate leadership skills. People knew who the

management team were and felt they could approach them if they wanted to discuss anything. Records we looked at showed that we, the CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

Relatives told us about improvements to the service and one relative said, "It is well led now, they've had a lot of changes with new staff." The management team had a good understanding of how the service was running and recognised what improvements they still wanted to make. The manager detailed a list of improvements they planned to make in the provider information return, including implementing a more person centred approach to annual reviews, including the person in the planning and implementing of the reviews. This showed the management team recognised where they could improve the service further.

The manager told us in the provider information return that there were regular staff meetings that promoted honest and open discussions for all. They told us managers were approachable and would support staff when they have concerns or issues. We saw the minutes of a recent staff meeting and we saw this was an open two way discussion and staff clearly felt they could raise issues and they would be listened to. For example staff had requested additional equipment and we saw this had been provided.

Staff told us they felt the management team listened to their views including if they raised any concerns or suggested improvements. They told us that when they attended staff meetings they felt they were listened to. They told us they felt supported and could approach the management team, who had a visible presence in the service.

We could see that staff enjoyed working in the service, they looked happy and they told us they enjoyed their job. One member of staff told us, "I love it here." The service had four team leaders and they all had a delegated area of responsibility, such as management of medicines. The team leaders were responsible for providing leadership and direction to staff and we saw this was effective with staff working together as a team in an organised and efficient way.

There were systems in place to monitor the quality of the service provided. The manager told us in the provider information return that peer inspections and quality

Is the service well-led?

assurance inspections took place so that the service could assess that the care they were delivering was of good quality and was safe. We saw evidence of the peer inspections, which were carried out by managers from other Nottingham City Council services. These involved speaking with people who used the service, relatives, staff, observations of care and looking at systems and records. Where areas of improvement were identified these were recorded and discussed with the manager with a list of actions to be taken. For example one action was for the

entrance to the service to be tidied up and we saw this had been completed. The manager also completed audits of the service to assess the quality and these included observations of the staff working in the service.

We saw the records kept of the quality assurance inspections carried out by a head of service provision. These focussed on different aspects of the quality of the service each time for example, infection control, training and the environment. Where areas requiring improvement were found these were included in the report sent to the manager and these were addressed.