

Sanctuary Home Care Limited

# Sanctuary Home Care Ltd - Gloucester

## Inspection report

Middleton House  
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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?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 15 and 16 March 2017 and was announced. At the last inspection on 8, 9 and 10 December 2015 no legal requirements were issued but some areas needed improvement. These included needing to review and make sure there were enough of the right staff on duty, at the right times, to meet people's needs and to manage the service effectively. There needed to be an improvement in people's support/care plans so staff were fully aware of people's individual needs and preferences.

During this inspection improvements in these areas had been achieved by the interim manager in post. The service however, was still without a permanent and registered manager which had been the case since December 2015. 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. This issue was discussed during this inspection. Following our visit to Middleton House it was confirmed that a new manager was due to start soon and they planned to apply for registration with the CQC. This plan of action will be monitored by the CQC.

Sanctuary Home Care Ltd – Gloucester provide a domiciliary care service to people who live at Middleton House. Middleton House comprises of 49 one and two bedroom apartments for rent or shared ownership. As well as private apartments there are communal areas which people can use and enjoy. These include lounges, a restaurant, hair salon and additional toilet and bathing facilities. Care staff were based at Middleton House and carried out care visits to people who lived there.

The service is safe. People were protected against risks that may affect them. There were arrangements in place to manage known risks and quickly identify potential risks. There had been improvements made to staff numbers and the availability of staff. The service was now able to carry out all planned care visits for the agreed allotted time. Staff were also able to manage additional situations and tasks without this having an impact on people's planned care visits. For example, visits by and liaising with care and health professionals, additional requests for support (extra care calls), emergencies and maintaining necessary care records. There were robust recruitment processes in place to protect people from those who may not be suitable to care for them. People were protected from potential acts of abuse and discrimination. Staff received training which enabled them to carry out their tasks safely and in line with necessary legislation and people's human rights. Staff told us they would like some additional training relating to particular illnesses and conditions. The provider subsequently provided us with a comprehensive list of training which all staff received. They also confirmed that staff were able to request additional training, in the illnesses/conditions they had mentioned, through the provider's learning and development team. People's medicines were managed safely and they received these as they required them.

People received effective care which was provided in a caring and compassionate way. People's individual choices, preferences and wishes were listened to and supported by the staff. People were treated with dignity and respect irrespective of their diverse needs and beliefs. Staff showed a genuine desire to make

people comfortable and to offer reassurance when needed. Staff supported people to live independently but were aware of when additional support was needed. Staff provided necessary support to ensure people ate and drank sufficiently and they helped them access support from health professionals when needed. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and therefore people were supported to make independent decisions about their care. People's consent and agreement was sought before support was provided. At the time of the inspection everyone had the mental capacity to make independent decisions and to provide consent. However, the manager confirmed that if this were not the case, people's care would be delivered lawfully and according to the principles of the MCA.

The service was responsive to people's individual needs and staff included people in the planning of their care. Staff knew people's particular choices and preferences when it came to how they liked their care delivered. People's personalised needs and how these should be met were recorded in support/care plans. These records were kept in people's private apartments so they had access to the information held about them. Copies of these records were kept securely in the care office. Information about people was only shared with their consent and then on a need to know basis only. There were arrangements in place for people to raise a complaint and have areas of dissatisfaction resolved.

The service had not always been well-led but people had benefitted from effective management arrangements having been in place since November 2016. The provider had quality monitoring processes in place. At the time of this inspection these quality monitoring processes were being used effectively, necessary actions had been identified and were being acted on because there were effective management arrangements in place. These improvements and the effective management arrangements needed to be sustained.

## 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 were protected against risks that may affect their health. Environmental risks were also assessed and managed.

There were enough staff to meet people's needs and good recruitment practice protected people from those who may be unsuitable to care for them.

People were protected from abuse because staff knew how to identify this and report any concerns they may have.

Arrangements were in place to ensure people received the support they needed to obtain and take their medicines safely.

### Is the service effective?

Good 

The service was effective.

People were supported by staff who had received appropriate training and who were able to request additional training if they required it.

People were supported to make independent decisions. The staff understood the principles of the Mental Capacity Act (2005) so if and when people lacked mental capacity, they were protected and their care delivered lawfully and in their best interests.

People received appropriate support with their eating and drinking to help them maintain their nutritional well-being.

People received support, where required, to ensure their health needs were met.

### Is the service caring?

Good 

The service was caring.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People's preferences were explored and met by the staff. Staff delivered care in a way which met people's personal preferences and needs.

People's rights to dignity, privacy and having their diverse needs respected were understood and maintained.

Information about people was kept secure and confidentiality was upheld.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in planning their care and then in reviewing their support/care plans. People had access to their care records.

Staff were keen to ensure information about people, which included their preferences and wishes, was up to date, so they could be appropriately responsive to people's individual needs.

There were arrangements in place for people to raise a complaint or have an area of dissatisfaction listened to, taken seriously and addressed.

### **Is the service well-led?**

**Requires Improvement** ●

The service had not been well-led.

Inconsistent leadership had affected the standard of service people had received. Although more effective management had been in place and improvements had been achieved, moving forward, this needed to be sustained.

The provider had quality monitoring systems in place. An effective manager in place had resulted in these processes being used by effectively to drive improvement in the service.

People had opportunities to express their views about the service and their feedback had been listened to and the services improved.

# Sanctuary Home Care Ltd - Gloucester

## **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 15 and 16 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service since the last inspection which was on 8 December 2015. There were no legal requirements to be followed up from this inspection. The provider had submitted a Provider Information Return (PIR) to the Care Quality Commission in January 2017. This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

During the inspection we spoke with four people who used the service. We spoke with the interim manager, administrator and four care staff. We reviewed four people's care records which included risks assessments, support plans and medicine administration records. We also reviewed assessments completed by the local authority of the support and care visits people were funded to receive. We reviewed two staff recruitment files and the service's staff training record. We reviewed a selection of electronic audits and reviewed the progress made in relation to subsequent actions set by the provider. We also requested that the provider's recruitment and selection policy and safeguarding policy be forwarded to us electronically. This was done during the inspection.

# Is the service safe?

## Our findings

At the last inspection on 8, 9 and 10 December 2015 some improvements were needed in how staff were made available so they could carry out people's planned care visits appropriately. Also, in how staff were able to respond to the provider's additional service known as Extra Care. This service enabled people to call for assistance between their planned care visits. For example, if they urgently needed to use the toilet or were poorly. During this inspection the manager confirmed this had been addressed; as did the care staff.

Since the last inspection the staffing arrangements had been altered. Although staff recruitment was on-going the manager confirmed they now had a consistent care team in place. Care staffs' working hours had been worked out around people's care visits. For example, there were now additional staff on duty in the evenings to manage the evening care visits. The Provider Information Return (PIR) referred to an extra member of staff on duty in the evenings from 9 January 2017. With the exception of the night-time, where it was normal practice to have one member of staff on duty for emergencies, there was now never just one member of staff on duty. This ensured for example, that visiting health care professionals or Extra Care calls could be responded to without having a negative impact on people's planned care visits.

Prior to this inspection the Care Quality Commission had received information about people not receiving care visits and care visits not lasting the agreed length of time. During this inspection people told us their care visits were taking place and staff provided care over the agreed length of time. One person said, "They [staff] are mostly on time give or take five minutes." This person went on to confirm that when their call started slightly late staff still provided the allocated time. Another person said, "Things are much better now, no more missed calls thank goodness." The improvements made by the manager to how staff hours were organised had ensured people received the support they required and that their needs were met safely.

The structure of the staff team had also been improved. An administrator was now employed to plan the care visits and staffs' availability. They also processed and managed many other administrative tasks which, in turn, had freed up the team leaders to be able to support the care staff. This had given team leaders the time to properly maintain necessary care records. They were also able to liaise with external health and social care professionals. When not on duty team leaders were on call for advice and support if needed. Spot competency checks on care staffs' work/practice had also been able to be completed by team leaders.

At night there was an on call rota of senior staff which ensured the night member of staff had access to advice and support when needed. One member of staff said, "It is now possible to meet people's needs in the times allocated." Staff explained care visits were still planned back to back but since the administrator had been planning these there was now some "down-time" (gaps/breaks between) built into these. This enabled staff to catch up if they had run over time during a visit, to have a break, complete care records or be free to attend to other tasks such as Extra Care Calls.

Staff told us they attended a hand-over meeting each time they came on duty. This ensured they were aware of any changes in people's care or condition. They told us they used a communication book to communicate any other necessary information between themselves. The Provider Information Return (PIR)

referred to a form being introduced which staff could complete if they had any concerns which needed to be communicated. This form was in place at the time of this inspection. Staff explained it was another way of passing on non-urgent concerns which could then be followed up by team leaders or the manager. It was another way of ensuring potential risks to people were identified early. The care staff told us they felt well supported by the team leaders and manager and they confirmed that any concerns about people were followed up.

People were protected from those who may not be suitable to care for them. The staff recruitment records contained all necessary checks and documents which demonstrated a robust recruitment process was in place. For example, checks were completed through the Disclosure and Barring Service (DBS). A DBS request enables employers to check the criminal records of employees and potential employees in order to ascertain whether or not they are suitable to work with vulnerable adults and children. This, along with relevant references and a full employment history check, assisted the provider in making safer recruitment and decisions. The provider also made individual decisions as part of that recruitment process. For example, following an initial check with the DBS, but before a full clearance had been received back, one member of staff had been allowed to start their induction training but at no time had they been able to work with people or have access to them without supervision.

Still part of the recruitment process and once recruited all staff had to successfully complete a probationary period. Support and guidance was given during this time to help the new recruit understand the provider's policies, procedures and expectations. Records for two members of staff showed that managers had held review meetings with them during this time to review their progress.

People were protected from potential abuse and neglect. The provider had robust policies and procedures in place with regard to safeguarding people. The provider's policy told us they worked in line with local county council policies and protocols in order to safeguard people. All staff received training about this and they were aware of their responsibilities in regard to this. Safeguarding people was recognised within the organisation as being "everyone's business". Staff were clear about what they needed to do if they witnessed abuse or if an allegation of abuse was reported to them. They were also aware of how to report concerns within their own organisation and to relevant external agencies. The provider's arrangements ensured that all safeguarding concerns were reported to senior managers within the organisation who then checked to see the appropriate processes were adhered to. The provider had staff who acted as safeguarding officers and safeguarding champions who could provide further guidance where needed to staff and service managers.

People were protected from discrimination or potential acts of discriminatory abuse. Staff had received training on equality and diversity and the service's policies, procedures and other literature supported people's human rights and the Equality Act 2010. One member of staff told us that any form of discrimination was not tolerated at Middleton House. We discussed with some staff how they promoted people's equal rights and how they recognised and accepted people's differences. We discussed with one person how relevant support had been given to them by the staff and how this had helped them. Another person told us that discussions on equality and diversity, with the staff, had helped some people be more aware of discrimination and how this can have an impact people.

People's medicines were managed appropriately. They had access to the medicines they required and all medicines were stored safely. Some people, not all, received support to obtain and take their medicines. This support varied from being reminded to take medicines to medicines being administered by the staff. If able, people ordered their own medicines but where this was not possible staff would do this. We spoke with one person who received care visits to remind them to take their medicines. Another person told us they could self-administer some of their medicines but required staff to administer others. There were different arrangements in place for some medicines. For example, the administration of insulin to people with diabetes was carried out by the community nursing team.



Staff who supported people with their medicines received training. Records showed staff were up to date with their training in medicine administration. There were arrangements in place to also review and assess staffs' ongoing competency in this task. The medicine system, as well as all relevant records, were audited to ensure correct processes were followed. An audit carried out earlier in 2017 had failed to identify a shortfall in the completion of people's medicine administration records (MARs). MARs keep an audit trail of when people receive their medicines and if maintained accurately help to avoid potential medicine errors. Following this the manager took over completion of these audits and staff received refresher training. Checks so far had shown an improvement in record keeping. The manager confirmed they were due to re-audit at the end of the month (March 2017).

All medicines were stored securely in people's own accommodation. One person told us they had been advised by staff they needed to take their medicine dosette box with them when they went out. They had asked if staff could put their medicines in another container for them to use whilst out. They had been told by the staff that they [the staff] were unable to take the medicine out of the container the Pharmacist had originally dispensed them in to. This advice, given to the person by the staff, showed the staff understood that only a Pharmacist was qualified to dispense medicines. By taking medicines out of the original container they had been dispensed in to and placing them in another is called secondary dispensing. Secondary dispensing is to be avoided as it puts people at risk of potential medicine errors. This showed that staff were following good practice in relation to people's medicines.

People were provided with support to address and manage specific risks which may have a negative impact on them. People's records contained assessments which assessed the levels of risk. For example, in one person's case this related to: how the person was supported to move, the equipment used to do this, the person's eating and drinking and the safety of their environment. The person's support plans gave staff guidance on how these risks would be safely managed. Another person had fallen whilst using a piece of equipment in their private accommodation. Records showed that staff had subsequently reminded the person to take the necessary precautions to prevent this reoccurring. Any new equipment provided to a person and to be used by the staff was introduced to them and the person by an occupational therapist first. This had been the case for new equipment provided to help one person bathe safely.

All accidents and incidents were recorded and reported to the provider's head office. Accidents, for example, falls, were analysed by staff at head office and trends and patterns looked for. Information from this influenced the actions put in to place so as to avoid reoccurrences.

## Is the service effective?

### Our findings

People were looked after by staff who had received training in core subjects relevant to their work. These subjects had included: life support, medication administration, safeguarding adults, equality and diversity, the Mental Capacity Act, professional boundaries, safe moving and handling, dementia care, fire and food safety, infection control and nutrition awareness. Staff were up to date with this training, which the provider considered to be mandatory.

Staff received training on a wide range of subjects which the provider forwarded us information about although the staff told us they would benefit from more specific training and knowledge about people's particular illnesses/conditions. The provider subsequently informed us that training in all of the additional subjects, mentioned by the staff, could be organised. They explained staff were able to request these through the provider's learning & development team who would source these as they were requested. We did not gather any evidence that would suggest staff lacked appropriate training. Staff also confirmed they did their own homework/research on conditions/illnesses they were unfamiliar with. For example, one person had been told they had a condition which the staff had not heard of before. In this case, a team leader had downloaded information about this from the internet and shared it with colleagues. The Provider Information Return (PIR) did refer to additional training being organised in the future to meet one particular person's needs.

People told us they were happy with the standard of care and support they received. They confirmed their care and health needs were met effectively by the staff. There was one exception to this, in one area, of one person's care. This person however, said, "I'm generally happy with my overall care." The person gave us permission to bring this to the manager's attention. The manager was due to speak to the person to resolve the issue and to ensure the care delivered at each visit responded to the person's needs at that time.

People were supported to make their own decisions about their care, treatment and how they lived their lives. Staff achieved this by recognising that where mentally able to do so, people had the right to make their own decisions and then by respecting the decisions people made. Staff had received some training in recognising difficulties in decision making and they understood people had a right to make unwise decisions. At the time of the inspection we were informed that, including those who lived with dementia, everyone had the mental capacity to make independent decisions. There had been no situation where a person had not been able to make a necessary decision. However, the manager and senior staff understood the principles of the Mental Capacity Act and supported staff to be aware of this in their work. 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 make particular decisions, any made on their behalf, must be in their best interests and as least restrictive as possible.

People's rights related to privacy around correspondence about them were maintained and respected. In the case of two people, their specific wishes in relation to who information was shared with, were clearly

documented and known to the staff. We saw people's signed consent with regard to information sharing. People's signed consent was also specifically sought for the use of certain equipment such as bed rails and wheelchair lap belts. At the time of the inspection there were no Court of Protection arrangements in place.

People who required support to maintain their nutritional well-being were supported to do this. People required varying levels of support to eat and drink. These needs were recorded in people's support plans as well as the support to be given. We observed staff prepare one person's lunch. They also prepared this person's breakfast and evening meal during different care visits. Another person told us they prepared their own lunches but care staff prepared their main evening meal. Staff ensured people had snacks and drinks near to hand if they were unable to access these independently. Staff completed a nutritional assessment for each person which helped determine what support was needed. This was updated on a monthly basis. People who required their nutrition by other means, for example, through a tube directly into their stomach obtained support for this through the community nursing team.

People had access to health care professionals and many people had help from family members to do this. Where this was not the case staff assisted people to, for example, ring their GP and make other health related appointments. One person told us they usually managed to arrange their own GP visits, but where they had been too poorly to do this the staff had done this for them. People made their own arrangements in relation to foot care, dental care and eye sight and hearing assessments. In an emergency staff contacted the emergency services.

# Is the service caring?

## Our findings

People told us staff were caring and kind. One person said, "Everyone is very kind and respectful. All, without exception, are lovely and no-one has ever upset me." We observed staff showing kindness and a genuine concern for this person's welfare and comfort when they visited them. We could see this person enjoyed a relaxed and trusting relationship with the staff. Another person referred to the staff as being "very kind".

We observed staff speaking to people in a respectful way and referring to people in a professional manner when they discussed people's care with us. People's views and opinions were listened to. Staff respected the decisions and choices people made about their care and daily lives.

People felt listened to and valued. One person explained how staff had supported them, listened to them and had helped them with their own diverse needs. This person confirmed, as did their care records, that their individual preferences, wishes and choices had been explored with them when planning their support and care.

Another person confirmed they had been very involved in making decisions about how their support would be provided. As with the person above, a record had been made of their very specific wishes. These were known to the staff and respected by them.

People were supported to live as independently as possible. One person told us the staff were "very good" at recognising when they were having "good days" and "bad days" and adjusted their support accordingly.

People's right to a private and family life was respected. People received visitors as and when they chose to and their privacy was upheld. Middleton House also provided communal areas for people to entertain visitors in as well as private apartments. We saw people were free to entertain their visitors in these areas. Staff were very respectful of the fact that people's apartments were their individual private spaces; their homes. We observed staff knocking on people's front doors or ringing their doorbell and waiting to be invited in. Staff were then respectful of the fact they were visiting a person's private home.

Staff had received training which helped them to maintain professional boundaries. This training helped staff to maintain professional relationships with people and helped them know what they could talk about and how to maintain confidentiality. Information about people was kept confidential and secure. Information was shared with staff on a needs to know basis only.

## Is the service responsive?

### Our findings

People told us they were involved in planning their care and that staff discussed with them any required adjustments in relation to this. People had support/care plans which recorded their care needs and which then gave staff the required guidance on how to provide people's care. These plans were detailed and also gave guidance on safe ways of working. The manager explained the team leaders had worked hard to produce plans which were personalised. People's plans were therefore relevant and pertinent to the individual they were about. They incorporated people's specific preferences and wishes which had been explored with them and recorded.

The provider's expectation was for people's plans, along with any risk assessments, to be reviewed and amended when there were any changes to the care delivered. We found people's plans to be well maintained and up to date. An overall review of all plans and risk assessments took place with people six monthly. A record was kept of support/care plan reviews which had been completed and of those which were due. This helped the team leaders maintain this system well. One person's six monthly review said, "Happy with their care." Provider auditing had identified a need for staff to get people to sign their six monthly reviews to demonstrate their involvement and agreement with their plans.

People's care records also contained a record of the care and support delivered during each visit. A copy of the support/care plans, daily records and risk assessments were kept in each person's private accommodation as well as the care office. Both versions of these records were kept up to date. People therefore had access to their care records.

There were arrangements in place for people and visitors to raise a complaint or have an area of dissatisfaction listened to and resolved. Information about this process was given to people when they moved in to Middleton House. The manager told us they listened to what people told them and they then aimed to resolve any issues. People and staff confirmed the manager was always keen to know if there were any areas of dissatisfaction which could be addressed. The manager explained that she would rather resolve any issues before they became a complaint. An example of this proactive approach was witnessed during the inspection when we discussed the one person's area of care which could be improved on.

A complaints log was kept by the service and this was reviewed by senior company staff during their monitoring visits. The provider therefore kept a track of all complaints and areas of dissatisfaction received and of the actions taken to address these. All complaints and areas of dissatisfaction, whether received in writing or verbally, were reported to the provider's head office when received. We reviewed the complaints log with the manager. The manager confirmed that for a period of time, prior to them working at the service, there had been a lack of effective management of the service which had had an impact on the quality of the service people received. Some complaints and expressions of dissatisfaction had been received and expressed about this. The log showed that these had subsequently been taken seriously, investigated and rectified by the actions taken by the manager. People had also received an apology.

The last recorded complaint had been in January 2017. This was not related to the delivery of care but an

area of domestic support. This had involved support in this area being given by staff when the person did not want this – the person had felt staff had not listened to them. An apology had been given and staff made more aware of the actual support required.

## Is the service well-led?

### Our findings

The service had not always been well-led and remained without a registered manager which had been the case since December 2015. The last registered manager stopped managing the service just prior to the last inspection. Since then the provider had made interim arrangements for the management of the service. Up until March 2017 there had been no registered manager application submitted to the Care Quality Commission.

In March 2017 the current interim manager applied to CQC to be registered manager. During the inspection however, we learnt this had been a temporary management arrangement and they were due to leave this position in April 2017. Following this inspection CQC made further enquiries as to the future management of the service. The provider subsequently confirmed that the service is currently being managed by one of the provider's registered managers of another service. They told us they aimed to have a new manager in position by the end of July 2017. CQC will continue to monitor this situation with the provider.

The interim manager present during the inspection had been responsible for the management of the service since November 2016 but they had worked at Middleton House since August 2016. As reported on in this inspection report, various arrangements were put in to place by this interim manager to improve the services provided to people. Staff confirmed things had improved since the interim manager had been in post. One member of staff said, "It's a far nicer place to work now." They referred to some situations and team dynamics having been managed and resolved by the interim manager. Staff had however, been told this manager was due to leave and they were upset about this. They told us they had gone through a long period of time, prior to this manager being in post, of not feeling supported or valued. They confirmed, since the interim manager had been in post, they had received support and communication had improved. These improvements needed to be sustained.

The provider had a quality monitoring system in place as well as a quality monitoring team who visited to complete quarterly audits. A quality monitoring assessment carried out in November 2016 (by the provider's quality team) rated the service as 'Inadequate'. The provider's quality monitoring assessment mirrors CQC's areas/lines of inspection and uses a similar rating system. This allows the provider to assess the service's performance against its own expectations/key areas of performance, but also against the minimum standards and regulations required by The Health and Social Care Act 2005.

The interim manager explained that relatively minor areas for improvement could affect the service's overall quality score during the provider's assessment. We saw examples of some of these smaller but necessary actions. For example, one member of the staff team had not completed a training so this had an impact on the given. A further assessment, completed a week prior to this inspection, rated the service as 'Requires Improvement'. This was because improvements had begun to take place which was demonstrated in the overall quality monitoring score.

We reviewed with the interim manager some of the 36 actions which needed to be completed before the provider's next quarterly assessment in June 2017. The last monitoring visit by the regional manager had

been on the 20 February 2017. Many of the actions had already been completed or were work in progress at the time of this inspection. The interim manager explained these would be signed off as completed by the regional manager once they had seen or received appropriate evidence to support this. Evidence would be reviewed during the regional manager's next monitoring visit but some could also be submitted electronically. For example, 100 per cent completion of the staffs' training in equality and diversity could be evidenced electronically.

As well as the quality monitoring assessments, audits were completed by the interim manager and staff at Middleton House. These followed an annual schedule of audits planned by the provider. Outcomes and planned actions were submitted to the provider's head office following these. These were then added to the service's overall action plan which the interim manager worked to. Audits completed by staff and the interim manager and for which we saw evidence of subsequent improvement, included for example, audits of the medicine system and records and audits of people's support/care plans. Other areas audited included: infection control arrangements, health and safety related actions and procedures and staff related records. For example, an audit of all staff employment/recruitment records had been completed in late 2016 by the provider's HR team. Some actions from this audit had been and were still being completed by the administrator.

There was evidence to show during this inspection, that when effective management arrangements were in place, actions required by the provider were completed and led to improvements in the service. These improvements, as well as the presence of an effective manager for the service, needed to be sustained to ensure a consistently good service.

We were not made aware of any satisfaction questionnaires or surveys having been completed and collated recently by the provider. However, since the interim manager had been in post they had gathered feedback from people. This had been through 'resident' meetings and speaking with people individually. These conversations had helped the interim manager become fully aware of people's views and where they wanted to see improvements.