The Ark Care Lodge Limited

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Inspection report

94-96 Evington Lane
Leicester
Leicestershire
LE5 5PP

Tel: 01162736950

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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 11 May 2017 and was unannounced. We returned on 12 May 2017 announced to complete the inspection.

The Ark Care Lodge provides residential care for up to 18 people with a learning disability and/or autistic spectrum disorder and who may present behaviours that challenge services. People lived in two private dwellings adjacent to each other in a residential area. At the time of our inspection there were 18 people using the service.

At our last inspection on 9 February 2016 the service was rated as requires improvement. We found two breaches of regulations in relation to the safe staff recruitment process and systems to effectively monitor the quality of service provided and the service had also no registered manager. We asked the provider to send us an action plan setting out how they would be compliant with the regulations. However, no action plan was sent to us and no registered manager application was received.

A registered manager was not in post. The provider had appointed managers. The provider told us the managers were in the process of applying to the Care Quality Commission to be the next registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had made improvements. They along with the managers collectively provided leadership and worked with professionals to ensure people were safe and their needs were met. Improvements were found to the provider's governance systems in place monitor the quality of service. Some audits had been completed. Further action was needed to ensure that the audits were robust and drove improvements to the quality of care people received.

We found improvements had been made to the staff recruitment process. Staff had undergone a robust recruitment process and relevant checks had been carried out before they commenced work. Staff received appropriate induction and training for their role and understood their responsibility to protect people from avoidable harm and provide safe care to people. Staff were supported through supervisions and appraisal.

The provider had taken action to improve the premises. People lived in a clean and well maintained service. Regular checks were carried out and actions taken to maintain a safe environment.

Risks were managed so that people were protected from avoidable harm whilst promoting their choices and independence. Sufficient numbers of staff were on duty to meet people's needs both at home and to support people to access the wider community.

People were supported by trained staff in all aspects related to their medicines. People had enough to eat and drink and were involved in meal preparations. Staff supported people to access relevant health care support and services to meet their health needs. People's rights were protected and respected. Advocacy support was made available to people. Staff understood the importance of seeking people's consent prior to providing care and support.

People's care needs were met and their lifestyle choices respected. People maintained contact with family and friends and took part in social events and activities that were of interest to them.

People's privacy and dignity was respected. Staff helped to maintain and promote people's independence. Staff used the knowledge gained from supporting people to continually review and update people's care plans so that they were able to respond to people's changing needs.

People and their relatives were involved or had opportunities to be involved in the development of the service. A complaint process was in place and staff knew how to respond to complaints.

The provider had appointed two managers. Collectively they provided leadership and worked with professionals to ensure people were safe and their needs were met. The provider's governance systems were in place monitor the quality of service. Some audits had been completed. Further action was needed ensure that the audits were robust and drove improvements to the quality of care people received.

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's safety was protected and promoted by trained staff who knew what to do if they had concerns about their welfare. Risks assessments were in place and followed by staff to promote people's safety. People received their medicines as prescribed in a safe way. Staff were recruited safely. People lived in a safe place and safe infection control practices were followed.

Is the service effective?

Good

The service was effective.

Staff were supported through effective induction, training, supervisions and appraisals. People's rights were protected under the Mental Capacity Act 2005. People's nutrition and cultural dietary needs were met. People had access to a range of healthcare support to maintain their health.

Is the service caring?

Good

The service remained caring.

Staff had developed positive professional working relationships with people which were supportive and promoted people's wellbeing. People were involved in making decisions about all aspects of their care. People received care that respected their privacy and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. Care records now contained information to support staff to meet people's individual needs. People were supported to maintain and develop hobbies and interests including accessing the wider communities. A complaints process was in place. Advocacy information was available and staff supported people to make a complaint if required. People were confident that their complaints were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led.

A registered manager was not in post. However the provider had appointed two managers who planned to apply to be the registered managers for the service. People and staff views were sought and they had opportunities to develop the service and were confident that any concerns raised with the management team would be listened to and addressed. The provider and managers provided leadership. The provider's governance systems were in place to monitor quality. Further action was needed to ensure those were used effectively in order to look at ways to improve the service.

The Ark Care Lodge 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 11 May 2017 and was unannounced. We returned on 12 May 2017 announced to complete the inspection. The inspection was carried out by an inspector.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We reviewed other information we held about the home, which included notifications. A notification is information about important events which the provider is required to send us by law. We contacted health care professionals and commissioners of the service to obtain their views about the quality of service provided. Commissioners are people who find appropriate care services for people and fund the care provided. We used this information to plan our inspection.

At this inspection we used a variety of methods to gain people's views about the service. We spoke with seven people using the service which included people whose first language was not English. We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service.

We spoke with the provider, two managers, and two members of care staff. We spoke with a visiting social care professional. We looked at the care records of four people who used the service. These included care plans, risk assessments, medicines and daily records. We also looked at recruitment and training records for three members of staff. We checked the premises to find out what improvements had been made. We looked at the provider's systems for monitoring quality, complaints and concerns, minutes of meetings, and a range of policies and procedures.

Good

Is the service safe?

Our findings

At our last inspection in February 2016 we found that the provider's recruitment process was not followed. That meant staff commenced work without relevant checks as to their suitability to work with vulnerable people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvement to meet the regulation. Staff recruitment records contained a completed application form, a record of their interview, along with two written references and a Disclosure and Barring Services (DBS) check. A DBS check helps employers make safer recruitment decisions. This meant people could be assured that staff had undergone a robust recruitment process to ensure that staff were suitable to work with them.

At the last inspection ongoing improvements were being made to the premises. At this inspection we saw radiator covers had been installed to reduce the risk of scalds and burns, rooms decorated and new carpets had been fitted. The managers carried out daily checks on the premises and equipment. Records showed action was taken when issues had been identified. People told us that staff supported them to keep their bedroom clean and tidy. We saw the home was clean and staff followed safe infection control practices. This meant people lived in a clean, safe and a well maintained environment.

People had a personal emergency evacuation plan (PEEP) and an emergency grab sheet in place. The PEEP had sufficient information for staff for unexpected emergency situations such as an outbreak of fire and the support people needed to evacuate the premises. The emergency grab sheet contained information about people's medical and communication needs which the emergency personnel would need should treatment be required.

Everyone we spoke with told us that they felt the home was safe. One person told us, "[Managers names] and [staff's names] look after us. They all help me so I am safe here. If I go out then someone [staff] comes with me." When we asked another person how staff helped them to stay safe they said, "There's always someone [staff] around to look after you or if you need anything. Their job is to make sure me and them [other people in residence] are safe" and "They [staff] never leave you alone if they think you could get hurt."

Staff were trained, aware of safeguarding (designed to protect people from abuse) procedures and knew what potential signs of abuse to look for. Staff were confident that they would raise concerns with the management team and were aware of the role of external agencies such as the Police and the local authority. This assured people that staff would act promptly to keep them safe.

People told us that they preferred staff to look after their money and they could have access to it when required, for instance to go shopping. Staff told us they had worked with the local authority commissioners to ensure people's finances were safe. We saw people's money was kept secure. A record of all transactions and receipts were kept. The provider had signed the records when audited. This meant people could be assured that their money was safe.

Records showed that incidents affecting people's health and safety were now documented along with body maps and details of the actions staff took. For example, people had been referred to external professionals for guidance or support and the review of risk assessments and care plans. These incidents had been reported to the local authority safeguarding team but not always been reported to ourselves which they must do. When we brought this to the attention of the managers they assured us that notifications would be submitted promptly.

We saw people moved around the home safely independently or used walking aids. Staff were aware of risks to people and the support required to prevent avoidable harm to the person and others they may be with. One person said, "I could fall if I didn't use this [walking frame] when I walk. I have it close to my bed at night in case I need to get up." This showed the risks had been explained to the person in order to promote their safety.

Risk assessments were completed to identity measures to maintain people's health and safety. These included the support people required with their personal hygiene, whether staff should administer their medicines, road safety when accessing the wider community, amongst others. Risk assessments were reflective of people's individual needs and took account of people's health condition and behaviours that might challenge others. Care plans provided staff with clear information and the actions they should take to support people and to minimise risks. For example, the possible triggers that may cause someone to become anxious and the strategies staff should use in order help the person to feel safe and to reduce their anxiety.

Staff understood risks to people's safety, their vulnerabilities and the supported they needed. Staff had good insight of people's health conditions and described the interventions they might use when someone showed signs of anxiety or behaviours that might be challenging. This was consistent with the person's care plan. Records showed risks were reviewed regularly and care plans were amended as the support people required changed. This meant people could be confident that their safety and wellbeing was assured.

We saw there were enough staff on duty to provide people with the support they need. When we asked one person if staff were available to support them they used the thumbs up sign and smiled whilst pointing to the staff member. Another person said, "There's always someone around. If we want to go out then someone [staff] comes with me."

A staff member said, "There's always enough staff and if needed they [provider] will help too to take someone out or attend a medical appointment." The staff rota showed that staffing was increased when required to support people to access the wider community. That meant people could be assured there were enough staff to meet their needs safely.

People told us that they received their prescribed medicines on time. We observed a staff member administered people's medicines safely and completed the medicines records correctly. Medicine administration records we checked had been completed accurately. Where people refused their medicines, the action taken by staff was recorded. A body map identified where prescribed topical creams should be applied. That showed people received their medicines in safe way and their health was monitored.

Medicines had been stored securely. A thermometer had been fitted in the room where the medicines were stored but the daily room temperatures were not recorded. When we raised this with the manager daily checks were put in place after advice had been sought from the pharmacy to confirm the safe temperature range for storing medicines. The following day we saw daily temperatures had been recorded.

Records showed that the managers and staff responsible for administering medicines were trained and had their competency assessed to carry out their duties safely. Medicines audits showed that checks were carried out to ensure medicine was stored safely and administered correctly.

Good

Is the service effective?

Our findings

At the last inspection we found staff training and training records were not up to date. There was no formal system to support staff and assess their competence and practice.

At this inspection we found improvements had been made to the staff training and support. The manager had updated the staff induction training which now included observation of staff practice and a competency assessment. Staff also told us they were satisfied with the training they received and they felt they had the knowledge and skills required for their role.

Records showed staff had completed some training, which included moving and handling, health and safety and supporting people with behaviours that challenge services, amongst others. Training certificates we saw reflected the information in the staff training matrix which was now kept up to date. One manager had lead responsibility to monitor and update staff training to ensure staff were effective in their role.

Staff told us that felt supported by the provider and the managers. Staff had one to one supervisions meetings with the managers. These were used to reflect on staff's work, review their practice and to develop them. Staff meetings were used to discuss the quality and the development of the service. That meant people could be confident that the development of staff would enhance people's quality of life.

People using the service told us that they thought staff had the skills and knowledge to meet their needs and promoted their independence. One person said, "They [staff] know what they're doing, they help me when I want to have a shower. They make sure I'm alright when we go out."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS.

We checked whether the service was working within the principles of the MCA. We found mental capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. Records showed that managers understood their responsibilities as referrals were made when people were being restricted. We found one person had a DoLS authorisation in place which did not have any conditions.

People told us staff explained what they wanted to do and sought consent before they were supported. Throughout our inspection visit we observed staff asked people if they wanted to go for a walk, and sought

consent before they helped them. Staff encouraged people to make decisions or had access to advocacy to support them to make decisions, which staff respected. We also saw that people asked staff to help them when required. That showed people's rights and choices were respected.

We spoke with an independent DoLS assessor conducting an assessment for someone at the time of our inspection visit. They told us that staff had a good insight of people's needs and people's capacity to make decisions was reflective of the documentation found in their care records and that the referrals made by staff were appropriate.

People told us they enjoyed the meals. Comments included, "The food is really good, we have choices," "I'm trying to eat healthy now" and "We get a takeaway once a week." A third person showed us the menu plan for the week. There was a choice of European and Asian meals which included vegetarian options. We saw people made themselves drinks. There were sufficient ingredients including fruit to enable people to make themselves a snack. One person told us that they made their own packed lunches if they went out.

Staff told us they encouraged people to prepare their own breakfast. Staff member described people's food preferences including supporting someone to eat healthily. Two people preparing the vegetables to be served with the tea time meals told us they liked to cook with staff as it gave them purpose and responsibility. Another person set the dining table and served a choice of drinks. Meal times encouraged socialisation and conversations about the events in the day and people's plans for the evening. This showed staff promoted people's choices, independence and control of their lives.

Records showed people had nutritional care plans in place. These identified people's dietary needs and preferences, and instructed staff what action to take if people were at risk of poor nutrition or had swallowing difficulties. For instance, records showed one person had their meals cut into smaller pieces whilst another person was encouraged to eat slowly to prevent the risk of choking. We saw staff supported people consistently in line with their care plans. People were weighed regularly and appropriate action taken if there were significant change to people's weight or clothes did not fit for instance. That meant people's nutritional needs were met.

People told us they had access to a range of health care services and were accompanied by staff to routine medical appointments. One person told us, "I had an eye appointment at the hospital. [Deputy manager] took me. They stayed with me so they could explain everything." Records we viewed confirmed people were subject to regular health checks by the GP, optician, dentist and were seen by specialist nursing staff.

Good

Is the service caring?

Our findings

People we spoke with described staff as "Kind", "Good" "They look after me alright" and "They [staff] are nice to me." Another person said, "Staff are my friends, they listen to me when I get upset and make me laugh." We saw people were comfortable around staff who listened carefully. Staff spoke only when people had finished what they were saying.

We observed a number of examples of kindness by staff towards people. For example, a staff member offered to help someone who could not find a particular piece of jewellery that they wanted to wear. Another person was tidying the garden and a staff member suggested they had a drink as it was a warm day. Staff demonstrated their knowledge of people for instance by using short sentences and words which people understood and talking about things which were important to them or made them feel relaxed. This was consistent with the information found in people's care plans. Staff were considerate and encouraged people of a quieter nature to engage in conversations that were of interest to them.

We saw that staff had developed professional relationships with people which had had a positive impact and change to their wellbeing. They treated people with respect and valued their opinion. One person told us, "We always celebrate birthdays and have a party." We saw photographs of some birthday and seasonal and religious festivals celebrated. This showed that staff were aware of people's diverse and cultural needs which were important to them.

We saw staff greeted people returning home in a friendly way. Conversations were meaningful for instance and showed staff cared, for instance, they asked people about their day. Staff told us they used every opportunity to encourage people to express their views about their support, any concerns that they may have and any aspirations. Staff used this information to prompt discussions with people when reviewing their care.

People told us that staff supported them to maintain their independence. One person said, "They [staff] help with some tasks but let me do what I can for myself." We observed staff assisted people correctly, for instance, someone was reminded to use their walking aid with both hands and stayed with them. We saw people helped with daily household chores such as doing the washing and setting the dining table. This showed that staff empowered people to take responsibility, which also promoted their independence.

Records showed the people were supported to stay in contact with family and friends which promoted their wellbeing. Advocacy information and support was available for people. One person was supported by an advocate. They visited regularly to ensure the person was supported and make their views and wishes known to the manager. Care plans indicated people or their relatives or representatives, where appropriate, were involved in the development of their care plans and in their review. Care records contained information regarding people's life history and their preferences. We also saw examples where relatives had been involved in the best interest decision-making process.

Feedback we received from commissioners was positive. They told us that people were happy and settled.

They found the management team and staff were responsive and understood people's needs and ensured people were always at the centre of their care.

People's dignity and privacy were respected by staff. We saw staff offered someone a tissue so they could clean their mouth after having lunch. One person told us that their appearance was important to them and said, "I like to look nice so take my time getting dressed. The staff will pick up my clothes off the floor if needs be."

Staff told us that they ensured doors and windows were closed and curtains were drawn in order to ensure their dignity was preserved. Staff member said, "People know their bedroom is their private space and we always knock before entering. If I needed to go into their room I would ask if it's ok and say why I need to go in." The manager said, "Most people are self-caring in relation to their personal care but we need to prompt or encourage them." This was consistent with the information in people's care plans and showed staff understood how to support people.

People's care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner. Staff understood the importance of how information was shared with professionals, when required.

Good

Is the service responsive?

Our findings

People were actively encouraged and supported with their interests and hobbies. People's daily life involved household chores and accessing the wider communities. People told us that they visited family, went to places of worship, holidays and day centre, went for walks in the park and accessed the wider community. One person said, "I like to help in the kitchen, I like to cook and help the staff." Another person said, "I like my music and like to be out in the garden. I like living here."

We observed positive interactions between people who used the service and staff. For instance, we saw one person told the provider, "You need to get the shower fixed" and was assured someone was due to fix it that day. Some staff, including the managers, were able to speak with people in their first language which was not English. We saw staff asked one person about their visit to a place of worship.

We saw a number of examples of the service being responsive. For example, when someone said they would like to go for a walk to the shops a staff member offered to go with them as did another two people. They all returned a short while later talking about what they saw whilst out. We saw people made drinks for themselves and others with the support of a staff member. This showed people were comfortable and supported when required which promoted their wellbeing and independence.

People told us that regular residents' meetings were held where they talked about the menus, holidays and trips and had an opportunity to raise concerns. Meeting minutes showed that people's views had been documented such as 'need more variety of food. As a result the menus had been changed to include more variety and to promote healthy eating. That showed people's views were valued and acted upon.

At the last inspection the quality of information found in care records varied as new care plans were being developed. Despite this, staff understood what support people needed.

At this inspection we found new care plans were in place. People we spoke with knew about their care records and the type of information that was kept. Care records contained assessments undertaken by commissioners and the managers. This information was used to develop people's care plans and helped to identify staff that the person was comfortable with. Care plans were detailed and had information that enabled staff to meet people's needs. These contained information about people's life histories, preferences and focused on their individual needs, lifestyle choices and individual goals to promote independence. Records showed that people were supported to take part in meaningful activities including in the review of their care. This helped to ensure staff were responsive and provided personalised care.

Staff were made aware of any changes at handover meetings so that they had the information they needed to know to provide appropriate support, for instance how to support someone who may become upset. Care plans were reviewed and when required care plans were amended to reflect the support people required. Health action plans were in place and developed so that people understood their health needs and the support they required to maintain their health. A traffic assessment document had essential information to be shared for the benefit of the person should they require health care services in an

emergency.

Staff showed a good insight and awareness about people's care and health needs and how to support them in a positive and proactive manner without any undue restrictions. We saw staff being responsive to people's needs and provided the support effectively. For instance, when a person was upset because someone else had emptied the dishwasher, staff member spoke in a calm manner and suggested an alternative task that they could do. This person responded positively and went on to talk about things that mattered to them. This technique had had a positive impact as their facial expression and tone of voice had visibly changed.

People we spoke with knew what to do if they had any concerns. Their comments included, "Talk to [managers]" and "I'd tell staff first but if [provider] is here I would tell [them]." Staff member told us that they would recognise when someone was unhappy or upset from their behaviour, tone of voice and mood, and said, "I would ask them if something was upsetting them and try to sort it out."

Records showed advocacy information and support was available to people as required. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

The management team had an 'open door' policy and encouraged people, their relatives and professionals to raise concerns or discuss any issues that affected them or the care and support people received. The complaints procedure was given to people when they considered using the service. Records showed the service had not received any complaints.

The complaint procedure was not available in an easy read format using pictures, so that people who used the service could understand the process more easily. Despite this people told us they were asked regularly if they had any concerns. The managers assured us that they would produce the complaint procedure in an easy read format.

We asked health and social care professionals involved with the people who used the service for their views about the service. They told us that staff were responsive when people's needs changed or they had concerns about their health.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in February 2016 the registered manager was in the process of cancelling their registration. Prior to this inspection we found the provider had not submitted a new registered manager application to replace the previous registered manager. That meant the provider was not meeting a condition of their registration. Since the previous registered manager had cancelled their registration, the provider had appointed two managers to manage the service.

At this inspection, the provider assured us that applications would be submitted for a registered manager. The managers showed us evidence that they had begun the registration process by applying for a clearance from the Disclosures and Barring Services (DBS). The DBS checks shows if a prospective applicant had a criminal record or had been barred from working with adults due to abuse or other concerns. We will continue to monitor this to ensure the provider meets the conditions of registration.

We asked the provider to complete and return a Provider Information Return (PIR), which they must do. This form asked the provider to give some key information about the service, what the service does well and improvements they plan to make. However it was not returned.

We asked the provider why the PIR was not returned to us. They told us they had assumed that the PIR had been returned at the same time as the contact list for professionals. They assured us that they would support the two managers to meet their regulatory responsibilities to submit information to us when requested. We will continue to monitor this along with the notifications the provider is required to send to us about important events that occur at the service or affect people's health, safety or wellbeing.

Where we have inspected services the providers must display the rating awarded. In this case the provider had not displayed the rating. When we raised this with the provider they displayed the rating and the latest inspection report was also made available to people and visitors.

People who used the service and staff spoke positively about the managers and the provider. They all found the management team to be approachable, supportive and responsive. The managers had identified lead responsibilities and had the same objective which was to provide a safe place for people and to meet their needs in a way that respects their diversity and promotes their wellbeing and independence.

At our last inspection in February 2016 we found there were inadequate systems and processes in place such as a lack of accurate record keeping, regular audits to assess and monitor and involve people who used the service to influence and improve the quality and safety of the service.

At this inspection we found the provider had made some improvements. We found care plans had been reviewed, re-written and improved where necessary. For example, where someone was at risk of self-harm or diagnosed with a health condition risk assessments and care plans were in place. Those we saw included the information staff needed to help ensure they provided the people concerned with safe and effective care and support. Information and decisions made were clearly documented by staff. People's care plans and

their needs were regularly reviewed which helped to ensure people received the care and support that was appropriate and right for them.

Managers told us that they had worked with commissioners responsible for overseeing the care and support of the people concerned. The commissioners had viewed people's care plans to ensure they were appropriate.

A sample of the provider's policies and procedures we looked at had been updated. This included the staff recruitment policy. The staff records we viewed showed that staff had been recruited safely which showed procedures had been followed.

Staff told us they liked working for the service. Staff were confident in their own abilities and motivated to improve people's quality of life. Staff training had been updated and training records were kept up to date. A staff training plan was in place that helped to ensure staff's skills and knowledge would be kept up to date.

Staff felt the management team provided support and guidance as required. Staff were confident to use the whistleblowing policy to raise issues if no action was taken by the provider. Managers had put a system in place to support staff. Supervisions were used to support and develop staff. Staff meetings provided the management team with an opportunity to share information, identify solutions to issues and share ideas.

Staff encouraged people to share their views about the care and support they received individually and through formal review meetings. We saw a staff member enquired what people wanted to do that evening and their plans the next day. One person said, "We have a residents meeting where we talk about the things we like food and trips. We gave [manager's name] ideas where we can go like day trips." People felt they could speak with the staff and management at any time and that they would be listened to.

The residents and staff meeting minutes reflected the topics discussed including suggestions made about trips and how to improve the quality of service provide. However there were no recorded actions for these so it was not clear whether those ideas and suggestions had been followed up. When we discussed this with the managers they said that in future an 'action' section would be included in the minutes.

Managers had put systems in place to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the managers. Audits and checks were carried out in a range of areas including people's care records, their medicines and medicine records and their finances, checks of the premises and fire safety equipment. Records showed that when any issues were identified action had been taken, for example, when the repairs had been completed the records were signed to confirm this.

We contacted health and social care professionals, health commissioners and the local authority commissioners responsible for the care of people who used the service. They all made positive comments about the management team and staff, how they had enabled people to live and provided stability, support and promoted people's independence. They found the management team and staff were all approachable, knowledgeable about the people in their care and felt people received a quality care service from The Ark Care Lodge Limited.