

Heritage Care Limited

65 Charlton Road

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection of 65 Charlton Road took place on the 8 November 2017 and was unannounced.

65 Charlton Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

65 Charlton Road provides personal care and accommodation to a maximum of seven people who have learning disabilities, some of whom have physical needs. At the time of this inspection there were six people using the service including one person who was receiving a respite service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were policies and procedures for safeguarding people. People told us that they felt safe living in the home. Staff knew how to raise any concerns about people's safety so people were protected.

Risk assessments were in place to minimise the risk of people and staff from being harmed. Appropriate checks and tests had been carried out to make sure that the premises were safe.

Person centred care records ensured that the service met people's individual needs and preferences. The service valued people, recognised their individual strengths and abilities, and understood and supported their communication needs. People told us they were treated respectfully by staff and were fully involved in decisions about their care.

People were supported to lead healthy lives and they benefitted from having access to a range of healthcare services so their health needs were met.

People's medicines were managed and stored safely. People chose what they wanted to eat and drink and their dietary needs and preferences were supported.

Arrangements were in place to make sure people received the service they required from sufficient numbers of appropriately recruited and suitably trained staff. Staff received the support they needed to carry out their

roles and responsibilities in ensuring people were provided with the care and support they needed.

People were supported to take part in a range of community activities, and supported to maintain the relationship they wanted to have with family and friends.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 [MCA]. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who used the service and family members were aware of how to make a complaint.

The home was clean, and people's individual needs were met by the adaption, design and decoration of the premises.

There was a management structure in the service which provided clear lines of responsibility and accountability. Checks were carried out to monitor and improve the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise and respond to abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to minimise and manage the risks to people's safety.

Medicines were managed and administered appropriately and safely.

Arrangements were in place to make sure there were sufficient numbers of skilled staff to provide people with the care and support that they needed.

Appropriate recruitment and selection arrangements made sure only suitable staff were employed to provide care and support for people.

The service was clean. Systems were in place to minimise and control the risk of infection.

Is the service effective?

Good ●

The service was effective.

Each person had a care plan that included details and guidance about their individual needs, preferences and goals.

People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in providing people with the care that they needed and wanted.

People were provided with a range of meals and refreshments that met their nutritional needs and preferences.

Staff worked well as a team and liaised with other services to ensure people received effective care. People benefitted from having access to a range of healthcare services so their health

needs were met.

The adaption, design and decoration of the service met people's individual needs.

People's consent to care and treatment was sought in line with legislation and guidance.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a kind and respectful way and provided people with the care they needed.

Staff understood people's individual needs well and supported people as far as possible to make decisions and to express their views about their care.

People's relationships with family, friends and advocates were promoted and supported.

Staff respected and promoted people's independence and their right to privacy.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that is responsive to their needs.

Arrangements were in place to listen and respond to complaints and concerns and to make improvements to the service when needed.

People wishes about how and where they would be cared for at the end of their life were understood and respected by the service.

Is the service well-led?

Good ●

The service was well led.

The provider had a strategy to deliver people's care in a person-centred, inclusive and open way. There were a range of processes in place to monitor and improve the quality of the service.

Staff were clear about their responsibilities in ensuring people received a quality service that met people's individual needs and relevant legislation.

People had opportunities to be involved in the service and to feedback their views about it.

The service communicated and liaised with health and social care agencies so people received the service they required.

65 Charlton Road

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 checked 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.

The inspection took place on the 8 November 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with the home since the previous inspection. We also looked at a quality assurance report that had recently been completed by the host local authority following a check that they had carried out of the service.

Prior to the inspection the registered manager had completed a comprehensive Provider Information Return [PIR]. The PIR 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. The PIR was discussed with the registered manager during the inspection.

During the inspection we spoke and engaged with all the people using the service. One person was unable to tell us about their experience of the service and communicated mainly by gestures and sounds. We spent time observing staff engagement with people to gain further understanding of people's experience of the service of how they were supported by staff.

We also spoke with the registered manager, a senior care worker and two care workers. Following our visit we spoke with three people's relatives, an advocate and a day centre manager. We also received written feedback from a social care professional.

We reviewed a variety of records which related to people's individual care and the running of the home. These records included care files of the five people living in the home, three staff records, audits, and

policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home and would not hesitate to speak with the registered manager and their relatives if they had a concern about their safety or felt that they were not being treated well by staff. A person told us that they felt sure they would be listened to by staff if they raised a concern.

People's relatives told us that they felt people were safe living in the home. Relatives told us "I am very happy. I am sure that [person] is safe," "It is a good place," and "I am not worried about [person]."

There were policies and procedures for staff to follow to keep people safe. Care workers had a good understanding of different types of abuse. Records showed that safeguarding people had been discussed with staff during team meetings. Staff understood their responsibilities to report any concerns to the registered manager and knew they could report allegations and/or suspicions of abuse to the local authority safeguarding team, CQC and police. The contact details of the host local authority safeguarding team was displayed in the home.

The service supported most people with the management of their finances. Up to date records of people's income and expenditure were in place. People's monies were checked daily by staff and the regional manager audits people's monies bi-monthly. We checked receipts and balances of three people's monies. The balances were correct and receipts although disorganised showed no concerns about people's expenditure. However, we found one recent receipt that indicated that the person had bought a drink for themselves and also two other soft drinks. The registered manager told us that she had noted that receipt and planned to speak with the member of staff. She discussed it with the member of staff during the inspection, who told her that they had planned to refund the money to the person. The registered manager reminded them of the policy that any purchases for staff had to be made from the service's petty cash, not from people's money, and reimbursed the person.

Records showed that people had recently [5 November 2017] had a meal out with staff celebrating a person's birthday. The bill had been divided equally amongst the people and staff. Although there was no indication that people were paying for more than they had consumed, this practice could lead to this happening. The registered manager told us that she monitored people's expenditure closely to check people had not paid for items that they had not received. She told us she would take immediate action to make sure that everyone attending any future group meal celebrations, paid for the specific items that they consumed, and not share receipts. Following the inspection the registered manager confirmed that she had checked the receipt for that meal and made necessary reimbursements to people. She also told us that she planned to better organise people's receipts and discuss people's finances and the provider's finance policy regarding the administration of people's monies during the next team meeting and in staff supervision meetings.

People's care records showed that risks to people's safety were assessed. People's risk assessments were personalised and included risk management plans to minimise the risk of them being harmed, whilst supporting their independence. Risks assessed included risks to do with receiving personal care, infection

control, moving and handling, bathing and showering, activities in the community, eating and drinking and medicines. Staff understood risks to people's safety. The registered manager told us and records showed that appropriate action, including contacting health care professionals, had been taken in response to a person whose risk of falls had increased.

People's care plans included detailed guidance for staff to follow to support people with their individual behaviour needs and to be responsive by using strategies to minimise people's challenging behaviour escalating. Records showed that care workers had recorded the water temperature before assisting people with showering and bathing to minimise the risk of scalding.

Arrangements were in place to ensure that staff were appropriately recruited so that only suitable staff were employed to care for people. During the inspection we noted that there were enough staff on duty to provide people with the care and support they needed and to enable people to take part in activities. People received consistency of care from regular staff who knew people well. Feedback from people's relatives and others that we spoke with emphasised the importance to people of having staff that knew people's individual needs well.

Accidents and incidents were monitored by the provider. Records showed they were responded to appropriately and action had been taken to learn from them and minimise the risk of them occurring again.

Regular checks were completed of equipment safety, electrical and gas safety, water and fire safety as required to meet legislation and keep people safe.

The service had arrangements in place to respond to any emergencies or untoward events, and each person had a Personal Emergency Evacuation Plan [PEEP] to use in case of an emergency situation.

There were suitable arrangements for the recording, administration and disposal of medicines. People's medicines were stored securely. The service had an up to date medicines policy, which provided information and guidance for staff to follow so medicines were managed and administered appropriately. Staff had received regular assessments of their competency to administer medicines to people safely. Four medicines administration records [MAR] we looked at showed that people received the medicines they were prescribed at the right time. During the inspection care workers administered medicines to people in a safe and appropriate manner. A person told us that they received the medicines they were prescribed.

Each person had a medicines care plan that detailed their specific medicines needs. Some people were prescribed PRN medicines [medicines prescribed to be administered when needed] and written protocols about when to administer them were in place. We checked the balance of a random number of PRN medicines and found that the balances were accurate. However, staff administering PRN medicines had not maintained an on-going balance of the remaining stock of these medicines. The registered manager updated the records during the inspection. Following the inspection the registered manager told us that she had spoken with staff and daily checks of the PRN stock medicines were being carried out to ensure that the total amount of each of these medicines was always accurate.

The home was clean and warm. Appropriate equipment including colour coded mops and chopping boards were available to minimise the risk of infection. Hand washing guidance was displayed. Staff washed their hands before preparing people's meals and had access to protective clothing including disposable gloves and aprons.

In May 2017 the Food Standards Agency had carried out a check of food safety in the home and had rated

the service as good.

Is the service effective?

Our findings

People told us they were happy living in the home and were satisfied with the care that they received from staff. They told us that staff listened to them and consulted them about their care. People's relatives told us "Staff seem fine. They seem to take really good care of [person]", "They have done a really good job for all these years looking after [person]", and "Staff are super. I can't fault them."

People's care records showed that people's needs had been assessed and their care plans developed from this assessment. Care plans were in written and electronic format. A senior care worker told us that they were in the process of putting all the information that they had about each person in to the electronic system and that once completed this electronic system would be the system used by all staff. They also told us that once fully updated, people using the service could also access their care plan on the electronic system if they wished to do so.

The care plans we looked at were person centred and included information about people's preferences, health, personal care and other needs. Each person's care plan included detailed guidance about how they needed to be supported by staff to ensure that their needs were met. For example guidance about the support that a person needed with their emotional needs described a number of causes of the person becoming upset and included clear guidance for staff to follow to help reduce the likelihood of this occurring. People had been fully involved in determining and agreeing their goals and aspirations. These were reviewed regularly to check whether people had achieved the outcomes they wanted. People's care plans were also in easy read format. The registered manager told us that people had the opportunity to have a copy of their care plan if they wished.

Care workers told us about the importance of speaking with people using the service, their relatives and friends as well as other staff to get to know each person well and so understand each person's needs. We saw staff engaged with people in a relaxed and friendly manner that indicated they knew each person well and understood their needs.

People were cared for by staff who had undergone an effective induction to their role. A care worker told us that they had found their induction helpful in understanding their role and responsibilities. There have been no new care staff recruited recently. The registered manager told us that all new care staff would complete an induction linked to the Care Certificate induction. The Care Certificate induction sets out the standards of care, learning outcomes and competencies that care staff are expected to have. Care workers told us that staff worked well as a team. A care worker spoke of being part of an electronic instant messaging service group with other staff which helped promote better communication and support within the staff team.

Staff completed the provider's required training and other additional training in areas such as falls prevention training. Staff told us that they received the training they needed, and could request training in a particular topic if they felt they needed to develop their skills and knowledge in a particular area. Training records showed staff had completed training that was relevant to their roles and responsibilities. Training included equal opportunities and diversity, food safety, moving and handling, health and safety, fire safety

and safeguarding adults. A programme was in place to ensure that 'refresher' training in a range of areas was completed by staff on a regular basis. All staff had been supported with their professional development and had achieved a range of relevant qualifications in health and social care.

Care workers told us that they felt well supported by the registered manager who they found to be approachable and who provided them with the support and advice they needed. Records confirmed that people received one-to-one supervision, regular appraisal of their performance and development to support them in carrying out their duties.

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. Staff understood the MCA and its application to their work with people. Care workers told us they always sought people's consent before supporting them with their care. They knew that when people lacked the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. Some people had a DoLS authorisation.

People told us that their health needs were met by the service. A person told us that they saw a doctor when they felt unwell. Records showed that people had access to a range of health professionals including; GPs, dentists and opticians to make sure they received effective healthcare and treatment.

People had the opportunity to discuss the meals that they wanted to have on the seasonal menu, and their preferences were accommodated. A person spoke about their favourite food which they often enjoyed in the home. People told us they were satisfied with the meals that they received. They confirmed that they could choose what they wanted to eat and drink and staff respected the decisions they made. We noted people were asked what they wanted to eat and drink and were observed to all eat different meals during breakfast which met their particular preferences.

People's nutritional needs and preferences were recorded in their care plan. For example a person's care plan included details about the support that a person needed with their meal, the guidance included 'My food needs to be cut up into manageable pieces. I tend to eat rather fast at times, please encourage me to slow down a little.' Care workers we spoke with had a good knowledge and understanding about people's individual dietary needs and preferences. Pictures of food and meals were available to support people with choosing meals. Staff told us that the service encouraged healthy eating. A range of a variety of fresh fruits were accessible to people.

The premises were well-maintained and suitable for people's needs including those with mobility needs. There was a passenger lift to support people who had mobility needs to access the top floor. The décor was attractive and furnishings comfortable. People moved freely within the home. People told us they were very happy with their bedrooms. A person showed us their bedroom which they had personalised with items of their choice. Another person told us they were waiting for a new bed that would meet their mobility needs better. The registered manager told us that the bed would be provided following the completion of an assessment from a healthcare professional of the person's needs.

Is the service caring?

Our findings

People told us that staff were kind to them and treated them in a dignified way. A person told us that they were happy living in the home and felt that their privacy was respected by staff. People's relatives told us that staff seemed to be kind and commented "Staff are really friendly. All [person's] needs are met," and "Friends and family are made to feel welcome."

During our visit we saw that staff engaged with people in a positive and friendly manner. A care worker was seen to crouch down so that they were at the same level of a person seated in a wheelchair when they spoke with them. This ensured the person could hear and better understand what the care worker was saying to them as well as it being less intimidating for the person as the care worker was not standing over them. Two people spoke about their key workers who they told us provided them with particular support in their day to day lives. People's relatives told us that they felt people were treated with dignity and respect.

People's care plans showed that their preferences, likes and dislikes were known to staff and accommodated. Each person had a written profile which included information about their background, preferences, routines and details of how they wanted to be supported by staff.

Care workers had a good understanding of people's individual communication needs and told us about the various ways people communicated. Although most people could speak, some people's speech was not always easy to understand and others spoke only a few words, or communicated by sounds and gestures. People's care plans included guidance for staff to follow to ensure people's communication needs were met. We saw staff knew how to communicate well with each person using the service. During the inspection we heard and saw care workers offer people choices and respected the decisions people made, such as what they wanted to do, eat and drink.

We spoke with the registered manager about the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. The accessible information standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The registered manager told us that people's ability to read varied so the service provided some information in easy read and pictorial format. We saw that there were a range of picture cards used by staff to help them communicate with people who had difficulty in reading and/or speaking. The registered manager told us that she would look at further ways to make information more accessible to people.

People were supported to maintain the relationships they wanted to have with friends, family, and others important to them. One person spoke about the importance to them of the regular visits that they had with a relative. Another person told us that they received "lots of visitors." A person had been supported by staff to visit a relative that lived some distance away. A person using the service told us about the various social clubs that they attended where they met friends and enjoyed socialising. People's relatives and an advocate told us that they always felt welcomed when visiting the service.

People's independence was respected and promoted. People were supported and encouraged to develop some everyday living skills such as cleaning their bedrooms. Cooking, making their own packed lunch and laundering their clothes. A person told us that they really enjoyed cooking and had frequent opportunities to do that activity. Another person told us that they prepared their packed lunch which they took to the day centre

People told us that staff respected their privacy. Staff were able to describe how they ensured people's privacy and dignity were maintained. We observed that care workers ensured that bathroom doors were closed when supporting people with their personal care.

People's records and other documentation were kept secure to keep them safe and to meet legislation. People were free to spend time in their room rather than communal areas if they wished to do so. Staff had a good understanding of the importance of confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment.

Staff and a person using the service confirmed that religious festivals, birthdays and other commemorative days were celebrated in the home. A person told us that they were looking forward to a forthcoming festive party. A member of staff showed us a file which contained information in pictorial and written format about a range of festivals and other events, which were discussed with people to help explain the significance of each event they celebrated. Some people on occasions attended places of worship.

Care workers we spoke with had a good understanding of equality and diversity and human rights. Training records confirmed that staff had received training about the subject. A care worker told us that equality and diversity is "Treating all people with dignity and respect."

Is the service responsive?

Our findings

People told us that they received personalised care that met their needs. They told us that they were listened to and staff were responsive in ensuring that their needs were met in the way that they wanted. People's relatives told us that they were kept well informed about people's care. They told us, "They involve me," "I can feedback at any time," "They will let me know any issues," and "They keep me in the loop about [person]."

Each person had a care plan that was personalised, focused on them as an individual and reflected their particular care and support needs. Care plans were established with involvement of people using the service and when applicable their family or other representatives. A person who recently started receiving respite care had received a comprehensive initial assessment of their needs by the service and the placing local authority. The registered manager told us about the importance of listening to and involving people's relatives in gaining knowledge about people especially those recently admitted to the service.

People's care plans had been reviewed and updated to reflect any changes in people's needs, such as when they had achieved a particular goal they had chosen to accomplish. Daily records about people's progress and activities were recorded for monitoring and to ensure that staff were aware of each person's current needs.

Staff had been responsive in enabling a person to move to a bedroom on the ground floor due to the change in the person's mobility needs and increased risk of falls. The person told us that they were very happy with the arrangement and felt safer. Another person had recently been supported by staff to receive bereavement counselling in response to their particular emotional needs.

People were supported to take part in a range of preferred activities that they had chosen. A person who enjoyed colouring pictures told us that staff ensured they had books and crayons available at all times so they could do the activity at any time that they chose to do so.

People told us that they had enough to do. Most people regularly went to day centres. A person told us they did "lots of things" at a day centre. A person spoke in positive way about the range of activities that they took part in at the day centres and at the home. People told us that they enjoyed shopping, going to restaurants, theatre, cinema, day trips and taking part in 'in house' activities that included watching television, games and listening to music. A person told us about a recent holiday that they had enjoyed. Records showed that activities had been discussed by people during a recent residents' meeting. The registered manager told us that two people used an electronic tablet and computer on occasions.

An easy read complaints procedure was available. People knew how to make a complaint or report a concern. A person told us that they would tell staff if they had a complaint about anything. The subject of complaints was discussed with people during residents meetings. People's relatives knew how to make a complaint. A relative told us "If there were any issues, I would say. I know how to complain." The registered manager told us that there had been no complaints in the last year.

People's care plans included information about their end of life wishes, such as whether they wanted to stay in the home at the end of their life and who they wanted to be with them. The service had recently cared for a person at the end of their life with support from community healthcare and social care professionals. The person had expressed their wish to remain in the home at the end of their life and this had been respected and fulfilled by the service. Some staff had received training in end of life care. The registered manager told us that there were plans for more staff to complete end of life training.

Is the service well-led?

Our findings

People spoke of being very happy living in the home. Two people referred to the service as their home. People knew who the registered manager was and spoke in a positive manner about her and the way the service was managed. When we asked a person if they felt the home was well run they told us, "Yes, I think so." Relatives, an advocate and a healthcare professional also provided very positive feedback about the service and the way it was run. Relatives told us, "I can speak with [registered manager] at any time," "I go to [registered manager] if there are any problems," and "[Registered manager] runs it well."

There was a clear management structure that consisted of the registered manager who received support with running the service from a senior care worker, and the regional manager who regularly visited the home and carried out checks of the service. The service was responsive to people's needs, communicated with people's relatives and representatives, and liaised with community professionals and the host local authority to ensure people received an effective, good quality service.

Care staff told us that the registered manager was approachable and listened to them. They told us that they would not hesitate to raise issues to do with the service and were confident that they would be listened to and the issues addressed. A care worker spoke of an issue that they had raised with the manager and had received an appropriate response from her. The registered manager knew people very well and at times provided people with assistance with their personal care during the inspection. She was also available to provide care workers with any support that they needed so people had their needs met.

All the staff we spoke with told us they enjoyed their job providing people with the care that they needed. They had a positive view of the service and it was clear from speaking with them that they aimed to provide people with high quality care that was person centred and met people's individual needs. Their engagement with people showed that they involved people fully in decisions about their care and supported them to achieve their goals and aspirations.

Records showed staff meetings were held regularly. Minutes of these meetings showed aspects of people's care were discussed by staff and that staff had the opportunity to share good practice and any concerns they had.

People were supported and encouraged by staff to fully participate within the community. They all accessed community facilities and amenities with staff support.

People were invited to meetings which helped them to be involved and included in what was happening in the home. We saw documentation that confirmed that resident's meetings, keyworker meetings and feedback surveys were undertaken so people had the opportunity to be involved and consulted about the service. Records supplied after the inspection by the registered manager showed that easy read feedback questionnaires had been sent to people and letters to relatives in 2017.

People participated in the recruitment and selection of staff. They were invited to give their views about the

characteristics that they wanted prospective staff to have and to spend time with applicants and feedback their thoughts about them. People had also been asked for their views about the possibility of new people moving into the home due to vacancies. People had been positive about the prospect of this happening. A person had commented, "I'm alright with people coming here to live with us."

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These were accessible to staff and addressed topics such as safeguarding adults, complaints and health and safety. Records showed that maintenance issues were addressed without delay. Repairs to some wheelchairs had recently been completed.

There were systems in place to monitor and improve the quality of the service. The registered manager spoke of the importance of continuously learning, improving and developing the service. Records showed regular checks of a range of areas of the service including falls, medicines, cleanliness, health and safety, environment were being carried out and any action that needed to be taken following these checks was noted and actioned. The regional manager for the service regularly completed quality monitoring assessments of the service to check that it is providing a good, safe service and was well led. Records showed that the service had addressed issues identified during a recent food safety check by the Food Standards Agency.

The provider had an up to date regional development plan. The registered manager told us that the provider's business director had on occasions visited the home to check the service provided to people. The provider had signed up to the initiative "Driving Up Quality Code". This aimed to ensure each service including 65 Charlton Road provided people with care that focused on them as individuals, with the aim that they are supported to lead a happy good quality life. Records showed in 2016 people using the service and staff had taken part in a "Driving Up Quality Code" workshop and an action plan had been completed. An example of an action that had been completed included the implementation of the electronic computer system to improve and develop people's care plans. Records showed that another "Driving Up Quality Code" workshop was due to take place.