

Chatsworth Care Tudor Lodge

Inspection report

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Date of inspection visit:
06 April 2016

Date of publication:
05 May 2016

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 6 April 2016 and was unannounced. At the last inspection in March 2014 we found the service was meeting the regulations we looked at.

Tudor Lodge is a small home which provides care and accommodation for up to six adults. The service specialises in supporting people with learning disabilities. At the time of our inspection there were six people living at the home.

The service is required to have a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the time of this inspection a new manager had been appointed for the service in February 2016. A new deputy manager was also appointed in December 2015. The new manager had submitted their application to CQC to become the registered manager for the home, which was being processed. Relatives and staff told us, prior to these appointments, the service had not been managed as well as it should have been. Relatives said there had been a lack of continuity and uncertainty as a result of staffing changes particularly with regard to the management of the service. Staff told us during the last two years morale and motivation had been affected by the changes in management.

However, people and staff had positive things to say about the new managers and the quality of their leadership at the home. People said the new managers had made improvements and positive changes at the home. Staff told us they felt better supported and morale and motivation had improved since the new managers were appointed. It was clear from people and staff's comments they believed leadership of the service had improved but these changes were still quite recent so it was too early to judge at the time of this inspection whether these improvements were sustainable and that consistency in respect of the management of the service could be maintained.

The new managers were improving openness and transparency within the service. People said managers were approachable and they felt well listened to. Staff were encouraged to use communication methods more effectively to ensure people could participate in discussions about how the service could be improved. Staff themselves were provided opportunities to share their views and discuss any issues or concerns they had about work based practices.

Managers carried out regular checks to monitor the safety and quality of the service. They took action to make the necessary changes needed where shortfalls or gaps in the service were identified.

Relatives said people were safe at Tudor Lodge. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew how and

when to report their concerns if they suspected someone was at risk of abuse. There were procedures in place for staff to follow to ensure concerns were reported to the appropriate person. They had also received training to ensure people were protected from discriminatory behaviour and practices that could cause them harm.

To keep people safe from injury or harm in the home and community, staff had access to appropriate guidance on how to minimise identified risks to people due to their specific needs. Maintenance and service checks were carried out at the home to ensure the environment and equipment was safe. Staff kept the home free of hazards and obstacles so that people could move safely around.

There were enough suitable staff to care for and support people. The provider had carried out appropriate checks to ensure they were suitable and fit to work at the home. Staff received relevant training to help them in their roles. Staff had a good understanding and awareness of people's needs and how these should be met. They ensured people's right to privacy and to be treated with dignity were respected. The way they supported people during the inspection was patient, caring and considerate.

People were supported to keep healthy and well. Staff ensured people were able to promptly access other healthcare services when this was needed. People were encouraged to drink and eat sufficient amounts to meet their needs. Their food and fluid intake was regularly monitored to ensure they were eating and drinking enough. People received their medicines as prescribed. These were stored safely.

People were supported to express their views in a way that suited them. Staff used various methods to ensure people could state their wishes and choices and these were respected. People and their relatives were appropriately supported by staff to make decisions about their care and support needs. Support plans had been developed for each person which reflected their specific needs and preferences for how they were cared for and supported. These provided staff with guidance and the information they needed to ensure people's needs were met. These were discussed and reviewed with them regularly.

People and their relatives were satisfied with the support people received. People were confident raising any concerns or issues they had with staff. There were arrangements in place to deal with people's complaints, appropriately.

People were encouraged to maintain relationships that were important to them. People were also supported to undertake activities and outings of their choosing. People were encouraged to be as independent as they could be in the home and community. Staff only stepped in when people could not manage tasks safely and without their support. Staff were welcoming to visitors and relatives were free to visit when they wished.

The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training to understand when an application under DoLS should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff knew how to recognise abuse and to report any concerns they had, to ensure people were appropriately protected. Staff were supported to protect people from discriminatory behaviour and practices.

There were enough staff to care for and support people. The provider had carried out checks of their suitability and fitness to work at the home.

Plans were in place to minimise identified risks to people's health, wellbeing and safety in the home and community. Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Good ●

Is the service effective?

The service was effective. Staff received training and support from senior staff to ensure they could meet people's needs.

Staff knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS. Procedures were in place to ensure when complex decisions had to be made staff involved relatives and health and social care professionals to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy. When people needed care and support from healthcare professionals, staff ensured people received this promptly.

Good ●

Is the service caring?

The service was caring. People said staff were caring. Staff knew people well and what was important to them in terms of their needs, wishes and preferences.

People were supported to express their views in a way that suited them. Staff used various methods to ensure people could state their wishes and choices and these were respected.

Good ●

Staff respected people's right to privacy and to be treated with dignity. Information about people was kept securely. People were encouraged by staff to be as independent as they could and wanted to be.

Is the service responsive?

Good ●

The service was responsive. Plans were in place which set out how people's needs should be met by staff. They reflected people's individual choices and preferences for how they received care and support. They were reviewed to identify any changes that may be needed to the support people received.

People were supported to live an active life in the home and community. They were encouraged to maintain relationships with the people that were important to them. Staff were welcoming to visitors and relatives were free to visit when they wished.

People told us they were comfortable raising issues and concerns with staff. The provider had appropriate arrangements in place to deal with any concerns or complaints people had.

Is the service well-led?

Requires Improvement ●

The service had not been managed as well as it should have been. The service had not been consistently managed by a registered manager since June 2015. People and staff told us the lack of leadership from previous managers had created uncertainty and impacted on morale.

People and staff said the recent appointment of new managers had seen the management of the home improve. But it was too early to judge at the time of this inspection whether the improvements made were sustainable and that consistency in respect of the management of the service could be maintained.

The new managers were improving openness and transparency within the service. People said managers were approachable and they felt listened to. Staff were encouraged to use communication methods more effectively to ensure people could participate in discussions about how the service could be improved.

Staff were well supported by managers, provided opportunities to share their views and told us morale and motivation had improved.

Managers carried out regular checks to monitor the safety and

quality of the service. They took action to make the necessary changes needed where shortfalls or gaps in the service were identified.

Tudor Lodge

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.

This inspection took place on 6 April 2016 and was unannounced. The inspection team consisted of a single 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. We reviewed other information about the service such as notifications about events or incidents that have occurred, which they are required to submit to CQC.

During our inspection the majority of people using the service were unable to share their experiences with us due to their complex communication needs. In order to understand their experiences of using the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We were able to speak with one person using the service and a visiting relative. We also spoke with the manager, the quality manager for the organisation and two care support workers. We looked at records which included three people's care records, four staff files and other records relating to the management of the service.

After the inspection we spoke with three relatives of people living at Tudor Lodge who shared their views and experiences of the service.

Is the service safe?

Our findings

Relatives told us people were safe at Tudor Lodge. One relative said, "I can tell if [family member's] not happy and [they] will let you know if [they] didn't like anyone." Another told us, "I think [family member] is safe there." And another said, "You try not to think of the worst but I've never had any complaints or seen anything I didn't approve of." Staff had been trained in safeguarding adults at risk. The provider made this training mandatory for all staff working at the service and this was refreshed regularly. Training enabled staff to recognise and identify situations or circumstances in which people may be at risk of abuse and the action they must take to ensure people could be sufficiently protected. There was a clear reporting process for all staff to follow which outlined how and when to report their concerns and to whom. Senior staff were clear about their responsibilities for ensuring concerns were reported immediately to the appropriate investigating local authority and for working proactively with other agencies to ensure people received the appropriate protection and support.

Staff also received training to protect people from discriminatory practices or behaviours that could cause them harm. Training was focussed on how to ensure people's rights were respected and protected to ensure they did not suffer discrimination or abuse.

Staff were provided guidance and support on how to minimise known risks of injury or harm to people. Records showed staff assessed how people's specific circumstances and needs could put them at risk of injury and harm in the home and community. The information from these assessments was used to develop 'risk taking plans' for each known risk which instructed staff on how to minimise this risk when providing people with care and support. In our conversations with staff they displayed a good understanding of the specific risks to each person and what they should do to protect them. We saw when staff supported people in activities or tasks they took care and checked that people were comfortable and safe.

Senior staff had also carried out assessments of the home environment to identify how this could pose risks to people. There were control measures in place for staff to follow to minimise risks posed by the premises and the equipment within it. We observed the environment was free of obstacles or objects that could pose a risk to people's safety. The environment and equipment in the home were regularly checked to ensure these did not pose unnecessary risks to people. Records showed checks had been made of fire equipment and systems, alarms, emergency lighting, water hygiene, portable appliances, and the gas and heating system. Where accidents or incidents had occurred involving people, these were reviewed and discussed with all staff to identify any learning and changes that were needed to prevent reoccurrence and people's risk taking plans were updated accordingly.

There were enough suitable staff to care for and support people. The staffing rota was planned in advance. Senior staff took account of the level of care and support people required each day, in the home and community, so that there were enough staff on duty to support them safely. The manager told us the service had experienced some turnover in staff and was currently recruiting to four vacant posts. They told us any gaps in the staffing rota could be met by the existing staff complement or by staff from the provider's other homes doing extra hours. However they acknowledged this was only a short term measure and was actively

recruiting to ensure vacant posts were filled to achieve a full permanent staffing complement at the home. We observed when people were at home, staff were visibly present and providing appropriate support and assistance when this was needed.

The provider's recruitment procedures enabled them to check that staff were suitable and fit to work at the home. Records showed checks were carried out and evidence was sought of; people's identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and evidence of previous work experience such as references from former employers. Staff also completed a health questionnaire so that the provider could assess their fitness to work.

People were supported by staff to take their prescribed medicines when they needed them. Each person had their own medicines administration record (MAR sheet) which was signed by staff each time medicines were given. We saw no gaps or omissions in these records which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets.

Guidance was in place for staff to follow when supporting people with medicines prescribed 'as required' (PRN). PRN's are medicines which are only needed in specific situations such as when a person may be experiencing pain. This guidance prompted staff on the triggers to look out for to help them identify when people may be in pain, and in need of their PRN. Records showed staff had received training in the safe handling and administration of medicines and this was refreshed on a regular basis. Medicines were stored safely in a locked cupboard. Staff checked the temperature of the cupboard daily to ensure this did not exceed levels at which the efficacy of medicines could be reduced.

Is the service effective?

Our findings

Relatives told us staff were well trained and had a good understanding of how their family member's needs should be met. Records showed staff received training to enable them to meet people's needs. Staff had attended training in topics and areas appropriate to their work. People at the home had specific needs that needed to be met and specialist training was mandatory for all staff to support them appropriately. For example training was provided to all staff to effectively support people on the autistic spectrum. Staff training records were monitored by the provider and manager to identify when staff were due to receive refresher updates to keep their knowledge and skills up to date. All new staff were required to work towards achieving the 'Care Certificate'. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff told us they received regular training which was relevant to their roles. One said, "Training is good and helps us to support people."

People were cared for by staff who were supported in their roles by senior staff. Staff received regular support through individual one to one (supervision) meetings. Records showed staff met with their line manager regularly and were provided with opportunities to reflect on their working practices, discuss work issues or concerns and any learning and development needs they felt they had. Staff told us they felt well supported by senior staff in their roles. One said, "I get a lot of support and have had supervision meetings."

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed staff assessed people's level of understanding and ability to consent to the care and support they needed. A framework and procedure was in place to deal with situations where if people lacked capacity to make specific decisions people involved in their care, such as family members and healthcare professionals would be involved by staff in making decisions that were in people's best interests. All staff had received training in relation to the MCA and DoLS. This was mandatory for all staff when they started work at the service. They had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the authorisation.

People were supported by staff to eat and drink sufficient amounts to meet their needs. Records showed staff assessed people's nutritional needs which took account of their healthcare conditions as well as their

specific likes and dislikes for food and drink. Staff used this information to support people to plan meals which met their needs. We observed staff supported people to communicate what they wished to eat and drink and people's choices about this were respected. People could eat at times that suited them. People needed minimal assistance to eat their meals but staff were on hand if help was needed. Staff closely monitored and recorded people's food and fluid intake to ensure people were eating and drinking enough. People's weight was also monitored to ensure they were maintaining a healthy weight.

People were supported by staff to keep healthy and well. People had individual health action plans which set out how staff should support people to do this. This included information about the support people required to manage their health and medical conditions and the access they needed to services such as the GP or dentist. People were supported by staff to attend their healthcare and medical appointments. Outcomes from these were documented and shared with all staff so that they were aware of any changes or updates to the support people needed. For example one person had recently visited the dentist and was given guidance on good teeth brushing techniques. This guidance was shared with all staff through the service's communication book, so that they were all aware of how the person should be supported to do this. People also had a hospital passport. This document contained important information that hospital staff needed to know about them and their health in the event that they needed to go to hospital.

Staff recorded daily, information about people's general health and wellbeing. Staff were encouraged to report any issues or concerns about people's health and wellbeing to senior staff promptly so that appropriate support for them could be obtained. Records showed when staff had identified that people were unwell appropriate support had been obtained for them from their GP. Information about people's current health and any concerns about this were also shared at staff handover meetings so that all staff were aware of the appropriate support that was needed.

Is the service caring?

Our findings

People told us the service was caring. One relative said, "I think it's caring. [Family member] can feel vulnerable and I know [they] can talk to staff and I know they will support [them] well. It's a good continuation of home and [family member] is happy there." Another relative told us, "I will ask the carer that comes home with [family member] about what [they] have done and you can tell from how they reply how involved they are and how well they know [family member]."

During the inspection we were able to observe some of the interactions between people and staff at home. People appeared comfortable and relaxed in staff's presence. We observed staff were alert and quick to assist people when this was needed. They knew how to support people when they became anxious or distressed so that this was done in a caring and considerate way. In our conversations with staff they spoke about people in a kind and respectful way. They knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

People using the service had complex communication needs and their records provided good information for staff on how they wished to communicate and express themselves through speech, signs, gestures and behaviours. This helped staff understand what people wanted or needed in terms of their care and support as well as their day to day needs at home or out in the community. We observed staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible. We saw they involved people in making decisions about what they wanted to do and gave people the time they needed to communicate their needs and wishes and then acted on this.

People's right to privacy and to be treated with dignity was respected. People's personal records were kept securely within the home so that personal information about them was protected. We noted staff were discreet when talking about people and took precautions to ensure they were not overheard. We observed staff did not enter people's rooms without knocking first to seek their permission. Staff told us about the various ways they supported people to maintain their privacy and dignity. This included ensuring people's doors were kept closed when supporting people with their personal care. One staff member told us when they provided support to people with their personal care they ensured the person's dignity was maintained at all times.

People were encouraged to be as independent as they could be in the home and community. A relative said, "They encourage [family member] as much as possible to wash themselves but will finish off when [family member] can't do this. [Family member] is always happy to help out with tasks like cleaning and washing up." We observed people were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. For example, we saw staff encourage and support people to clean and tidy their rooms. We also saw people were encouraged to participate in the preparation of meals and drinks. Staff only stepped in when people could not manage tasks safely and without their support. Records showed each person had time built into their weekly activities timetable for laundry, cleaning, personal

shopping tasks and travel in the community, aimed at promoting their independence. A staff member told us, "Step by step I'm helping [people] to do more for themselves every time so they can be independent."

Is the service responsive?

Our findings

People and their relatives actively participated in planning the care and support people needed. A relative said, "I'm very involved and it's important that I know what's going on." Another told us, "I get involved - the door is always open and I can come up with suggestions and we'll sit down and look at things." Records confirmed people were supported to contribute to the planning and delivery of their care. Their family members and others involved in their care, such as social workers, also had input and involvement in making decisions about the support people needed.

Staff used information from assessments of people's care and support needs to develop a detailed support plan which set out how these needs would be met. These plans were person-centred, focussed on people's priorities for their care and wellbeing and reflective of their specific likes and dislikes particularly for how support should be provided to them. There was good information in people's plans about what people were able to do for themselves to help promote their independence and the level of support they required from staff. Staff demonstrated a good understanding of the specific needs of people they were supporting and were able to explain to us the care people required. Staff knew people well including their life histories, their likes and dislikes and their interests and hobbies.

People's needs were regularly monitored to identify any changes that may be needed to the care and support they received. Each person had a designated keyworker. A keyworker is a member of staff responsible for ensuring a person's care and support needs are being met. Records showed keyworkers met with people monthly to review their current needs. Keyworkers then discussed with senior staff whether any changes were needed to the support people received. A member of staff said, "The monthly meetings are a good review of people's health and wellbeing." A formal annual review was also carried out of people's care and support. These meetings had been attended by people, their family members, staff and other relevant healthcare professionals involved in people's care. When changes to people's needs were identified, their support plans were updated accordingly so that staff had access to up to date information about the support people needed.

People were supported to pursue activities and interests that were important to them. Relatives told us about the different activities their family members participated in each day. One said, "I don't want [family member] sitting around all day doing nothing but [they] are always getting out... [family member] has a timetable to do things [they] enjoy." Each person had a personalised weekly timetable of planned activities they undertook at home and in the community. These covered their hobbies and interests, outings and social events, attending college or the community centre and household chores and tasks. A staff member told us, "Everyone has their own cooking day at home and they will cook the food they want with our help and support." There were also good links with the provider's other homes and some people participated in regular walks with people living in a home close by.

People were able to maintain relationships with those that mattered to them. Relatives told us they were made to feel welcome by staff and could visit their family member when they wanted to. They also told us how their family members were supported to visit with them at their own homes on a regular basis. Staff

kept in contact with people's families providing them with updates and news about their family member. People described the atmosphere in the home as homely and warm. One person said, "It's like being part of an extended family." Another relative said, "They [people using the service] all moved in together and have been with each other a long time. It feels like a family atmosphere there." Family and friends were invited to events that took place at the home such as birthdays, summer parties and festive celebrations. A staff member said, "At activities out in the community we get to meet up with and make friends with people from other homes and people have got to know each other well and made friends."

Relatives were satisfied with the care and support people received. One relative told us, "It's a brilliant service." Another said, "I think it's excellent." And another told us, "We did have a couple of years where we weren't happy but I'm quite happy now." Relatives said they were comfortable raising any concerns or issues they had with staff and wouldn't hesitate to do so. One said, "If I felt something wasn't right, I would say so." Another told us, "If I disagree with anything I will tell them and they will immediately deal with it."

The provider had put in place arrangements so that people's concerns and complaints would be dealt with appropriately. The provider's complaints procedure was easily available to people and explained how any complaint they made would be dealt with by the service. Senior staff were responsible for ensuring people's complaints were fully investigated and that people received a satisfactory response to the concerns they raised.

Is the service well-led?

Our findings

The service is required to have a registered manager in post as part of a condition for the provider to be registered with the CQC. However, the service had not been consistently managed by a registered manager. The last registered manager left the service in June 2015. At the time of this inspection the provider had appointed a new manager who started working at the home in February 2016. A new deputy manager was also appointed in December 2015. The new manager had submitted their application to CQC to become the registered manager for the home, which was being processed.

Relatives and staff told us, prior to these appointments, the service had not been managed as well as it should have been. Relatives said there had been a lack of continuity and uncertainty as a result of staffing changes particularly with regard to the management of the service. One relative said, "There's been a lot of staffing changes. I was concerned because we kept getting new staff." Another relative told us, "There have been a lot of changes in leadership in the last two years. With the previous manager, I did have more concerns." Staff told us during the last two years morale and motivation had been affected by the changes in management.

However, people and staff had positive things to say about the new managers and the quality of their leadership at the home. One relative said, "Everything's settled down and working effectively. The new manager is very on the ball and knows her stuff. The atmosphere has changed and it's been very good." Another told us, "I've met the new manager and she's reining things in and things have improved in the last two months. I feel I have complete confidence in the new managers." And another said, "I've been very impressed. [The manager] seems on the ball and turning things around." A staff member said, "Things have really improved. Things are looking up and I can see the improvements going forwards." Another told us, "It's much better with the new managers. It's more positive and motivating now that we have a proper manager." Although it was clear from people and staff's comments that the leadership of the service had improved, it was too early to judge at the time of this inspection whether the improvements people and staff told us about were sustainable and that consistency in respect of the management of the service could be maintained.

During the inspection we discussed with the manager their understanding and awareness of their role and responsibilities once they became registered manager, particularly with regard CQC registration requirements and their legal obligation to submit notifications of incidents or safeguarding concerns about people using the service. It was clear from speaking with the manager and the quality manager for the organisation these had not been sent to CQC as consistently as they should have been which was a legacy of the previous management of the home. However, the manager was well aware of what needed to be reported to CQC and after this inspection took steps to ensure notifications had been submitted, as required, to bring these up to date.

The manager was improving openness and transparency within the home which was focused on putting the needs of people first. One relative said, "They [managers] are very approachable. They will always speak to me and ask me if I have any concerns. I feel they listen to me." Another told us, "The lines of communication

have improved and I feel the feedback is much better." Staff were proactively encouraged to support people, through keyworker meetings, to share their views and ideas about how their care and support could be improved. This included encouraging staff to use communication methods effectively to enable people to participate, for example improving the use of signs, symbols and pictures to help people who were non-verbal to express their views.

Staff were encouraged to share their views and suggestions about how the service could be improved for people. They were supported to do this through staff team meetings and their own individual supervision meetings with senior staff. Minutes from meetings showed staff discussed ideas and ways people's experiences could be improved such as new activities or social outings and any issues or concerns they had about work based practices. One staff member said, "Things are resolved quickly, we feel better supported and feel very confident about approaching the managers." Another told us, "Finally, paperwork is getting up to date and there are lots of new activities to come. I'm so excited about the future!"

Managers carried out checks of the service to assess and review the quality of care and support people received. These checks covered key aspects of the service such as the accuracy of people's care plans and records, management of medicines, cleanliness and hygiene, health and safety, and staffing arrangements such as supervision and training. We noted where shortfalls or gaps were identified managers took responsibility for taking action to address these. For example records maintained by the service were being updated at the time of the inspection to ensure these were accurate and up to date.