

Cabrini Care Limited

Spring Bank Farm

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this unannounced inspection on 1 December 2015. Spring Bank Farm is run and managed by Cabrini Care Limited. The service provides care and support for up to seven people with Autism. On the day of our inspection six people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons.’ Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed. Action was taken

Summary of findings

following any incidents to try and reduce the risks of incidents happening again. People received their medicines as prescribed and the management of medicines was safe.

Staffing levels were sufficient to support people's needs and people received care and support when required. Staff were provided with the knowledge and skills to care for people effectively and felt supported by the management team

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed. People who used the service, or their representatives, were encouraged to contribute to the planning of their care.

People were treated in a caring and respectful way and staff delivered support in a relaxed and considerate manner. Positive caring relationships had developed between staff and the people who lived at the home and number of different communication techniques were used to assist people to make their needs known. People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

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

There were enough staff to meet people's needs and staff were able to respond to people's needs in a timely manner.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Good



Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good



Is the service responsive?

The service was responsive.

People were supported to make complaints and concerns to the management team.

People residing at the home, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

Good



Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

Good



Summary of findings

There were systems in place to monitor the quality of the service.	
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Spring Bank Farm

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 unannounced inspection took place on 1 December 2015. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received including statutory

notifications. A notification is information about important events the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We conducted telephone interviews with four people who had relatives living in the home and two visiting health professionals. We spoke with four members of staff and the registered manager.

We looked at the care records of two people who used the service, three staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

Relatives we spoke with told us they felt their relations who lived at the home were safe and they had confidence in the staff who cared for their relations to keep them safe. A relative we spoke with told us, "Oh yes, [name] is so happy to be there." Another relative told us, "[Name] tells me they feel safe." We observed people interacted with staff confidently. We noted people's body language when engaging with staff showed they felt safe and secure. People were tactile with members of staff, for example taking their hand to show them what they wanted. Relatives we spoke with told us if they were concerned about their relations' safety they would know who to speak to. One relative told us, "Yes I would speak to the manager or deputy but you could talk to anyone really."

Staff had a good understanding of the different types of abuse people could face and how to recognise and respond to any possible abuse. Staff also understood what their role was in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse. One member of staff said, "The people who live here might not be able to tell us if things are wrong." They went on to say they would look at any changes in a person's behaviour, their anxiety levels and how they behaved with different members of staff. The staff we spoke with told us they had not seen any behaviour that would cause them concern.

Staff knew who to report any concerns to, one member of staff told us, "I would inform the manager and if nothing was done I would come to you." The staff member told us that the registered manager had made it clear to them that if they saw any abuse and the person they reported to was not responsive, the staff member should report it to us or the local safeguarding team. We saw a notice in the home advertising the local safeguarding team's telephone number.

The registered manager was confident staff would protect people from abuse. They told us, "All the staff know how to protect people from abuse." The registered manager understood their responsibility with regard to reporting incidents in the service to the local authority and us. They demonstrated their understanding of their role in safeguarding the people in their care.

Risks to individuals were assessed when people went to live in the home and these were reviewed regularly to ensure people's safety. There were detailed risk assessments in people's care plans which showed what help individuals needed with aspects of their day to day activities such as, behaviour patterns, nutrition or managing their medicines. Where risk assessments had identified triggers to particular behaviour patterns we saw detailed instructions of how to manage the triggers and de-escalate potentially difficult situations. The emphasis in these risk assessments was on supporting people whilst ensuring they retained some independence in their daily life. For example some people enjoyed making their own drinks and staff supported them to be safe when dealing with electrical items and hot water whilst allowing them to do as much for themselves as they could safely do. The risk assessments detailed clearly which parts of particular activities people could safely undertake independently. One relative we spoke with told us staff encouraged their relation to be independent. They said, "They [staff] encourage life skills." One member of staff told us the risk assessments helped them understand everyone's capabilities, they said, "We make sure they do everything they can do safely."

People could be assured the environment they lived in was safe. The registered manager undertook regular environmental audits and the company employed external auditors to support this. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

We saw there were sufficient staff on duty to meet people's needs. One relative we spoke with told us, "Yes there are plenty of staff [Name] needs two to one care when they go out, this always happens." Staff members we spoke with told us there was enough staff and one staff member told us, "People will always cover for short notice sickness." Another member of staff said, "Some people need two to one in the community and we increase staff to manage this." During the inspection we saw the needs of people were met by the numbers of staff on duty. We saw that extra staff had been brought on duty to cover short notice sickness and there were sufficient numbers of staff to escort people into the community for their daily activities.

Is the service safe?

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined two staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained in the safe handling of

medicines. Care plans gave detailed information on how to administer medicines to each individual and there was a comprehensive protocol in place for the administration of as required medicines. We saw medicines were stored correctly and records relating to administration and ordering were up to date. The registered manager and deputy manager undertook regular medicines audits and we saw up to date records of these audits. This showed the administration of medicines was monitored to maintain safe practices and processes were in place to address any issues raised.

Is the service effective?

Our findings

We saw that people were cared for by staff who received regular training to support them in their work. A relative told us the staff had a good knowledge of how to manage the behaviours patterns of people with autism. We asked another relative if they felt staff were trained appropriately, they said, "Oh definitely." We spoke with visiting health care professionals who told us the staff at the home were receptive and had embraced new training the healthcare professionals had offered that assisted them to manage needs of the people who lived in the home.

Staff told us they were given training relevant to their roles with a number of staff undertaking further qualifications. One member of staff we spoke with told us, "I get the right training all relevant to my job." Another member of staff told us they had just completed a nationally recognised course relevant to their role. The home had a training manager and also used external providers to assist with particular specialist training courses. This included a course which helped staff understand how to recognise behavioural patterns and use distraction and diversion techniques to avoid the use of restraint. The training matrix showed staff had received some update training on moving and handling, health and safety and first aid.

People were supported by staff to maintain positive behaviour patterns. A member of staff told us everyone in the home had their own positive behaviour plan. They said "When needed we try distraction and redirection to calm people down." Staff told us the information in the plans helped reduced the number of dangerous or challenging behaviour incidences in the home.

Staff told us they had undergone a nationally recognised training programme to assist them to use restraining methods safely but the emphasis in the home was on preventing incidences that required the use of restraint. One member of staff told us they had only had to use a restraint once in the two years they had worked in the home. When a person had been trying to cross a busy road and their safety was compromised. The member of staff told us, "Restraint is the very last resort."

Staff told us that on commencing employment they were required to undertake an induction process. The registered manager told us the new members of staff were working their way through the new care certificate induction. The

care certificate is regarded the best practice for inducting new staff in health and social care. A new member of staff told us they felt the induction was sufficient to prepare them for working with people. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service and also gave them the opportunity to read the organisation's policies and procedures. We also found the induction process included a period of 'shadowing' more experienced staff until the less experienced staff member felt ready to work independently.

We found staff were appreciative of people's rights to spend their time as they pleased and respected people's day to day decisions. One member of staff told us, "Majority of the people who live here can't always retain information to make safe decisions, but they can communicate and let you know what they want or don't want." Throughout our inspection we observed that people who lived at the home were able to move freely around the home and garden. Staff allowed people to take the lead so they made the decisions. Staff told us before they assisted with things such as personal care they always obtained consent and although the majority people were unable to give verbal consent they were able to indicate if they were happy for the member of staff to provide the care.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. 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. There were records of best interest meetings to help everyone understand what decisions individuals were capable of making. We saw there had been assessments carried out to assess people's capacity to make specific decisions. Where it was determined people did not have the capacity to do so, the correct process was followed to make a decision in the person's best interest.

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

Is the service effective?

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. The registered manager had made applications to the local authority for these assessments.

Staff had an understanding of the MCA and DoLS and told us they had received training on what the MCA meant to the people they cared for. One staff member said, "Because we lock the doors here we need to have everyone assessed to show we are doing this in their best interests." They told us the MCA was in place to protect people, they said, "We should assume that a person has capacity (to make decisions for themselves) rather than the other way round." Staff told us that although many people using the service had some learning difficulties and lacked capacity to make major decisions about their care they could make day to day decisions.

People's individual nutritional needs were met and they were supported to eat and drink enough. During our inspection we saw people eating breakfast at different times throughout the morning. There were different options for people to choose from with staff showing people what was available. Relatives we spoke with told us the food always looked appetising when they visited. One relative said, "The food is good and [name] can go out to eat. [Name] enjoys their food." They went on to say the person had their own snack routine and staff supported them with this. Another relative we spoke with told they had been present on a number of occasions when their relation was having a meal. They told us the meals were appetising and of sufficient quantity. Staff told us and we noted that people could eat either in the kitchen, lounge or their own rooms if they wished. One member of staff said, "Everyone has different ways they like food presented to encourage them to eat, and everyone can eat where they like."

Staff were knowledgeable with regard to people's dietary needs and care plans showed what measures were in place

to support people with a healthy diet. People were weighed weekly and a recognised weight monitoring tool was used to assess any excessive weight fluctuations. Where appropriate advice had been sought from health professionals such as a dietitian. One person in the home needed encouragement to eat and their plan contained a food diary so staff could monitor their intake of food. The person was offered smaller portions of food more often with fortified drinks to increase their nutritional intake.

People could be assured that their healthcare needs would be met and staff supported people to attend regular appointments with a variety of health professionals such as the chiropodist, optician and dentist. One member of staff told us how the staff had supported a person who had undergone surgery at the local hospital. They told us that based on their knowledge of the person's needs they had developed a plan with the person and hospital staff to overcome any aspects of the procedure that may cause un-necessary anxiety. The member of staff told us the plan had worked very well and the person had undergone the experience successfully.

Relatives we spoke with told us staff were responsive to their relations' health needs. One relative said, "They are spot on, and I get a phone call if there is a health problem." Staff told us people's health needs were responded to in a timely way. One member of staff said, "Yes doctors are called straightaway if they are needed." They told us one or two people had a minor re-occurring health condition. This was documented in their care plan and staff were aware of what symptoms to look for to deal with any issues promptly.

On the day of our inspection we spoke with a visiting healthcare professional. They told us staff made referrals to their team when any concerns were identified. They also told us that when they provided advice to staff on how to promote people's health and wellbeing their advice was followed in practice.

Is the service caring?

Our findings

On the day of our inspection we noted that people who lived in the home were relaxed and happy in the company of staff. We saw that staff interacted with people in a relaxed and caring manner. They responded to people's requests for assistance in a timely way and were patient with people when they tried to communicate with them. Relatives we spoke with were consistent in their praise of the quality of service. One person said, "They [staff] are very kind and compassionate." Another relative we spoke with said, "[Name] is ecstatically happy to be here, the staff are lovely." Another relative told us staff treated their relation and the other people who lived in the home as if they were their family.

Staff told us they enjoyed working at the home and they had developed good relationships with the people who lived there. One staff member told us that people missed different members of staff when they were not on duty and said it was nice that people were pleased to see them come on duty. Another member of staff told us that if at the end of a shift they could see that the people who lived at the home had had a good day they felt they had done a good job and got satisfaction from this.

People were spoken with by staff in a kind tone of voice who used effective communication skills to give people choice and control. Staff established eye contact with people before speaking with them and made good use of alternative methods of communication such as sign language, symbols and pictures. Speech and language therapists were regularly involved in multidisciplinary meetings to provide additional support and expertise in this area.

People were supported by staff who were patient and understanding. For example we witnessed one person being spoken with by a member of staff and whilst the person was only able to give minimal verbal responses they were clearly engaged with the member of staff. The staff member discussed a subject the person was interested in and waited for responses. Further examples were when one person's behaviour began to change during an activity due to noise levels. The staff member who was caring for them calmly reduced the noise and offered an alternative activity to the person who was happy to comply.

A relative we spoke with told us they had been encouraged to visit the home a number of times prior to their relation moving in. They told us they had been impressed by the kindness of the staff and how people were encouraged to move around the house freely. The relative told, "It is clearly their home and staff make sure they feel like it is." Another relative said, "It's a great place it feels so right."

People who lived in the home were supported to maintain their relationships with the people who were important to them. Relatives told us they felt welcome when they visited the home, one relative told us, "We are always made welcome." Another relative we spoke with told us they often received a telephone call from staff to let them how well their relation was doing. Staff escorted people to visit relatives regularly and the registered manager told us that one person had been supported on holiday recently. The person's relative often struggled to have one on one time with their loved one and staff had arranged for them to stay during the holiday to allow them to enjoy the time together.

The registered manager told us that no one living at the home had any diverse cultural needs but one person enjoyed singing at their local place of worship and this was accommodated. Advocacy services were available for people who lived in the home. An advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager told us that people in the home may not have an understanding of the role of an advocate or how to ask for this kind of help. However the registered manager ensured that families were aware that this support was available and worked with social workers who support the people in the home to ensure when appropriate individuals could access these services.

People were encouraged to express their views on the things that were important to them. Throughout the inspection we saw people doing the things they wanted in the way they preferred. People were able to spend time in the communal areas and in their own rooms. They chose what and when to eat and what clothes they wanted to wear. One relative we spoke with told us their relation enjoyed spending time in their room they said, "Staff give them the space they need." Staff we spoke with confirmed their knowledge of the person's preference. They told us

Is the service caring?

they would knock on the person's door but if they chose not to answer and they didn't need to disturb them they would not go in but listen briefly to check they were okay and allow them some time alone.

We saw there were systems in place to involve people in the planning of their care package. Relatives we spoke with told us they had been involved in planning their relation's care. In each care plan we viewed we saw there was correspondence with relatives. Each plan contained a feedback sheet and some relatives had made suggestions on these sheets, we checked the care plans and saw these suggestions had been included in the person's care routine. A relative we spoke with told us, "They always involve me in any decision making." Another relative we spoke with told us, "Yes I was involved all the way, it's reviewed regularly and if I feel I need to raise something it's dealt with."

People could be assured that staff respected their privacy and dignity. During the inspection we saw people who had

been assisted with personal care. We noted that doors were closed during these activities and that people were appropriately dressed in the communal areas. Relatives we spoke with told us staff respected their relation's privacy and maintained their dignity. One relative told us, "[Name] needs privacy and they [staff] respect that." Another relative told us they had witnessed how staff maintained their relation's privacy when offering personal care. They told us staff were careful to give privacy but still offer appropriate support. Staff we spoke with told us bedroom doors were lockable from both sides and if someone had locked their door staff would knock and wait for the person to open it for them. Staff we spoke with told us they respected people's rights to privacy. One member of staff said, "I always knock on doors and if I am giving personal care I make sure people are covered and the curtains are closed."

Is the service responsive?

Our findings

People who lived at the home received personalised care from staff who knew their needs well. Relatives we spoke with told us staff had a very good knowledge of their relation's needs. One relative we spoke with said, "They know [name] very well, they know how to keep [name] calm."

Relatives told us they had been listened to when their relation's care plan was planned and they were encouraged to attend the multi-disciplinary review meetings held to review their relation's care.

People were supported by staff who had excellent knowledge of them and they were able to discuss their needs and care plans with us. Staff were aware of what was needed to ensure the safety of people when they were in the home and in the community. They used the information in the plans to respond appropriately to any changes in behaviour of individuals. One member of staff told us, "When I first started I didn't know people very well but the manager has brought in a number of things that have really helped us manage behaviours so much better." They told us the staff worked together to maintain a calm environment for people.

People had details of their preferred way of communicating documented in their care plans. These included how facial expressions and body language were used by individuals to communicate. Some people used sign language and visual prompts to assist them to communicate. Staff were aware of how to present choices to people to assist them to make their own decisions. One member of staff told us how one person had developed their own language and in this way was able to give one word answers to make their needs known.

People's individual preferences were known by staff. They were encouraged to make independent decisions in relation to their daily routines. People were encouraged to make their own choices about such things as the clothes they wore, when they went to bed and how they managed their daily routines. People were encouraged to personalise their own rooms and keep them clean and tidy.

Social activities took place on a daily basis and were tailored to meet people's individual needs and preferences. On the day of our inspection some people were out at the

farm on site, another person had been supported to go shopping and then went swimming. Some people were encouraged to plan their day as they liked routine. One person had a visual communication board with symbols that helped them plan their day. A number of people who lived in the home enjoyed walking, others enjoyed horse riding, bowling and swimming. Relatives we spoke with told their relations were supported to follow their chosen hobbies. One relative told us their relation enjoyed walking in all weathers and staff encouraged this interest. Another relative told us, "[Name] enjoys going to a disco each week and going to the park to feed the ducks they get to do the things they want." A member of staff we spoke with told us people had a choice with regard to what social activities they took part in. Another member of staff told us as well as activities in the community staff would play board games or do jigsaws with people at home.

People could be assured that any complaints or concerns they raised would be responded to. Relatives we spoke with told us they knew who to go to if they had any concerns, but also told us they had no concerns. One relative told us, "I have none but I could talk to anyone." The company's complaints procedure was displayed in the communal area of the home and relatives were sent an individual copy so they were aware of how to complain should they need to. Relatives we spoke to confirmed they had received a copy of the complaints procedure by post.

Staff had a good knowledge of the complaints policy and the procedure they should follow should a complaint or concern be raised. One member of staff told us, "I would put them in touch with the manager, but if I could sort it I would and I would record it." They also felt complaints would be responded to appropriately and taken seriously. One member of staff told us, "We have forms for written complaints and one for verbal complaints, I would record any complaints and make sure the manager knew." They went on to say, "They would definitely listen and do something about it."

The registered manager told us that as the unit was so small and relatives often lived some distance away having regular formal meetings in a group setting was not successful. However they were in regular contact with relatives and discussed issues regularly to pre-empt and deal with any concerns.

Is the service well-led?

Our findings

On the day of our visit the registered manager was visible around the service and we observed them interacting with people on a regular basis. It was evident that they had a good rapport with people and people approached them confidently. One person who had been shopping came to find the registered manager to show them their purchases. Relatives told us they felt the registered manager was open, honest and approachable. One relative said, “They speak to you and involve families with things.” Another said, “[Name] is a great manager very approachable and they have a great management team.”

Staff told us the registered manager was approachable and was a significant presence in the home. They said they felt comfortable making any suggestions to make improvements within the home and felt the registered manager was proactive in developing an open inclusive culture within the service. One member of staff told us, “Extremely approachable any problems they sort out.” Another staff member said, “Yes very approachable they have an open door policy.”

There was a registered manager in post and they understood their role and responsibilities. Records we looked at showed that we had received all the required notifications in a timely way. Staff we spoke with told us they felt supported by the registered manager and in turn were encouraged by them to support their colleagues. They told us they felt comfortable talking to the registered manager who was approachable and was open to suggestions and dealt with their concerns. Staff told us the registered manager led by example and there was a clear staff infrastructure in place. The registered manager had delegated areas of responsibility to different members of staff and was supportive of them in their roles.

The registered manager told us they worked to achieve an open and inclusive environment in the home. Staff told us they enjoyed working at the service and felt the registered manager was proactive in developing the quality of the service. Throughout our inspection we observed staff working well together and they promoted an inclusive environment and supported each other. It was evident that an effective team spirit had been developed.

We found staff were aware of the organisation’s whistleblowing and complaints procedures. They felt

confident in initiating the procedures. We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people residing at the service.

People benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us the meetings provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision. The meeting also provided the opportunity for the management team to discuss the roles and responsibilities with staff so they were fully aware of what was expected of them.

The registered manager told us there were regular staff meetings so staff could keep up to date and discuss issues. One member of staff told us staff meetings took place every three months, but they could go and discuss suggestions or ideas with the registered manager at any time. They told us of suggestions they had made and showed us how the registered manager had taken the suggestions and developed them into successful working practices. The staff member told us they felt valued.

Relatives we spoke with told us they were regularly sent a parent questionnaire pack which asked questions about their opinions of the quality of the service and their thoughts on the care their relatives were receiving. Relatives were aware of different ways they could provide feedback to the registered manager and we were told they could speak to them face to face or ring them.

The registered manager had systems in place to monitor the quality of the service provided, either they or the deputy manager carried out regular audits in areas such as medicines, care plans and the environment. The provider also engaged the services of independent auditors to monitor areas such as medicines and the environment to assist the management team maintain the quality of the service. We saw records with action plans showing how any issues had been addressed

Systems were in place to record and analyse adverse incidents, with the aim of identifying strategies for minimising the risks. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.