Care Management Group Limited

Care Management Group - 18 Hawthorn Crescent

Inspection report

18 Hawthorn Crescent
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 took place on 23 February 2016 and was an unannounced inspection.

Care Management Group - 18 Hawthorn Crescent is a residential care home that provides support to a maximum of four people who have learning and physical disabilities. The home is situated in a residential area of Worthing, adjacent to another service run by the provider. The two services share a garden and minibus. At the time of this inspection there were four young adults living there.

The service did not have a registered manager in post. Although the registered manager had left, they had not yet deregistered with the Commission. A new manager had started in post at the end of October 2015 and was in the process of registering with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke positively about the service and the staff. They told us that they shared good times and enjoyed the company of staff. The main frustration for people was a shortage of staff which had impacted on their opportunities for leisure and social activities. One person told us, "We're short staffed all the time, it makes me mad". A staff member said, "You do need the right staffing level to do things" and added, "Most people are going out but there were days when they were not going out as much". The manager was actively recruiting to fill vacancies in the staff team. Following our visit she informed us that two new staff members had been appointed.

We had concerns about how staff administered a variable dose laxative to one person and discussed this with the manager. We were informed by staff that an appointment had been made with the GP to review this medicine. Otherwise, medicines were administered safely. Risks to people's safety had been assessed and were managed in order to maximise their independence.
People felt safe at the home and were able to speak up if they had concerns.

Prior to the appointment of the new manager, the service had been through a difficult period without clear leadership. One staff member told us, "We've been trying as a team to cope". Staff told us that the new manager had already made improvements to the service. Staff had received training to carry out their roles and, since the new manager was appointed, they had received regular supervision. The manager was trying to build up the team and ensure that staff felt supported and were clear on their responsibilities.

Staff knew people well and helped them to make decisions relating to their care and support. We observed that staff took time to discuss options with people and respected their wishes. Staff understood how people's capacity should be considered and had taken steps to ensure that their rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were involved in deciding the menu and getting the weekly shop. Each person was supported to eat a healthy and

balanced diet that reflected their individual needs. The manager had ensured that people had access to regular healthcare support such as dentist and optician visits.

People were involved in determining the support they received and worked closely with their keyworkers to make plans for future activities and goals they wished to achieve. There were regular residents' meetings where people were able to share ideas and make suggestions. People were also involved in health and safety checks within the service. There was an open and inclusive atmosphere at the service. The manager and staff team were approachable and people told us they could speak up if they were worried.

The manager and provider had a system to monitor and review the quality of care delivered and the safety of the service. Where improvements had been identified, action plans were in place and these demonstrated that audits had been used effectively to make improvements to 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?

Requires Improvement

Some aspects of the service were not safe.

There were enough staff to keep people safe but staff shortages meant that people's social and leisure needs had sometimes been curtailed.

In general, medicines were managed safely but we found the dose of a medicine given to one person was not clearly recorded.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risk assessments were in place and reviewed to help protect people from harm.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs. They had received training to carry out their roles and received regular support and supervision.

The manager and staff understood how consent should be considered and supported people's rights under the Mental Capacity Act 2005.

People could choose their food and drink and were supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

Is the service caring?

Good

The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care and on how the service was run. They were encouraged to pursue their independence.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and were supported to pursue their interests.

People were able to share their experiences and were confident they would receive a quick response to any concerns.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open. People and staff felt able to share ideas or concerns with the manager.

The manager was new in post and had already made significant progress in updating support plans and ensuring that staff understood what was expected of them.

The manager and provider used a series of audits to monitor the delivery of care that people received and to make improvements.

Care Management Group - 18 Hawthorn Crescent

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 February 2016 and was unannounced.

One inspector undertook this inspection.

Before the inspection, the provider completed 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 also reviewed one previous inspection report and notifications received from the registered manager before the inspection. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care throughout the day and during the evening meal. We looked at care records for three people, medication administration records (MAR), monitoring records, accident and activity records. We also looked at three staff files, staff training and supervision records, staff rotas, quality feedback surveys, audits and minutes of meetings.

During our inspection, we met with the four people who used the service and spoke in detail with two. We also spoke with the manager, the deputy manager, two shift leaders and one support worker. We received feedback from a social worker and Speech and Language Therapist (SALT) who had involvement with people who lived at the service.

The service was last inspected in October 2013 and there were no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us that the service was often short-staffed. The manager confirmed that there were vacancies for support workers and also explained that there had been recent sickness. The planned daytime staffing level was three staff in the morning and afternoon. We looked at the rota for February up to the day of our inspection. We saw that approximately 20 percent of shifts had had two rather than three staff on duty. On two occasions the staffing level had fallen to one in the morning due to sickness. The manager told us, "If we're down to one, I come in or I ask the other service (separately registered service located in the next door property) to help out, or we try for agency". Staff told us that support was quickly provided in both of these instances.

People and staff told us that people received safe support with two staff on duty but that it impacted on their ability to go out and to participate in activities. One person said, "Every week we are short staffed, I can't go out anywhere. It's just a joke". Another told us, "One day last week I couldn't go swimming because we were down to two staff but I've been today instead. It's a hell of a let-down. It's been a problem for a while now. We're trying to get more staff". A social worker shared that at a recent review they had highlighted the importance of a full-time structured timetable for one person's wellbeing and development. They said this had not always happened and that they considered staffing shortages part of the issue.

Staff also felt frustrated by the vacancies. One said, "At times the staff to service user ratio is a bit low which limits us to meet their needs on the social side". They added, "It's always safe but meeting social needs is limited; when there are three staff on we can do that". The manager was recruiting and interviews were being held in the week of our visit. Following our inspection the manager informed us that two new staff had been appointed.

For the most part, people received their medicines safely but we had concerns over how a laxative was administered to one person. We discussed with the manager how the dose administered was unclear. The prescription said, 'Take one 5ml spoonful twice a day, up to 30ml three times a day'. The Medication Administration Record (MAR) was signed on a daily basis in the morning but made no reference to how much had been given. A bowel monitoring chart was in place but it was not clear how this had been used to determine the dose required. Staff told us that they administered 5ml each morning but this dose was not recorded and there was no evidence of guidance from the GP to support the current practice. We found that this person's needs may not have been met because staff lacked guidance and were unclear on how this variable dose medicine should be administered. The deputy manager explained that they had made an appointment with the GP to review this medicine since the person had experienced episodes of loose bowels and they felt the regular dose of laxative may not be required.

Medicines were administered by the shift leaders who attended annual training and underwent competency checks. The shift leaders administered medicines to people in a discreet way and stayed with them until they had taken them. Some people had medicine prescribed 'as required' (PRN). There were clear instructions for staff describing when to use these medicines, the dose and the expected effect. Where medicines for pain relief were prescribed on a variable dose, the time of administration and dose was clearly

recorded. This helped to ensure that PRN medication was administered consistently and not used as a long term treatment.

The service had recently installed lockable medicine cabinets in people's bedrooms. In preparation individual medicines folders containing their MAR had been put together. The MAR included a recent photograph and information on any allergies the person had. They had been completed and demonstrated that people had received their medicines as prescribed.

Staff recruitment practices were robust. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People told us that they felt safe at the service and were comfortable in the company of staff. We saw that there was information about safeguarding in a pictorial format displayed in people's bedrooms. This poster was entitled, 'What is abuse and how can I report it'. At each residents' meeting people were asked if they had any concerns and staff checked that they understood who to contact if they were worried about their safety or that of others who used the service. There were processes in place to safeguard people's money, this included signing in and out any cash and keeping receipts on file.

Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff told us that they felt able to approach the registered manager if they had concerns. They also knew where to access up-to-date contact information for the local authority safeguarding team.

Before a person moved to the service, an assessment was completed. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified, such as in moving and handling or from choking, these had been assessed. For each risk identified, guidelines were in place to describe how to minimise the risk. In one care plan we read, 'When transferring me in the bathroom please make sure that the floor is dry and my bath mat is placed on the floor for me to stand on and ensure I don't slip'. In another, 'Make sure there is padding by the back of the toilet at head end as he tends to thrust head back'. The guidance included detail on any equipment that was required, such as a hoist, and how many staff were needed to safely assist the person.

Some people were happy to show us their bedrooms. We observed that equipment such as grab bars, bath seats and raised toilet seats were in use. This equipment helped to minimise risks to people, whilst also encouraging their independence. Where people enjoyed specific activities such as cooking and swimming individual risk assessments were in place. Risks to people in accessing the community, such as crossing the road, withdrawing funds and using the minibus had also been considered. For one person who used an electric wheelchair when out we saw that they had agreed that staff would take control of the chair when crossing roads and that they were to use a designated crossing wherever possible.

The manager and provider had considered environmental risks, such as from legionella or fire. There was a schedule or regular testing and equipment maintenance. Each person had a personal evacuation plan which detailed how they would safely leave the premises and what support would be required. The service had a 'buddy' arrangement with another service run by the provider located nearby where key details about the people living at the service, such as their profile, medication, next of kin and GP contacts were held in

duplicate. This would mean that information that may be necessary in an emergency would be available if staff had been unable to collect it.

Good

Is the service effective?

Our findings

People had confidence in the staff who supported them. They told us that they understood how they liked to be assisted and listened to their wishes. A Speech and Language Therapist (SALT) who had involvement with the service told us, 'I felt the service supported a client with complex needs appropriately, sensitively and safely'. A staff member said, "I feel confident in what I do".

New staff completed a period of induction. This included health and safety awareness and a two to three week period of shadowing experienced staff. Before staff were allowed to work independently they were required to complete training in basic first aid, moving and handling and safeguarding adults. The manager told us that the provider had introduced the care certificate, which is a nationally recognised qualification. She explained that new recruits who had not previously worked in care would be expected to complete the care certificate. Training for managers in overseeing the care certificate was scheduled at a forthcoming manager meeting.

Ongoing training was provided to staff in both e-learning and face to face sessions. Training made mandatory by the provider included emergency first aid, moving and handling, safeguarding, food safety, the Mental Capacity Act, infection control and epilepsy. There were also specific trainings to help staff understand and support people who had a learning disability. The provider had an online system to manage training. The manager showed us how the system generated alerts when training was due. On the system it was very clear which training was soon to expire, that which had been booked and that which needed booking.

Staff had not always felt supported due to changes in management at the service. There had been a period of approximately six months when the service did not have a permanent manager. Since the new manager started in October 2015, all staff had attended a minimum of one supervision session and more than half of staff had attended two or more. The manager had not yet started staff appraisals but planned to complete these by the end of June 2016. Supervision records showed that staff had an opportunity to discuss any concerns, any training needs and their professional development. One staff member who felt historically they had not been supported in pursuing any further professional development such as diplomas in health and social care told us, "I think (the manager) might take it forward".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the 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. At the time of our visit, four applications to deprive people of their liberty had been made to the 'Supervisory Body' for authority to do so. One had been approved.

Staff understood the requirements of the MCA and put this into practice. For example, staff followed the presumption that people had capacity to consent by asking if they wanted assistance and waiting for their response. In each person's support plan there was a section entitled, 'How I make choices'. This included examples of, 'Choices I can make' such as 'holidays/activities, what I eat and drink, when I want to get up/go to bed'. During our visit we observed that staff involved people in decisions and respected their choices. Some people had signed their support plans to demonstrate their agreement.

People spoke positively about the food and told us that there was plenty of choice. Some people helped staff with the supermarket shop. A weekly meeting was held on a Sunday to agree the menu for the following week. The menu was then displayed in the dining area using a pictorial format to aid understanding. At the time of our visit no one had been assessed as at risk from malnutrition but individual support plans were in place. One person required a high calorie, full-fat diet and had their food fortified with milk and cheese. Another was being encouraged to stick to a low-calorie diet. Two people required assistance to eat their meals. This was provided by staff on a one to one basis. On guidance from the SALT, some people's food was pureed to make it easier to swallow and to reduce the risk of choking. Another person who ate independently used a plate guard to help them get their food onto the fork or spoon. We observed the evening meal which was a casserole prepared in a slow cooker. This meant that it was ready to eat when they returned from 'Tuesday Club', a regular social activity. The meal smelt appetising and was well-presented. People appeared to enjoy the meal and complimented the staff on it.

People were offered a choice of drinks throughout the day and with their evening meal. One person used a beaker which enabled them to drink independently. Another person required their fluids to be thickened. There was clear guidance for staff on how much thickener to add and the target consistency to enable the person to drink safely.

People had access to healthcare professionals to ensure that their health needs were met. We saw that the GP had recently been called to see a person who had cold symptoms and to examine their chest. Each person attended an annual appointment with the local surgery to review their Health Action Plan (HAP). A HAP details information about the person's health needs and the professionals involved. There had been a lapse in some people's appointments with the dentist but the new manager had made sure people had the opportunity to attend regular appointments. A record of people's visits had been complied and each person had attended check-ups with the dentist and optician. New dental and care passports had been completed for each person. These documents detail people's needs and preferences. They were a useful tool for communicating key information to healthcare professionals where the person may not be able to share this directly.

People felt comfortable in the service and told us that there was space for them to move freely in their wheelchairs. The service was a bungalow located in a residential street. There was a sloped path to the front door and a ramp up to the patio doors at the rear. The lower part of the interior walls had a protective cover to minimise damage from knocks by wheelchairs or other equipment. The manager explained that she had submitted a maintenance request to redecorate the bedrooms. People were in the process of choosing the colours and fittings they wished to have. In one person's daily diary written by staff we read, 'Showed me the pictures of curtains and lampshade he wants for his room'.

Good

Is the service caring?

Our findings

People appeared relaxed in the company of staff and lots of laughter could be heard throughout the visit. One person said, "It's so funny, it's hilarious. A lot of people cheer me up and calm me down". Over dinner people and staff were chatting about past holidays and recent events. When one person came to see the manager over a worry they had, they were given the time to talk it over and find a solution. One staff member said, "If they're upset we go into their room and have a talk privately, or (name of person) might say can I have a chat in the office". Each person had a keyworker. One person told us, "(Name of staff member) is my best keyworker in the whole world, we go shopping, out for meals, things like that".

People were involved in planning their support and in the running of the service. In addition to the weekly meeting to decide on the menu for the forthcoming week, monthly residents' meetings were held. This was an opportunity for people to share ideas and make plans about what they would like to do. We saw that an Easter party had been planned which included a competition for the best Easter bonnet. Minutes from these minutes were available in typed and easy to read format and displayed on the main noticeboard. In one person's monthly review, their keyworker had written, '(Name of person) is very happy to get involved with the residents' meeting every month; he is always very happy to join in with the conversation and will always let staff know when he does not agree with something'. Routine health and safety checks such as testing the fire alarm and wheelchair cleaning were completed by people with support from staff. One person was being trained by the provider to carry out quality visits to other services in the local area. This same person had been involved in interviewing new staff. They told us that it was really important for them that staff were able to drive as this meant they were able to get out and about.

People were supported to be as independent as they were able. Support plans included guidance for staff on which tasks people could manage independently and where they required support. In one person's support plan we read, 'Support me to take my top off asking me to stretch my arms in the process'. There was also detail on how to encourage the person to complete their physio exercises which were important for them to maintain flexibility and dexterity. We read, 'Giving me objects or people to reach towards gives me a challenge that I can't refuse'. We observed that one person assisted staff to lay the table for dinner. This person also told us that they enjoyed chopping vegetables. A staff member said, "I look at what they want to achieve daily, such as cooking. We might take it for granted but for them it's an achievement. (Name of person) will say I want to call my Mum and tell her I cooked today. Those little things we achieve day to day make them happy".

People told us that staff respected their privacy and dignity. In each person's support plan there was a section entitled, 'My personal space'. We read that one person liked a short period of time alone in their bedroom after they returned from day centre. Another person was informed that their mother had called whist they were out and were asked if they would like to call back. The person was able to make this call from the privacy of their bedroom. When assisting people with personal care, staff described how they ensured their dignity by closing doors and making sure they were not exposed. They also explained how they assisted people with their appearance to make sure they were happy with how they looked. In one support plan we read, 'Assist me to remove my lower garments keeping me covered with a towel at all times

to maintain my warmth and dignity'.

Good

Is the service responsive?

Our findings

Staff knew people well and understood how they liked to be supported. When a person moved to the service they were asked for information about their experiences and interests. Support plans included information on what people enjoyed doing, what was important to them, things they liked and did not like. This information was detailed and was presented in a colourful format that included pictures and symbols. This helped people to understand the information in their support plans and to engage with the process of planning their support.

The information in people's support plans was specific to them. It included information on their preferred activities such as gardening, watching cars or football as well as preferences for personal care. We saw information such as the name of a person's preferred hair dresser and if they liked a wet shave and whether they preferred to shower in the morning or evening. In one describing how to help a person to brush their teeth we read, 'Cheese is a good word to relax and stretch my top lip and make it easier for you to access my top teeth and gums'. In another we read, 'I don't like to be under pressure and forced to do something quickly'. A social worker told us, 'His personal care and basic needs appear to be met to a high standard'.

There was detail on how each person communicated which, for those who were unable to use verbal communication, included details on vocal signs, habits, mannerism and posture. We saw that some people had communication passports attached to their wheelchairs to help friends or visitors understand how to chat with them. In one we read, 'If I want something I will indicated to staff and will point at the item desired' and, 'If I am unhappy with the choice I will shake my right hand up and down and negate using facial expression'.

People were involved in reviewing their care and each had a keyworker who helped them to plan their support and future activities. One staff member said, "We discuss their ambitions and dreams they would like to fulfil". They explained that one person had wanted to go on a boat trip and that a cruise in the Mediterranean had been booked for the summer. They told us the person was, "Over the moon". Another person wanted to go up to London and stay in a hotel and see a show and staff were helping to arrange this. Each day, staff completed a diary for each person which detailed their activities, any health concerns or appointments and any visitors they had. The manager had contacted social services to arrange care reviews for each of the people who lived at the service.

Staff were kept up to date on people's needs through daily shift handovers. Half an hour of cross over between shifts was allocated for staff to handover. In addition, the manager had a file of any updated support plans, risk assessments or meeting minutes which staff were required to read and sign before they were filed. Where staff had raised any concerns or made suggestions for additional support, these had been addressed. For example, one person who staff felt was sometimes unsteady when transferring had been referred to the occupational therapist and physio therapist to see if a change in support or equipment may help.

People were involved in a variety of activities on both a group and individual basis. There were regular

events such as 'Tuesday Club' and 'Wheelchair dancing' and some people attended local day centres. In the activity records we saw that people had been to the theatre, swimming, horse-riding, shopping and to the pub. Staff told us that one person had wanted to go to the Isle of Wight for a day trip which had been arranged for them. A staff member explained that they were looking into greyhound racing in response to one person's request. One person worked in a local hospice shop and was receiving training to visit schools and speak on the subject of disability. Although some activities had been curtailed by staffing shortages, the manager told us, "I think the guys are doing much more than they used to do, for example they have gone swimming today, they do day trips, they've been to the theatre".

People felt able to speak with staff if they had any concerns. One person told us, "They are always helpful. If I have an issue or a problem people are such a gem". The manager explained how one person had expressed a wish to be able to lie down in the bath. At the time of our visit this was not possible as the equipment was not in place to hoist them in and out. The manager had arranged for an assessment to see if an overhead of frame hoist could be fitted.

The provider had a complaints policy and information on how to complain was available in written and an easy to read format. This explained the timescales within which people could expect a response. There was also information on who to contact if the complaint had not been resolved to the complainant's satisfaction. The manager had received two complaints in January 2016. We saw that both had been investigated, where possible action taken and a response provided in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

People told us that they enjoyed living at the service. One relative had written a note of thanks to the manager in which they said they were happy to hear the person call it, 'My home' after a relatively short period of time. Staff said it they had been through a difficult time in which they had not had a manager in post but spoke of their commitment to, "the guys". One staff member said,
"We support each other; I feel it is one very big family". The manager told us, "I want staff to come to work with a smile on their faces as that affects the service users". Staff felt confident to raise any concerns, including via the provider's whistleblowing line.

The service was in a period of transition, with the new manager having started in post at the end of October 2015. The manager was responsible for this service and for an adjacent service, also run by the provider. She had recently submitted her application to register with the Commission and was working towards her level five diploma in health and social care. One person told us, "(The manager) is lovely. I can talk to her. She is so brilliant".

It was clear that the manager had already made significant improvements in how the service was run. One staff member told us, "It's early days to be honest; she has made some positive changes. She has managed to update all the files; you can see a clear picture on the service users in the care plans". Another said, "More things have been put in place since (the manager) came. She has given us deadlines for things. If she sticks by her guns it will improve". The manager said, "When I first arrived it was hectic. Having two teams was difficult". She also told us, "The two teams were quite lost. I want them to feel like they know what they are doing. I feel they are more confident now".

There were regular staff meetings which provided an opportunity for staff to share their views and ideas. Staff had mixed feelings about some of the changes and some said they did not always feel fully consulted. The manager had arranged a team building exercise with an external coach. At the most recent staff meeting, staff had been invited to consider what would improve their team and what each person was able to contribute. The deputy manager said, "It's important to me the staff create a good team in order to deliver good care".

The quality of the service was monitored by a system of internal and provider audits. Nominated staff completed monthly audits which included health and safety of the premises and equipment, medicines, infection control and first aid supplies. The manager reviewed these audits and their action plans when compiling her monthly report for the provider. This report detailed support plan reviews, residents' meetings, staff meetings, staff training and vacancies and was reviewed by the regional director. The manager told us, "If something is wrong I get feedback". On a quarterly basis, the regional director carried out a comprehensive audit of the service and set an action plan for improvement. We looked at the November 2015 and February 2016 visits. There was good evidence of the system identifying and driving improvements.

In addition to the staff-led audits, people who lived at other services run by the provider had visited to audit

the home environment and safety. These reports were presented in a pictorial format and included checks such as, 'Are there any objects in the way in the hallways?', 'Can you go to the fire exit; can you see this sign (image provided)?', 'Can you check if there is hot and cold water in the kitchen?' The findings were presented to the manager.

External audits had been conducted by the local authority contracts and commissioning team in December 2015 and by the pharmacy in 2014. Actions from both of these audits, including introducing the 'my care passport' for each person and ensuring that medication stock carried forward was documented and had been completed. There was also evidence of regular external checks on equipment such as hoists and slings, fire extinguishers and electrical appliances.

The manager split her time between the two services that she was responsible for. This meant that she spent either two or three days per week at this service. In addition, she had worked on weekends and night shifts. She told us that this was important for her to understand the challenges and to see where improvements could be made for people or staff.