

Regents Park Limited

42 East Wonford Hill

Inspection report

42 East Wonford Hill
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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 ●

Summary of findings

Overall summary

This inspection took place on 19 and 21 July 2017 and was unannounced. This was the first inspection of the service since it was registered in January 2016.

42 East Wonford Hill is registered to provide accommodation and personal care for up to six people with learning disabilities, autistic spectrum disorders, physical disabilities or sensory impairment. At the time of this inspection there were five people living there. People had lived together for a number of years and knew each other well.

There was a registered manager in post. 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 living at 42 East Wonford Hill had limited verbal communication skills and were unable to answer questions about the care and support they received. Therefore we relied on our observations of staff interaction with each person, and our conversations with the staff team to enable us to form a judgement on the quality of the service people received.

People received a service that met their needs safely. There were sufficient staff employed to make sure people were safe, and to enable them to focus on the individual needs of each person. The staff team were stable, positive and caring and there was good teamwork. Comments from staff included, "It's like home. It's warm, friendly. It's like one big family. We are a close team." Staff expressed a determination to ensure each person experienced a good quality of life. For example, a member of staff talked about their colleagues saying, "They all have people's best interests at heart and ask 'What can we do for them? How can we make things better for them?'"

Staff had been carefully recruited to ensure they were entirely suitable for the job. Appropriate checks had been completed to ensure they were safe to work with vulnerable people. Staff were vigilant and knew how to recognise and report any possible signs of abuse. Staff told us they would not hesitate to speak out if they had any concerns. All new staff had received training at the start of their employment to ensure they had the basic skills to meet people's needs safely. The provider had identified a range of essential training topics which all staff were expected to complete, and they received regular updates to ensure their skills and knowledge were continuously updated. Staff were also supported to gain relevant higher qualifications in care. Comments included "I have done so many training courses since my induction I could not name them all!" and, "We are all constantly learning."

There were safe systems in place to ensure medicines were stored and administered safely. Staff had received training on safe administration procedures. Detailed information had been drawn up to ensure staff had full information on the medicines prescribed for each person and how they should be

administered. Audits were carried out regularly to ensure medicines had been administered and recorded safely.

People lived in a home that was well maintained and safe. Each person had their own spacious bedroom with en-suite facilities. Bedrooms were personalised and had been decorated and furnished to reflect the personality and tastes of the person. All areas of the home were clean, bright and comfortable. Equipment had been serviced, checked and maintained. There were procedures in place to ensure people were safe in the case of an emergency such as fire.

People received care and support in line with their individual care plans. Risk assessments identified individual risks to people's health and safety and there was information in each person's support plan showing how they should be supported to manage these risks. The management team and staff had sought advice and input from health and social care professionals when needed. Input from professionals had been welcomed, and professionals we spoke with were positive about the care and support people received. Comments included, "The new manager is positive and brings lots of external experience which is healthy. She has been receptive to the work I am doing." There were effective systems in place to make sure people attended health appointments when needed.

Staff promoted individual choice, and understood the importance of seeking best interests decisions for any important matters relating to people's care and support needs. Staff had an awareness of the Mental Capacity Act (MCA) 2005 and understood how to ensure people were able to make decisions for themselves as far as possible. Where people's liberty had been restricted to keep them safe, applications had been made to the local authority as required.

People led active lives and were supported by staff to participate in a range of activities of their choice in the community and in the home. People enjoyed outings to local places of interest, and to the theatre, cinema and the circus. They went on shopping trips and visited friends and family. Staff supported people to learn new skills and gain independence. Staff supporting people to participate in choosing their own meals, shopping, making drinks, and washing up dishes. There was an atmosphere of friendship and close co-operation and support between people and staff. Staff were positive and caring in their manner.

The registered manager and provider ensured the quality and safe running of the service by demonstrating good leadership and management. The registered manager and deputy manager worked together along with the provider as a senior management team. Staff told us they were well supported by the senior management team. Comments included "(Registered manager's name) is lovely. Really lovely. The home is well managed," and, "(Deputy manager's name) is lovely. She is working with us." Staff told us the registered manager and deputy manager had built up an atmosphere of trust and mutual understanding between the whole staff team and this had resulted in a warm and happy atmosphere throughout the home. The provider and registered manager had monitoring and quality assurance systems in place to enable them to constantly review and improve the service. They sought feedback from people using the service, staff and their families, and this information was used to improve the quality and safety of the support provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to lead fulfilling lives and remain safe.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training.

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

There were appropriate staffing levels to safely meet the needs of people who used the service. Staff were recruited to ensure they were safe to work with vulnerable people.

People lived in a home that was clean, well maintained and safe.

Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who had received a range of training relevant to the needs of the people who used the service.

People's rights were respected because the service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People received support to seek medical advice and treatment when required.

People were effectively supported with nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were committed to providing person centred care.

People were treated with kindness, dignity and respect.

Staff knew how to communicate with people and understood their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People received support that had been planned to meet their individual needs.

People participated in a range of activities to suit their interests.

People were supported by staff to make a complaint if they wished.

Is the service well-led?

Good ●

The service was well led.

The service promoted an open and caring culture centred on people's individual needs.

People were supported by a motivated and caring team of management and staff.

The provider's quality assurance systems were effective in maintaining and promoting service improvements.

42 East Wonford Hill

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 19 and 21 July 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) and other enquiries from and about the provider. The registered manager completed a Provider Information return (PIR) before the inspection. 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 information we had received from professionals involved with the service including the local authority.

During our inspection we observed staff interacting with the five people who lived at the service. We spoke with the registered manager, deputy manager, and four support workers. We looked at five care files and associated care records including those for medicine administration and daily reports of how staff were meeting people's needs. We also looked at three staff recruitment records, training records for all staff, and how the service recorded how they looked after people's money. We also reviewed how the registered manager and provider ensured the quality and safe management of the service. On the second day of the inspection we met with a community nurse who was visiting the service. We also contacted four health and social care professionals by telephone and e mail to receive their views on the service.

Is the service safe?

Our findings

People received a safe service from sufficient numbers of carefully recruited staff.

The registered manager had systems in place to make sure there were enough staff to meet people's needs safely. Staff rotas showed that during weekdays there was usually one team leader and three support staff on duty during the daytimes, plus the registered manager. One person attended day services on three days a week, which meant there was sufficient staff to provide one-to-one support to the other four people on these days. At weekends there was one team leader and two support workers on duty. At night there were two support workers on duty. During our inspection we saw people received one-to-one support from staff who were relaxed and able to respond to their needs. Routines were carried out in a timely way. Staff told us they felt the staffing levels were good.

Staff told us there were always staff who were willing and able to cover any vacant shifts, for example if a member of staff was unexpectedly off sick. In addition the service had recruited some bank staff who were available to cover vacant shifts if necessary. This meant people could be confident they received a consistent service from staff they knew and trusted.

Recruitment files showed that the recruitment and selection process for new staff was thorough. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff confirmed their recruitment procedure had been thorough. For example, one member of staff told us "They took time to get three or four references. They also took up a DBS check before I started."

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. They told us they would not hesitate to speak with the registered manager if they had any concerns. Staff said they were confident that if any concerns were raised they would be dealt with to make sure people were protected.

Risks to people's health and safety had been assessed, and staff understood the risks and knew how to support people to reduce the risks where possible. For example, where people were at risk of choking they had sought assessment and advice from the GP and speech and language team (SALT) and information had been placed in each person's records to ensure staff had access to the information. Staff explained how they supported each person to reduce the risk of choking, and we saw staff following the advice from the SALT team at mealtimes. Other risks identified included risks associated with epilepsy, weight loss, mobility, and risks when out in the community. Care plans explained how staff should support people to minimise the risks where possible.

People were supported to receive their medicines safely. Since the registered manager had been appointed

they had reviewed the support each person needed with their medicines and had put in place a file for each person with detailed information for staff on all aspects of the person's medicines. This included how they should be administered, any side effects, and how the person should be supported to take their medicines.

Medicines were safely stored in secure cabinets. A team leader had been delegated responsibility to ensure medicines were ordered, checked into the home, administered safely, recorded and discarded safely if no longer required. All staff were trained in medicines administration and their competence checked. Records of medicines administered were completed accurately. Where people were prescribed creams and lotions these were dated when opened and staff ensured they were disposed of safely before the expiry date. Medicine records did not include body maps to show where creams should be applied. We discussed this with the registered manager and deputy manager and they agreed to put these in place as a matter of priority.

Before this inspection we received a concern relating to the purchase of special foods for people with food intolerances, and the handling of people's income and savings. The matter was passed to the local authority safeguarding team to investigate. They had worked with the provider and the registered manager to investigate the concerns raised and ensure people were safe and well cared for. During this inspection we were satisfied that where special foods were necessary, these were purchased through the home's food budget. Action had been taken to seek medical tests to establish whether people were suffering from any food intolerances. We looked at the records of cash received into the home and handled by staff on behalf of people living there. The records were well maintained, with signatures and receipts to support each transaction. Running balances were maintained and totals were regularly checked to ensure the balances were correct. The provider was in the process of handing over responsibility for people's incomes to relatives or financial representatives who had the legal authority to act on each person's behalf. At the time of this inspection the provider held people's savings. After the inspection the registered manager told us they would arrange reviews and best interest to agree the transfer of savings to relatives and financial representatives.

Staff knew what to do in emergency situations. There was a personal emergency evacuation plan for each person in the event of a major incident such as fire or flood. Staff had received training in fire safety, and undertook regular fire drills and evacuations. Each person had a document called a "hospital passport" which would go with them if they were admitted to hospital in an emergency to give hospital staff important information about the person.

People lived in a home that was well maintained and safe. All areas of the home were in good decorative order, bright, spacious and clean. The provider's infection control policy had recently been updated to ensure staff had clear and easy to follow guidance on maintaining good hygiene and standards of cleanliness. The food preparation facilities had recently been inspected by the local Environmental Health department who had awarded a five star rating showing the service followed the best standards of food hygiene.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet people's needs effectively.

New staff received induction training at the start of their employment on topics relevant to the needs of the people living there. New staff were not expected to work alone with people until they had completed their induction and a period of working alongside experienced staff until they were considered competent to work alone. New staff who had not previously worked in a care setting were supported to complete a nationally recognised qualification known as the Care Certificate. This is a qualification that ensures staff who are new to care have the basic skills and knowledge necessary to support people effectively.

The provider had identified a range of essential training topics they expected all staff to complete which was regularly updated. This included adult safeguarding, identifying choking risks, emergency first aid, food hygiene, infection control, medicine administration, Mental Capacity Act 2005 and meeting people's nutrition and hydration needs. They also provided training specific to the needs of people who used the service, including autism awareness, dealing with challenging behaviour, and other communication methods including Makaton. Staff told us they felt the level of training was good. Comments included "I have done so many training courses since my induction I could not name them all!" and, "We are all constantly learning." Staff also told us they had been supported to gain further relevant qualifications such as National Vocational Qualifications (NVQs) and diplomas in care. A training matrix demonstrated the level of training and most staff held a relevant qualification. The training needs of the staff were reviewed and the registered manager was working with their training co-ordinator to identify areas of improvement. A community nurse was working with the service to identify areas where staff skills could be improved to support people with complex needs. They planned to offer training sessions to build staff knowledge and skills in these areas. They told us "The direct care support staff vary in knowledge and experience but are open and welcoming to me."

Staff told us they were well supported. They received regular supervision every two months. Each member of staff received an annual assessment and observations were carried out on their practice to ensure their competencies were maintained.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). People were supported to consent to their care and when this was not possible were protected by the staff adhering to the principles of the Mental Capacity Act 2005 (MCA). Staff had an awareness of the MCA2005 and understood how to apply this. Where people were unable to make important decisions staff ensured they were acting in people's best interests. Best interest decisions were reached through discussion with relevant persons such as families, health and social care professionals. These were clearly recorded to ensure staff knew when they were acting in people's best interests. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

People can only be deprived of their liberty to receive care and treatment which is in their best interests, and legally authorised, under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff had made DoLS applications to the local authority where required.

People had their health needs met. The registered manager and staff team sought advice and treatment from health and social care professionals promptly when needed. There was a system in place to ensure people's health appointments were kept and they were supported by staff to attend these. For example, on the first day of this inspection a member of staff escorted a person to the opticians for a sight and hearing test. After the appointment the optician contacted the deputy manager to discuss further tests that may be necessary. The deputy manager explained how they had initially liaised with the person's GP to agree the most appropriate services to use for the eye and hearing tests. After the inspection a GP told us they had "No problems" with the service. They went on to say the staff were "Very caring, attend (appointments) appropriately, and always send adequate staff with patients." The community nurse said the registered manager and staff team worked closely with them and had demonstrated a willingness to learn, and to accept their support. They told us "The two team leaders are very experienced and supportive, open and accepting of professional input. They have strengths but acknowledge that their sphere of experience is limited to a relatively small group of individuals".

Staff understood each person's individual health needs and recognised any changes in their health. For example, one person had experienced some recent bouts of sickness. Staff had contacted the person's GP for advice and they had arranged for the condition to be investigated. Staff had also sought medical advice and guidance where allergies and food intolerances were suspected.

People were supported to eat a healthy balanced diet that met their nutritional needs. People were involved as far as possible in planning menus, purchasing foods, preparing meals, and clearing up and washing dishes afterwards. Staff recorded the meals and drinks each person consumed through the day. Staff explained how they offered people choices, for example by showing them two different foods and monitoring their response. If a person did not like the meals that had been planned on the menu they were always offered an alternative. Staff gave us a clear and detailed description of each person's likes and dislikes, for example "(Person's name) doesn't like mashed potatoes, but she does like jacket potatoes. She likes foods like omelettes, yoghurts, cups of tea and chocolate biscuits." They understood the risks associated with choking, and with food allergies and intolerances. People had special equipment such as shaped cups to help them drink independently and safely, and special cutlery provided where needed. Menus were displayed in the kitchen and showed people were offered a good range of foods. Staff told us they took a pride in producing tasty home-made meals made from fresh ingredients.

Is the service caring?

Our findings

People were supported by a caring team of staff. During our inspection we observed staff sitting with people to support them with activities, or getting ready to go out with people. The staff were attentive, respectful and caring in their manner at all times. There was a warm and welcoming atmosphere. Staff were positive and cheerful. People reacted positively to staff and appeared happy in the company of the staff. We saw people smiling and relaxed. The five people had either lived together, or next door to each other for many years and knew each other well and staff supported people to continue living together happily.

Staff understood the things that might upset people and knew how to divert or diffuse situations to avoid these. Professional advice and support was requested to help staff identify why one person sometimes became upset and to help them consider different ways of supporting the person to become calm. Staff understood the things the person enjoyed doing, and the things that mattered to them and made sure this happened. Staff expressed warmth and understanding when speaking with the person, or about the person, and clearly wanted the best possible outcomes for them. Staff told us they were happy to stay and continue to support people long after the end of their shift until the person calmed and settled. A member of staff told us some staff regularly visited the home in their own time, for example to take people out on their birthday. They described the staff team as "bubbly" and went on to say, "They all have people's best interests at heart and ask 'What can we do for them? How can we make things better for them?'"

A social care professional said, "I met all of the service users and their families and they seemed to be happy and well supported. It appeared the service users were being kept safe and being stimulated, they seemed to have good and trusting bonds with the carers. I felt that they had a settled cohort of carers who knew the clients well and therefore were good at anticipating and meeting needs. Some clients had risky behaviours which were well monitored and supported." A health professional praised the provider and staff saying, "Very caring manager (provider's name): (senior staff name) also particularly good."

Staff knew how to communicate with each person. The five people living at 42 East Wonford Hill had varying levels of verbal communication skills. Therefore staff relied on observations of people's responses to know what they wanted to do, and the choices they had made. We saw staff using sign language with one person and there was a closeness between them and a sense of mutual understanding and friendship. The member of staff spent time with the person doing arts and crafts, and they showed us some of the skills the person had learnt.

Staff knew each person well and understood the things that mattered to them. Staff described each person's daily routines, things they liked doing, and people who were important to them such as families and professionals involved in their care. For example, a member of staff talked about one person who loved reading books and using their DVD player. They knew the films some people liked watching, and how other people may decide they wanted to watch something else. They understood how to divert attention, or to help people reach compromises to ensure each person's choices and wishes were respected.

Each person had a named key worker who worked closely with them and built up a close relationship with

them. One member of staff spoke warmly about a person for whom they were the nominated key worker. They told us how the person loved 'pamper sessions', and loved having their hair done, nails manicured and painted, foot spas and wearing attractive and fashionable clothing. People had been supported to choose their decorations and furnishings in their bedrooms. Each bedroom was highly personalised to reflect the personality and interests of the person who occupied the room.

People were supported by staff to maintain their privacy and dignity when they received support with personal care tasks. Staff were discreet when offering people assistance with personal care, always accompanying people to their bedroom or to the bathroom, and ensuring personal care was provided in privacy.

Staff supported people to come to terms with the death of family members and people close to them. Staff were sensitive and understanding, and gave people reassurance and comfort. A member of staff explained how they supported a person to release a balloon with a card for a relative on important dates to help them remember the person and show how much they continued to care about them.

Is the service responsive?

Our findings

People received a service that was personalised and responsive to their needs. Each person had a care plan that was detailed and explained clearly how the staff should support them with all aspects of their personal, social and health needs. Each care plan contained information about the person's history which meant staff understood the person's background, medical and educational history and, people who had been important to them in their lives. The care plans were in the process of being reviewed and updated, and in the meantime we saw that some changes and amendments had been made to the care plans by hand prior to them being re-typed and printed. The registered manager told us they planned to complete the reviews and updates within the next few weeks. They also planned to improve the level of detail and consider ways of making the care plans more accessible to each person, for example by increasing the number of photographs. Care plans were discussed with the staff team in staff meetings to ensure the plans were up to date and contained all the information necessary in sufficient detail to ensure staff were working in a consistent way.

Staff completed daily reports throughout the day which provided a detailed account of the person's activities, mood, health and the support they received. There was evidence to show that important care tasks had been completed in accordance with the person's care plan.

Staff demonstrated they knew the people they were looking after very well and each person was seen as a valuable individual. Staff gave a detailed explanation about each person's individual likes, dislikes and the activities they enjoyed doing. The staff were positive and enthusiastic about promoting independence and supporting people to lead active and fulfilling lives. Each person was allocated one-to-one times with staff throughout the week to support them with activities they enjoyed. For example, two people regularly went swimming. A member of staff explained that one person only liked swimming if the water was really warm, and so they took them to a pool in Exmouth where they were able to enjoy quiet swimming sessions in a warm pool. People were provided with a range of trips that met their personal choice on how to spend their free time, for example, shopping trips, local hairdressers, opticians and dentists, going out for walks, and going to local pubs and café's. A member of staff had recently taken a person to the circus and told us, "he really loved it."

Within the home there were games, arts and crafts materials, and musical instruments which provided people with a range of activities they could participate in. We heard that specific staff skills and interests were recognised, for example one member of staff was very skilled in arts and crafts and supported people to achieve a wide range of attractive artwork, some of which was seen around the home. There were plans to set up a dedicated activities room where arts and crafts could be enjoyed without the need to put things away before meal times.

Staff told us they regularly held barbecues and parties which were enjoyed by everyone living in the home. There was also a vehicle available to take people out either individually or for group outings. People had enjoyed holidays in 2016 and staff told us they people would be having holidays later in 2017.

The provider had a complaints process that could be used to deal with complaints. No formal complaints had been received by the service in the last year. However, none of the people living in the home were able to read or understand the home's complaints policy. Staff told us they knew each person well and would notice any signs of agitation or a change in their behaviour. This would be picked up and investigated. One member of staff described how other staff would not be afraid to speak out if they felt people were unhappy in any way. They said, "We are constantly learning. Staff would tell me straight away if I was doing anything wrong. We are all open with each other."

Is the service well-led?

Our findings

People received a service that was well managed. The service had recently relocated to a new address. Since people moved to 42 East Wonford Hill staff told us they had settled in well and there was a happy atmosphere. A member of staff told us, "Things here are much better now. People have settled in well." Another member of staff told us the provider was always willing to listen and take actions where necessary to improve the service. They told us "(Provider's name) is very supportive to us. We can't fault (provider's name) for his support." Another member of staff told us things were, "Much nicer now. We all get on. Communication is good."

Staff told us they were well supported through regular supervisions, annual assessment, and monthly staff meetings. There was a training plan in place and staff training needs were regularly reviewed. Staff were confident they could raise any ideas or issues at any time and these would be listened to and actioned. They were also confident any issues would be passed to the provider if necessary, and they would take appropriate action. The registered manager told us that safeguarding was raised at every team meeting to ensure good practice was embedded. They also told us that whistle blowing was encouraged. This meant there were systems in place to ensure staff had the skills, knowledge and confidence to support people safely and effectively.

There was a registered manager in post who had been recruited since the service was registered. Staff praised the manager for their open management style. Comments included, "(Registered manager's name) is lovely. Really lovely. The home is well managed," and, "(Registered manager's name) is a brilliant manager." There was also a deputy manager in post who had been recruited a few months before this inspection took place. Staff told us the registered manager and deputy manager worked well together, and they felt very well supported by both of them. Comments from staff included, "(Deputy manager's name) is lovely. She is working with us," and, "(Deputy manager's name) is so supportive." Staff talked about how the registered manager and deputy manager had built up an atmosphere of trust and mutual understanding between the whole staff team and this had resulted in a warm and happy atmosphere throughout the home. Staff told us, "We are a team here," and, "It's like home. It's warm and friendly. It's like one big family. We are a close team." They talked about how this had benefitted the people living in the home, and their families, because there was a happy and stable staff team in place. A member of staff told us "We have a great relationship with the families."

The registered manager had kept their skills up to date through research and training to ensure they were ensuring good practice. They had attended CQC workshops and kept up to date with changes in legislation. They had sought input and advice from health and social care professionals to ensure they were following current best practice at all times.

The registered manager had systems in place to regularly monitor the quality of the service and ensure all aspects of the service were running smoothly and in line with good practice. Policies and procedures were in the process of being reviewed and updated to ensure they were in line with current national good practice guidelines. For example, the infection control policy had recently been updated. Audits and checks had

been carried out, for example medicines were audited regularly. They had reviewed the procedures for administering medicines and had improved the information for staff on each person's medicines. There was a wipe board in the office setting out the manager's action plans and 'to do' list and we saw a number of these had been crossed through as being completed. They planned to improve the monitoring procedures by implementing an incident log to help them identify any patterns and to help the staff team consider how they could improve their practice to prevent incidents happening again.

The provider also had systems in place to check on all areas of the management of the service, identify where improvements were needed and set out how and when they planned to complete these. Regular management meetings were held between the provider and senior management team to ensure effective communication and team work. Annual questionnaires were sent out to service users, their families, staff and other professionals to provide an opportunity for them to give feedback and help them improve their service. They also invited families and professionals to record their views on the service in the visitor's book. Comments in the book included "Staff very welcoming", "All calm and happy," "Service user very content", "Positive visit", "Beautiful home" and, "Lovely atmosphere."

The provider and registered manager promoted the ethos of honesty, learned from mistakes and ensured that actions were carried out to address and improve the service when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example when a person missed a dosage of medications the incident was investigated, lessons learnt and actions taken to prevent the problem happening again. Records showed that where incidents had occurred these were treated as opportunities to learn and improve. To the best of our knowledge, the registered manager has notified the Care Quality Commission of all significant events and notifiable incidents in line with their legal responsibilities.