

Stanmore Care Homes Ltd

Sitwell Grove

Inspection report

3 Sitwell Grove
Stanmore
Middlesex
HA7 3NF
Tel: 07956 136441

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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

This unannounced inspection of Sitwell Grove took place on the 02 June 2015. At our previous inspection 27 December 2013, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Sitwell Grove is a care home registered to provide personal care and accommodation for four people who have learning disabilities. On the day of our visit there were four people living in the home. Public transport and a range of shops are located within a walking distance of the service.

There was a registered manager in place. 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.

The atmosphere of the home was relaxed and welcoming. People led busy lives. They participated in a wide range of activities of their choice, and were provided with the support they needed to maintain links with their family and friends.

Summary of findings

Throughout our visit we observed caring and supportive relationships between staff and people using the service. Staff interacted with people in a friendly and courteous manner, and understood people's varied communication needs.

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were assessed and identified as part of their plan of care and support. People's care plans contained the information staff needed to provide people with the care and support they wanted and required.

People were supported to maintain good health. People's health was monitored closely and referrals made to health professionals when this was required. People were provided with a choice of food and drink which met their preferences and nutritional needs.

Staff received a range of relevant training, and were supported to develop their skills and gain qualifications so they were competent to meet people's individual needs. Staff told us they enjoyed working in the home and received the support they needed to carry out their roles and responsibilities.

Staff had an understanding of the systems in place to protect people if they were unable to make one or more decisions about their care and other aspects of their lives. Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There were effective systems in place to monitor the care and welfare of people and improve the quality of the service.

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 told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and risk assessments protected people from harm whilst promoting their independence.

Medicines were managed and administered safely.

Staff recruitment was robust so only suitable people were employed. The staffing of the service was organised to make sure people received the care and support they needed and wanted.

Good



Is the service effective?

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare professionals to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Good



Is the service caring?

The service was caring. People told us staff were kind and provided them with the care and support they needed. Staff knew people well, respected their views and encouraged people to be involved in decisions about their care, treatment and support. People's independence was encouraged and supported.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their individual needs. Each person had a care plan with guidance that detailed their specific needs and how they were met.

People were supported to take part in a range of recreational activities. People's religious and cultural needs were respected and accommodated.

People knew who they could speak with if they had a complaint and relatives of people felt able to raise any concerns they may have about the service. Staff understood the procedures for receiving and responding to concerns and complaints.

Good



Summary of findings

Is the service well-led?

The service was well led. People using the service, relatives and healthcare professionals told us the home was well run. They informed us the management staff and care workers were approachable, listened to them and kept them informed about the service and of any changes.

People were asked for their views of the service, and action was taken to make improvements when issues were identified. Staff had the opportunity to provide feedback about the service and issues raised were addressed appropriately.

There were processes in place to monitor and improve the quality of the service.

Good



Sitwell Grove

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 02 June 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission (CQC) and all other contact that we had with the home since the previous inspection. During the inspection we looked at the Provider Information Return [PIR] which the provider completed

before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time with three of the people using the service, one of whom could not tell us about what they thought of the home because of their complex needs. We also spoke with the registered manager, deputy manager, a senior support worker and a care worker.

We spent time observing how staff interacted with and supported people who used the service. We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; three people's care files, three staff records, and audits, policies and procedures that related to the management of the service.

Following the inspection we spoke with four relatives of people using the service and contacted four health and social care professionals to obtain more information about the service provided by the home, and at the time of this report we had received feedback from three.

Is the service safe?

Our findings

People told us they felt safe and knew who to speak to if they were worried about something. They commented; “They [staff] are nice,” “I am happy,” and “I feel safe.” Relatives of people we spoke with told us they felt people were safe. They said “[Person] is safe, they tell me everything about [person],” and “I trust them [staff].”

There were up to date policies and procedures in place, which informed staff of the action they needed to take to keep people safe and if they suspected abuse. We found a minor amendment was necessary to the safeguarding procedure to ensure it was clear that the local authority took a lead in managing safeguarding referrals and would make the decision about who investigated safeguarding incidents. The contact details of the lead local authority safeguarding team were displayed within the home.

Staff were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to the registered manager and/or deputy manager. They were confident that any safeguarding concerns would be addressed appropriately including informing the local authority safeguarding team and the Care Quality Commission. Staff informed us they had received training about safeguarding people and training records confirmed this. Records showed the safeguarding policy had been discussed with people using the service during a residents’ meeting.

There were appropriate arrangements in place for supporting people to manage their finances. We saw receipts of expenditure and appropriate records were maintained of people’s income and spending. Regular checks of the management of people’s monies were carried out by management staff to reduce the risk of financial abuse.

There were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. Staff confirmed that they felt there was enough staff on duty to provide people with the care they needed safely. The deputy manager told us staffing levels were adjusted to meet the changes in needs of people. She provided us with examples of when extra staff had been on duty to meet people’s needs. These included when people needed to be accompanied by staff to health appointments and

holidays, and to enable people to participate in a range of activities of their choice. Care workers confirmed staffing levels were adjusted to meet changes in people’s needs. Relatives told us they felt there were enough staff on duty at all times.

Care workers told us there was consistency of staff who all knew people well and understood their individual needs. People using the service confirmed staff were familiar to them and a person spoke in a positive manner about their key worker. People told us they would speak to the registered manager and/or their keyworker if they had concerns about their personal safety and/or welfare. We found staff had time to talk with people and to support them in participating in a range of activities including visiting people important to them.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

Care plan records showed risks to people were assessed, with their involvement. Guidance for staff to follow minimised the risk of people being harmed and supported them to take some risks as part of their day to day living. Risk assessments were personalised and included risk management plans. They had been completed for a selection of areas including people’s behaviour, mobility, their finances and environmental risks within the home, and were regularly reviewed.

Medicines were stored, managed appropriately and administered to people safely. An up to date medicines policy which included procedures for the safe handling of medicines was available to staff who had signed they had read it. Regular checks of the medicines were carried out to make sure they were managed safely. Staff administering medicines had received medicines training from a pharmacist. Training certificates confirmed staff had completed a diploma qualification in the management and administration of medicines.

The deputy manager told us staff were not permitted to administer medicines until they had completed a process of assessment which included ‘shadowing’ experienced staff administering medicines, being observed carrying out

Is the service safe?

the task and being fully informed of all aspects of the safe management and administration of medicines. However, there were no written 'in house' medicines competency assessments which showed staff had been assessed as competent to administer medicines to people living in the home. The deputy manager told us she would ensure all staff administering medicines had a record of their competency to do so, and would in future record the monitoring of this. Safe medicines administration was also discussed during staff supervision meetings.

Within each person's care plan there was detailed information and guidance about each person's medicines. This included photographs of people's medicines and specific guidance about medicines administered on an occasional basis such as those that relieved symptoms of pain. Medicine administration records showed people had received the medicines they were prescribed. A relative told us that a person using the service received the medicines they had prescribed. Records showed regular checks of medicines had been carried out by staff and pharmacists.

There were various health and safety checks and risk assessments carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems. Each person had an individual fire risk assessment specific to their needs and had participated in fire drills during which fire safety guidance had been discussed. People using the service had also been involved in learning how to use fire equipment safely. There was clear fire guidance displayed in the home. The deputy manager informed us she would ensure a fire risk assessment which included assessment of each room for risk of fire was completed promptly.

Accidents and incidents were recorded, monitored and addressed appropriately. The service had a comprehensive emergency plan which included details of the action staff needed to take including relocating people using the service in the event of loss of supply and other incidents to do with the gas, electric and water supply.

Is the service effective?

Our findings

All the people we spoke with spoke highly of the care they received from the staff. Two people who used the service told us they felt staff provided them with the care and support they needed.

Relatives of people informed us they found all the staff to be competent. They told us staff understood people's individual needs and said "They [staff] know [person] so well," "They [staff] keep me up to date,"

Staff received the training they needed to provide people with effective care and support. Staff told us when they started to work in the home they had received a comprehensive induction, which included 'shadowing' more experienced staff so they knew what was expected of them when carrying out their role in providing people with the care they needed. The deputy manager was aware of the new induction Care Certificate and told us she planned to incorporate it in the induction programme for new staff.

Staff had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; safeguarding adults, medicines, basic first aid, health and safety, food safety, risk assessment, challenging behaviour, moving and handling, dignity and respect and autism awareness training. Some staff had also received training in other relevant areas. This training included; equality matters, dysphagia, health and nutrition, person centred self and diabetes. One person had completed training in learning disability awareness and three staff were in the process of completing it. The registered manager and deputy manager told us they would look at ways of ensuring all staff received training/learning in understanding all aspects of learning disability.

Staff were supported by the provider to obtain vocational qualifications in health and social care which were relevant to their roles. Certificates confirmed this. Staff told us these qualifications had helped them understand their role more fully.

Staff told us they felt well supported by the registered manager and deputy manager. They said they received regular supervision meetings and appraisals with their

manager to monitor their performance, identify their learning and development needs, discuss best practice and people's needs. Records of staff supervision meetings confirmed this.

People's needs and the service were discussed during staff shift 'handover' meetings. Staff told us there was very good communication among the staff team about each person's needs, so they were up to date with people's progress and knew how to provide people with the care and support they needed. A care worker told us "Everyone works together; the [registered manager] will work with people such as helping them with cooking."

People's health care needs were met and monitored. Records showed people regularly received health checks. They had access to a range of health professionals including; GPs, psychiatrists, opticians, speech and language therapists, community nurses, chiropodists and dentists to make sure they received effective healthcare and treatment. People spoke of attending health appointments. They told us they saw a doctor when they were unwell. Health professionals spoke in a positive manner about the service. They said people attended health appointments, staff were competent, understood people's needs, involved people in decisions about their care and responded appropriately when given advice and instructions regarding people's treatment.

The deputy manager and care staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation to protect people who are unable to make one or more decisions for themselves. The deputy manager told us that all the people using the service currently had the capacity to make decisions about their lives. Records showed staff had read the MCA policy. Staff knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Staff training certificates confirmed they had completed MCA and DoLS training. No one was subject to a DoLS authorisation at the time of our visit. Records showed that the DoLS had been discussed during recent team meeting.

People told us and their care plans showed they were involved in decisions about their care and treatment. Staff knew that when people were assessed as not having the capacity to make a specific decision, health and social care professionals, staff and on occasions family members would be involved in making a decision in the person's best

Is the service effective?

interests. The deputy manager told us Independent Mental Capacity Advocates (IMCA) had at times provided support for people who had lacked the capacity to make a specific decision.

People's care plans showed their consent had been discussed and agreed in a range of areas including receiving medicines, support with finances and consent to receiving assistance from staff when sending and receiving mail. A care worker we spoke with was knowledgeable about the importance of obtaining people's consent regarding their care and treatment and in other areas of their lives. The deputy manager told us three people consented to us looking at the bedrooms whilst one person had not. This decision was respected by us.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Referrals were made to speech and language therapists when needed.

People were complimentary about the meals and told us they were asked about the food they liked. The menu was in picture and written format and included a range of meals, which catered for people's varied preferences, dietary and cultural needs. A person told us about their

specific dietary needs, which they confirmed were met by the service. A relative of the person told us they were confident staff understood the person's specific dietary needs. A care worker spoke about the various ways they supported a person with sensory needs to choose their preferred meals. They told us the person makes the 'thumbs up' and other signs when choosing a particular meal or food item. People's weight was monitored closely. Staff knew to report significant changes in people's weight to the registered manager and deputy manager. The deputy manager told us incorporating five fruits a day in people's diet had recently been discussed in a residents' meeting. We saw fresh fruit was accessible to people using the service. Records showed some staff were in the process of completing a health and nutrition training course.

The environment was 'tired' looking in some areas, the paint on the stair case was chipped, kitchen units were worn from frequent use and the garden was overgrown in some areas. The deputy manager told us there were plans to replace the kitchen later this year. She told us a person's bedroom had recently been redecorated and there were plans to make further improvements to the environment. A plan of maintenance tasks for 2015 was displayed.

Is the service caring?

Our findings

The atmosphere of the home was relaxed. People using the service were complimentary about the staff and told us they treated them well and provided them with the care and support they needed. During our visit we saw positive interaction between staff and people. Staff spoke with people in a friendly and sensitive way. A person commented “They [staff] are nice.” Relatives of people told us “Staff are very good, they are polite,” “They respect [person’s] decisions,” “I can approach the staff anytime,” “[Person] seems happy, I can’t praise the staff enough, I am delighted,” “I am more than happy,” “They [staff] look after [person] so well, they are such nice people, [person] is in good hands,” and “The staff are like [person’s] family.”

People told us they were happy with the care they received and were involved in decisions about their care. During the inspection we found staff took time to listen to people, involve people in conversation and respected the decisions they made. People had the opportunity to attend regular resident meetings where they were asked for feedback about a range of areas to do with the service including, maintenance, the menu and the process of care plan reviews.

There were positive relationships between staff and people using the service. People had lived in the home for several years and staff knew them very well. Staff told us they had got to know each person’s needs by spending time with them, observation, reading people’s care plans and talking with management staff and people’s relatives. A care worker told us about the importance of building a rapport with people using the service. Each person had a key worker who supported them in their day to day lives. A person told us the name of their key worker who they said accompanied them on shopping trips and regularly talked with them.

Staff understood people’s right to privacy and we saw they treated them with dignity. Staff told us the subjects of respect, confidentiality and dignity had been included in their induction and had been regularly discussed by the staff team. Records of staff meetings confirmed this. The deputy manager told us she monitored staff interaction with people to ensure people were always treated with respect. Staff had a good understanding of the importance of confidentiality. The service had a confidentiality policy,

which staff had signed they had read. Staff knew not to speak about people other than to staff and others involved in the person’s care and treatment. People’s records were stored securely.

Staff confirmed they read people’s care plans and received detailed information about each person’s progress during each shift so understood people’s individual needs and were able to provide people with the care they needed. Staff understood people’s individual communication needs, which were identified within the person’s support plan. A care worker explained to us how they communicated with a person who was unable to speak, this included observing the person’s individual body language, gestures, and facial expressions, and the person’s use of objects of reference [objects that are used systematically as a means of communication].

Staff told us they supported people to retain as much of their independence as possible by encouraging people to make decisions and develop their skills. People set themselves goals with staff support such as; improving IT skills and finding a college course they wanted to do. We saw people had achieved a range of these objectives.

People had travel passes which enabled them to travel without cost on public transport as frequently as they wanted, which promoted their independence. People told us they sometimes used public transport. A person told us that they sometimes caught a bus to the local shopping centre. A senior care worker told us some people had been interested in the recent UK Government election, were registered on the electoral role and had taken the opportunity to cast their vote.

People were supported to maintain the relationship that they wanted to have with friends, family and others important to them. People told us about the regular contact they had with family and friends. A person visited a relative during our visit. Relatives of people confirmed they had regular contact with people using the service and spoke in a positive manner about the support staff provided in promoting this contact. They told us they were kept informed about people’s progress and staff understood people’s needs. A relative told us they had regular contact with a person’s key worker. Comments from relatives included “[Person] visits me,” “[Person] rings me every day, staff help [person] dial the number,” and “They keep me informed and let me know if [person] goes to hospital.”

Is the service caring?

Care plans included information about people's life history and their spiritual needs. Staff were knowledgeable about people's religious needs. A care worker informed us a person attended a place of worship. A relative of the person confirmed this. People spoke of religious festivals and their birthdays being celebrated by the service. Staff told us

equality and diversity was discussed during their induction. Records showed two staff had completed 'equality matters' training this year. People's preferences about the gender of the staff who assisted them with their care were respected, and sexuality issues had recently been discussed with people using the service.

Is the service responsive?

Our findings

People told us they were involved in their care plans. Relatives informed us they were also involved in supporting people with aspects of their care. They commented “They [staff] check things with me all the time. They welcome my involvement, I talk to the carers all the time, they listen and sort things out,” “We have meetings about [person’s] care,” “They take [person] out and help [person] buy clothes,” “They [staff] have done wonders with [person], who has come on in strides,” and “They [staff] communicate with us well, I am overwhelmed by their patience,”

The registered manager told us that before a person moved into the home information about the person’s needs was obtained from health and social care professionals. He told us he always completed a comprehensive assessment with the prospective person’s involvement of their individual needs and preferences. The registered manager spoke about the importance of completing a comprehensive assessment to determine if the service was able to meet the person’s needs and to make sure they were compatible with people using the service. Records showed that people had visited the home before their admission. The registered manager told us a flexible transition programme that met the individual needs of the new person using the service was essential in the process of moving into the home. A relative told us they had visited the home with a person before the person moved in. They confirmed the person had been fully involved in the decision to move into the home. A relative told us “They asked us lots of questions before [person] moved in.”

People’s care plans showed us assessment of people’s needs formed the basis of their care plan and identified where people needed support and guidance from staff. The three care plans we looked at contained detailed information about each person’s health, support and care needs and what was important to them. There was also comprehensive written guidance about how to provide people with the care they needed. Staff told us people’s needs were assessed and monitored on a day to day basis, discussed with the person and with the staff team. A relative told us they were kept informed about their family member, and were contacted when the person’s needs had changed and about significant issues to do with their life.

People told us they knew about their care plan. Records showed people’s care plans including their personal goals

were reviewed regularly, and when people’s needs changed, for example when their behaviour challenged the service. Records showed comprehensive reviews of people’s needs took place regularly with the involvement of health and social care professionals and family members. Although it was recorded in people’s care plan files that they have the right to read their care plan, people did not have their own copy. The deputy manager told us she would ask them if they wanted a copy of their plan of care and support or a summary of it. A person told us they went to “big” meetings about their care. Care staff told us they had regular one-to-one meetings with their key person to discuss their needs. A person using the service confirmed this. A relative of a person told us “We have meetings about [person] and their care, [person] goes too,”

People’s individual choices and decisions were recorded in their care plan. Staff were knowledgeable about people’s preferences and the type of activities they enjoyed. They supported people to follow their interests, take part in a range of activities and to maintain links with the wider community. People led busy lives. A person told us they liked doing “Lots of things.” People told us about the variety of activities they took part in. These included doing college courses, working in a charity shop, art, shopping, going to the cinema and restaurants, bowling, swimming, community clubs, outings and holidays. People told us about the holiday they had enjoyed last year and spoke of the vacation they were planning to take this year. A relative told us people were encouraged to make decisions about activities they wanted to do and when they declined to participate in an activity this decision was respected by staff.

People also participated in household tasks including the laundering of their clothes, the preparation of meals, mopping the kitchen floor, and tidying their rooms. A person told us he had vacuumed the lounge carpet on the morning of our visit. A care worker told us people had developed a lot of skills by participating in these tasks. People had access to a computer and a person had their own computer tablet.

The service had a complaints policy and procedure for responding to and managing complaints. The complaints procedure was displayed. There were systems in place for monitoring complaints and reporting them to a local authority. The deputy manager told us she had spoken to people using the service about the complaints procedure

Is the service responsive?

during a residents meeting. She showed us how she had developed its accessibility so people knew how to make a complaint and/or report a concern. Staff knew they needed to take all complaints seriously and report them to the deputy manager and/or registered manager.

Relatives of people told us they had no concerns or complaints about the service. They said they would feel comfortable raising complaints, and were confident they would be addressed appropriately and promptly. A relative of a person told us “The [registered manager] tells [person] to tell staff if [person] has a concern and to not be afraid of

saying what [person] wants to say.” Complaints records showed there had been no complaints made about the service. The deputy manager told us minor day to day issues/concerns raised by people were addressed straight away. She informed us she would introduce a suggestion box and would record ‘concerns’ within the complaints records to demonstrate people were listened to, their concerns taken seriously and addressed appropriately and to show the importance of complaints and concerns in driving improvement.

Is the service well-led?

Our findings

People, their relatives and health professionals spoke in a positive manner about the service. People spoke positively about the registered manager and deputy manager. They told us they were approachable and communicated with them well. Comments from people using the service included, “I like it here,” and “The [registered manager] works hard, I like [registered manager]. Health professionals and relatives spoke positively about the service and the registered manager, their comments included; “[The registered manager] is really lovely, I can ring him anytime, I have his mobile number and he always rings me back,” “The manager, is approachable, communicates with professionals in a timely fashion and deals quickly and effectively if any concerns are raised. He is extremely good at following through actions discussed at reviews and interacts very well with clients,” and “[The registered manager] interacts with [person] very well, and brings out the best in him.”

There was a clear management structure in place which consisted of the registered manager, a deputy manager, senior care workers and care workers. Regular team meetings provided staff with the opportunity to receive information about any changes to the service and to discuss and raise any concerns or comments they had. A care worker told us the management staff listened and addressed issues that were brought up by staff. Records showed a range of topics to do with the service and best practice had been discussed with staff during staff meetings. Topics included; people’s holidays, gifts, key worker role, risk assessment and DoLS. To improve their practice in caring and supporting people using the service staff participated in acting out scenarios to do with practice issues.

People had been provided with a service user guide which was individually personalised and included information about the service provided by the home. The registered manager told us and records showed people had been involved in the recruitment of staff. They had interviewed prospective staff with management and their opinions about candidates had been noted and valued.

People told us staff listened to them and they had the opportunity to feedback about the service during one-to-one meetings and during their care plan reviews. Two people using the service, a social care professional, five relatives of people and two staff had recently completed feedback questionnaires which showed they were satisfied with the service. Comments included “[Person] has more independence since living here,” “Friendly caring staff,” “The [registered manager] brings out the best in [person]” and “They look after [person] superbly, we have no worries.”

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. Healthcare professionals confirmed this.

Policies and procedures were up to date and related to all areas of the service. Staff knew about the policies and had read them. Confirmation of up to date insurance cover for the service was displayed.

The registered manager and deputy manager undertook audits to check the quality of the service provided to people. This included checking the quality of people’s care records, staff training, health and safety checks, maintenance, the management of medicines and making improvements when needed. The deputy manager spoke of observing staff interaction with people as part of monitoring the service.