

Autism Plus Limited

Rosefern Residential Home

Inspection report

2 Seamer Road
Scarborough
North Yorkshire
YO12 4DT

Tel: 01723378431
Website: www.autismplus.co.uk

Date of inspection visit:
29 April 2016

Date of publication:
26 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rosefern is a care home which provides accommodation for up to 12 people with a learning disability and/or autism who require personal care. There were six people who lived at the service on the day of the inspection.

At the last full inspection on 14 October 2014, we asked the provider to take action to make improvements (for example to person-centred care and good governance), and this action had been completed when we undertook a follow up inspection in August 2015.

At this comprehensive inspection, we saw that improvements had been maintained and there were no further breaches. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosefern Residential Home on our website at www.cqc.org.

There was a registered manager at this service. 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.

Staff were trained to keep people who used the service safe and they knew how to raise a concern if they saw poor practice. Care plans were detailed and included associated risk assessments that were recorded and reviewed regularly.

There were sufficient staff employed to meet people's needs and they had received an effective induction. They were supported through supervision by senior staff. People and professionals had confidence in the skills and knowledge of staff.

Medication was administered and recorded safely by staff. Medication reviews were carried out regularly and people's care plans showed that people received their medication appropriately, with any changes logged as they occurred.

Safety and maintenance checks were carried out and recorded regularly in the home. Evacuation plans were specific to each person and the emergency on-call system gave staff clear guidance on the procedure.

People were protected because staff were aware of and followed the principles of the Mental Capacity Act (MCA) 2005.

Consent was sought from people before care and support was given. If people required support with decision making then staff made referrals to the right professionals to ensure that decisions were made in people's best interests.

There were a variety of meal choices available and people were involved in choosing the menu. Snacks and drinks were available when people wanted them.

People who used the service were positive in their comments about the staff approach and we saw that staff showed respect to people and maintained their dignity and privacy. Professionals made positive comments about people being supported in a kind and caring manner.

Staff gave a person-centred approach to support and we observed that people's preferences, views and choices were respected. This was reflected appropriately in their care plans. People were supported to choose and engage in activities both inside and outside of the home.

In order to maintain the quality of the service a variety of audits were completed and reviewed regularly. Service policies and procedures were in place and these were also available for people in an appropriate format.

The service was led well by a registered manager and a deputy manager who both had experience of working with people who had a learning disability. People's care plans and files contained records that were clear and detailed. Professionals were positive in their comments about the open and positive attitude of the managers.

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.

Care plans detailed the support and care needs of people and had associated risk assessments.

People told us they felt safe and medicines were managed and administered safely.

There were a sufficient number of staff who had all been recruited safely. They had completed appropriate safeguarding training.

Staff understood the meaning of whistleblowing and were clear about how to do this if they saw poor practice.

Is the service effective?

Good ●

The service was effective.

Staff had received an effective induction by the service upon commencing their employment and they had access to ongoing support and training to enable them to meet people's needs.

Staff were provided with regular supervision and training to ensure they had the required skills and knowledge to effectively support people.

People were protected because staff were aware of and followed the principles of the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good ●

The service was caring.

People and professionals were positive in their comments about care being delivered in a kind and caring manner.

Staff were respectful and patient when speaking with people, and maintained their privacy and dignity.

People were supported to be as independent as they could be.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were individual and reflected the support people were provided with.

People's choices and preferences were sought and respected.

Regular activities took place both inside and outside of the home. Activities were planned based on the choices of people who used the service.

Is the service well-led?

Good ●

The service was well-led.

The management staff were experienced and the culture of the service was open and transparent.

Audits had been completed appropriately to monitor the quality of the service. The registered manager had been helpful and was able to answer all of our questions on the day of our inspection.

Policies and procedures were displayed in an appropriate format for people who used the service and had recently been updated.

Rosefern Residential Home

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 was carried out on 29 April 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to our 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 read this document to gain an overview of the service from their perspective.

We looked at all the information we held about the service, including statutory notifications that the service had sent to the Care Quality Commission (CQC). Statutory notifications are events that are legally required to be notified to CQC relating to the service or people who use the service. We also considered information that had been shared with us by the local authority.

We looked at all areas of the home, including people's bedrooms, when they were able to give their permission. We looked at the bathrooms, toilets and all communal areas. We spent time looking at four care records and associated documentation. This included records relating to the management of the service; for example policies and procedures, audits and staff duty rotas.

During the inspection we spoke with three people who use the service, two care workers, the deputy manager and the registered manager.

We reviewed four care plans and examined records required for the management of the service such as audits, staff rotas and policies and procedures. We looked at the recruitment records for three members of staff. We also carried out observations of medication being administered, a meal time and interactions between people and staff.

Following the inspection we spoke on the telephone with a doctor, a nurse and a social worker to gather information about the service, and their comments as professionals are included in this report.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I have been here a long time and feel very safe. I know that staff are checked by the police." A professional we spoke with told us, "The staff are well trained to keep people safe and I have no concerns regarding their [peoples'] safety." A member of staff said, "We know how to keep people safe because we know all about their needs and we have regular safeguarding training." Another staff member said, "We use the equipment people need to keep them safe and if I was worried about anyone's safety I would talk to [registered manager]."

We saw there were safeguarding policies and procedures in place and staff had received safeguarding training and one staff member told us, "We have really good training here around safety and there are enough refresher courses too, that keep us up to date." The training matrix confirmed that safety related training was completed and planned appropriately and this included health and safety, infection control, first aid and safeguarding.

Staff were clear about how to recognise and report any suspicion of abuse. They told us they would go straight to their manager or deputy manager if they suspected there was the risk of abuse or if abuse had taken place. Staff could tell us what the term whistleblowing meant. Whistle blowing is raising a concern by disclosing information about a wrong doing within an organisation.

One staff member told us, "I would let managers know straight away and they would be supportive. I know I could also seek advice from the local authority and CQC." This indicated that the organisation encouraged staff to come forward if they witnessed poor or unsafe practice.

We walked around the building saw that fire extinguishers had been tested regularly. There was signage throughout the building that indicated fire exits, and the evacuation procedure, fire book, floor plan and fire risk assessments were located in the reception area. There were hand rails throughout the building, so that steps could be navigated safely.

Records confirmed that the deputy manager completed safety related audits such as first aid, infection control and medication on a monthly basis. The registered manager also completed audits of these areas every three months to ensure best practice was being maintained.

The maintenance certificates relating to the safety of the home were all in date and these included the gas safety check, emergency lighting, electrical appliance and wiring test and water legionella checks. We saw that fire alarm tests were recorded weekly and each person had a Personal Emergency Evacuation Plan (PEEP) that included a photograph of them, in their individual file. The service kept the premises, services and the equipment well maintained.

The registered manager described the new on-call emergency system they had implemented. The system included all managers and team leaders, and incorporated a company on call number. When we spoke to staff we asked them to describe the on-call system and they were all clear on how to use the procedure. We reviewed the related file and it contained clear steps for staff to follow and required detailed information

when a call was logged.

Accidents and incidents were recorded in detail and the service analysed this information to identify any trends. We found that care plans were updated when there was an accident or an incident and a form was generated that recorded the circumstances, action taken and outcome. A member of staff we spoke with said, "Accidents and incidents are logged so we can all stay aware of the information and they are discussed at staff meetings, so we share good practice." This meant that people could be assured the service took action to learn from accidents or incidents to prevent them reoccurring.

Care plans contained a risk profile that was reviewed every three months and this included reviews on falls, medication, behaviour and potential risks and gave detailed guidance to staff on how to reduce risks. For example, the needs of one person had changed regarding their mobility and their care plan reflected this, so that staff were aware and could support them appropriately.

The registered manager told us there were three members of care staff on duty throughout the day. The night staff started work at 9pm and consisted of two members of staff, one on waking duty and one sleeping in. This meant they could be called upon during the night if required. The staff rota confirmed to us that these levels were maintained. One staff member told us, "We are busy, but we are an experienced team and have enough staff to provide all the care the residents need." We observed that staff responded to people promptly and were attentive to their needs.

When we looked at recruitment records we saw that staff had been recruited safely and their files contained two references, employment histories and confirmed that full checks had been carried out with the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with people who need social care support. This meant that appropriate checks were in place to make sure the staff employed were suitable to support people.

Medication was administered safely and recorded on the medication administration record (MAR). We saw that staff were patient with people and did not rush them. Two members of staff signed the MAR. The temperature of the medication storage area and the medication fridge were within the accepted ranges and recorded appropriately. The medication policy was in place and was also present in easy read format to assist people who used the service to understand how they would be supported. Staff had received medicines training and one professional we spoke with told us, "We complete a yearly medication review and the last one took place in February 2016." Care plans we saw confirmed that people were receiving their medication in line with their needs. Medication care plans were reviewed every three months and we saw that they were signed and dated with any changes to medication recorded as they occurred.

Is the service effective?

Our findings

People told us they thought that staff were trained and provided them with the support they needed. One person said, "I know the staff do a lot of training and I see how good they are." A professional we spoke with said, "The staff are trained well to support the residents." They went on to say, "They [staff] know they can ring the doctor's surgery if they have any concerns and we will go round, and the registered manager is very experienced."

We reviewed staff recruitment files and the induction process for staff had been completed and recorded appropriately. Staff files included a Continual Professional Development learning record (CPD) and they had received training that included manual handling, autism specific training, person centred planning and Management of Actual Potential Aggression (MAPA). They had in-house and online distance learning available to them and the registered manager explained that training was available in different formats. For example, the 'Principles of working with individuals with learning disabilities' course was available to staff in either workbook or online format. Staff could choose their preferred learning method. This demonstrated that the service had a proactive approach to the development and learning of staff, so that they could effectively meet the needs of people.

We found that staff supervision was completed every three months and records confirmed that an appraisal was completed annually. The areas explored in supervision and appraisal documents included training completed and required, objectives, responsibilities, hopes and setting goals. One staff member told us, "I want to progress and develop, and supervision is a good chance to talk on a one to one basis and discuss my options." Another staff member said, "I recently had my supervision and we identified my training needs and goals." This indicated that supervision and appraisal were used to develop and motivate staff.

Communication aids were in place for people and included laminated picture cards that related to areas including meal options and health care needs. This meant people could communicate with staff by using the pictures as an aid. Staff told us that these cards were used daily by people and were a really useful method of communication. We observed that staff had a good knowledge of how people preferred to communicate individually and this was evidenced when people used words, gestures or body language that expressed their wishes and needs to staff. We saw staff respond to people appropriately in a patient and calm manner. Care plans included a detailed document titled 'How I like to communicate', which was individual to the person and also present in easy read format. One professional we spoke with said, "Visual prompts are used to allow people to communicate and make choices."

All staff we spoke with demonstrated a good understanding of The Mental Capacity Act 2005 (MCA). The 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. One staff member told us, "I have done my MCA training and the Independent Mental Capacity Advocate (IMCA) comes in to talk to all of us and if we have any questions we can ask them."

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). There were four people living at the service who had an authorised DoLS in place. A central file held information relating to DoLS that were in place and included the information specific to people and the documented the appropriate review dates.

Care plans we saw contained consent to care forms confirming that people gave consent to their care and support. The needs of people were detailed, including personal care, communication, medicine and making choices. Where a person did not have capacity to give consent the relevant people, and where appropriate an Independent Mental Capacity Advocate (IMCA) had been involved in supporting the person with decisions. This indicated that the service involved the right professionals to make sure that decisions were made that considered the best interests of people.

Regular health checks were completed including annual learning disability checks. A doctor we spoke with told us, "We carry out health checks and look at everything from vision, diet, skincare, hearing, and dental checks to a full physical examination and the residents are well cared for."

We saw that people's files contained nutritional assessments that were updated regularly and when people's needs changed. The service engaged with and made appropriate referrals to health agencies including the Speech and Language Therapy team (SALT). This meant they took action at the right time to keep people in the best of health. One professional told us, "I asked for a diary of a resident's eating and drinking to be completed and this was done in detail. I completed an observation and the staff were very aware of the person's needs."

We observed the lunchtime meal experience and the environment was calm and relaxed. People sat at the dining table, or chose to sit in a chair in the same room using a suitable table to eat their meal from. People were offered a choice of drinks throughout the meal and staff were respectful and considerate. Plate guards and adapted cutlery were used if required and we saw people going into the adjoining kitchen to collect their meal if they wanted to. Staff asked if they would like any assistance, for example to cut food up and if they were enjoying their meal and we observed positive interaction between people and staff.

One person wanted to help to dry the dishes in the kitchen and other people helped to clear the table with staff, so they were encouraged to be involved in the whole experience and to take part in household tasks if they wanted to. One person told us, "The food is very good and it's a balanced diet with plenty of choice."

The menu options were chosen a day in advance and staff included people in this process. They could make their choices using picture cards and this included low fat menu options and deserts. Staff told us that the menus are not set in stone and can change according to people's wishes. There were three meal choices available and two additional low fat options. The staff took it in turns to cook the meals and staff we spoke with told us they enjoyed doing this. We saw the menu offered choice to people throughout the day and included snacks and supper options.

The rooms people occupied were suitable for their needs and the improvements the provider had planned to make in this area had been achieved. People had rooms on the appropriate floor of the building, so that their assessed mobility needs were reflected and this was confirmed when people showed us their rooms. We saw that one person had been moved to a ground floor room so they did not need to navigate the stairs and they confirmed they liked their new location. One person said, "I have a new room and I just love it." Another person said, "I have moved from a smaller room to a bigger one, so that I can store all my belongings. I was getting very anxious a few months ago and staff knew this and offered me another room."

Bedrooms had been redecorated and people confirmed they had been involved in making choices about how they wanted their rooms to be decorated. We saw that bathrooms had been renovated to meet people's needs and a new boiler had been installed.

We saw staff encouraging one person to use the hand rails and to slow down their pace a little bit. This action for staff was recorded in the persons' care plan, so staff were acting on the guidance in place to reduce the risk to that person.

The registered manager told us that after looking into the provision of a stair or passenger lift, building control legislation had prevented them from installing either of these options. They continued to explore the options available to assist with access up and down the stairs. The top floor was not being used for residents at the time of our inspection and the registered manager explained that this situation was being discussed further at board meetings.

Is the service caring?

Our findings

People made positive comments about the approach of the staff. One person said, "They [staff] are all very caring and they know me and would know if I was worried about something." Another person said, "We are just like a family and we all care about each other." When we arrived at the service we were introduced to people and made to feel welcome, people were chatting to each other and to staff, presenting a friendly atmosphere where everyone appeared to be at ease.

We observed positive and caring interactions between staff and people and this included staff talking to people calmly and respectfully. Staff were patient with people and gave them time to respond. The daily notes we saw included information about how a person had interacted, how they had communicated and how they appeared to be feeling, which provided staff with an understanding of the person's overall well-being. One professional we spoke with said, "Rosefern has a family environment and they give residents a really personal service." Another professional told us, "When I visited the staff interactions with people were really positive. Staff have a friendly approach with everybody and the residents I saw were happy and calm."

Staff could tell us in detail about the people they supported and it was evident in care plans that staff understood people's communication needs. For example the deputy manager spoke to one person who used specific words to make their wishes known to staff. It was clear that the deputy manager understood what the person was asking, and they confirmed this with them in a positive way and responded to their request. This indicated that staff communicated with people in caring and appropriate manner, according to their needs.

Staff told us that the picture cards they used were really beneficial and people enjoyed using them. One staff member told us, "The cards are great and they make communicating nice and clear for people." One professional we spoke with told us, "The cards as visual prompts are good for people and aid them to make choices." We found that pictures were also used to specify which staff were working that day, so people knew who was on duty.

The privacy and dignity of people was maintained, and one staff member we spoke with told us, "I am very aware of this and respect people's rights. People have certain ways they like things to be done, especially with personal care." We observed staff knocking on people's doors before entering to maintain their privacy. Care plans we reviewed recorded guidance for staff on peoples' care preferences relating to dignity and privacy. All files containing personal information were stored securely and this maintained people's confidentiality.

We saw that people were encouraged to be as independent as possible. On the day of our inspection one person had gone out to do some shopping independently. Another person told us, "I go out whenever I want to and I like to go out and meet my friends." The deputy manager explained how one person would make their own bed and arrange their room as they liked it, so they were encouraged to do this. The care plans we reviewed included information about peoples' independence and where they could be encouraged to be as independent as possible, with staff giving support when needed.

Is the service responsive?

Our findings

We found the service was responsive to the individual needs of people. One person we spoke with said, "I am always treated as an individual, everyone here is." A professional told us, "Rosefern give really personalised care, they know their residents very well and the rooms are pleasant and full of personal things." Another professional said, "I worked with one person who had fluctuating needs and they [the staff] worked with them really well and made changes according to their needs."

Care plans were reviewed monthly or more regularly if required and they reflected the wishes and preferences of people. They contained a person-centred profile and one file we reviewed included detail of; places I like to go, encourage me to do thing for myself, give me time to process information and make choices, and remind me to walk slowly when mobilising. This meant that clear guidance was in place for staff that described what they needed to do to make sure personalised care was provided.

In addition, the service held a Person Centred Planning file (PCP) for each person and we reviewed these files. They were updated on a monthly basis by the person's key worker. A key worker is a named person who can build up a separate relationship with the person. The PCP files contained detailed information specific to each person. This included a section called 'My life this month' with information on the person's achievements, outings they had been on and choices they had made. For example, the choices made when re-decorating their bedroom and their preference of places to visit when going on an outing. A staff member we spoke with said, "As a key worker for a person I get to know them through caring and record their monthly person-centred planning. I got really good feedback about mine, so I shared what I did with my colleagues." The PCP files were audited four times a year by the providers' person centred co-ordinator. This indicated that the service saw person centred care as a fundamental element of the care and support provided and monitored it regularly.

Staff told us about people's specific person-centred care and this showed that they knew people well. One staff member said, "We know people's little ways and how they like things, so we respect them and act on them." The staff member who was cooking on the day of our inspection explained that they had discussed doing some baking with residents, and they had chosen to make a sponge cake together the following day.

Care plans contained an eating and weight section, which incorporated the use of the Malnutrition Universal Screening Tool (MUST) to determine if people were at risk of being malnourished. The service had sit-on scales in place that allowed people with limited mobility to be weighed accurately. We saw that peoples' weight was appropriately recorded weekly and care plans included information about general health and any medical intervention requirements, with regular reviews. One professional we spoke with told us about the service dealing with the complex needs of people and they said, "Dietician referrals are being made appropriately and I have worked with all of the residents and have no concerns about the quality of the service."

Activities that took place inside the home were listed in an easy read format in the hallway and offered a

daily variety. Group outings were planned each month for the rest of the year and the deputy manager told us they planned the outings with people, so that they decided mutually where they wanted to go. This was confirmed when we reviewed the service user meeting minutes. Details of the planned monthly outings were displayed in easy read format in the main hallway of the home, so that people using the service were informed of all the activities on offer to them.

We observed people having their hair styled on the day of the inspection and we saw boxes in the dining area and the lounge that contained supplies for activities including arts and crafts, games, and a variety of sensory aids. The lounge contained a multi-functional games table that could be used to play several types of games. We saw that the residents had been involved with gardening activities and we were shown the plants they had sown from seed, which would soon be ready to plant in the garden. We saw that the trays of seeds were labelled with people's names.

Four people were always accompanied by a care worker when they went out, for example, to the local shops. Two people went out independently and one person told us, "I join in activities and go on days out if I want to, but if the activities clash with my own plans, then I choose what I want to do." One care plan we looked at gave guidance to staff to encourage the person to join in with more activities and to respect their choices." Another person did not like any medical intervention and their file recorded how their behaviour may change. Guidance was given to staff to encourage them, but to respect their wishes if they refused. This meant the people were involved in making decisions and their preferences and their choices were respected.

People told us that if they had any concerns they would tell the staff and one person said, "If I was worried about anything I would tell the staff straight away." Staff we spoke with all confirmed that if they had any concerns about a resident, or felt they were not happy about anything, they would speak to the deputy manager or the registered manager about it, so that any issue could be dealt with and would not escalate. Complaints and compliments were all recorded and we saw that there had not been any recent complaints and that recent compliments included; 'excellent paperwork in files' and a professional had commented on how friendly the home was and that a person was happy with their newly decorated room. Information about how to make a complaint was displayed in the reception area of the service on their noticeboard, which made it easily accessible.

Is the service well-led?

Our findings

We discussed with people about the service being well-led and they made positive comments, including, "There is good communication and it works well." One staff member said, "I know my voice is heard and our [staff] opinions are valued. We also share good practice and knowledge about the people we care for." One person told us, "We are a family here and they [staff] know me well. I can talk to [registered manager's name] about anything and I can't fault the management, they are very good."

Professionals we spoke with told us they thought the service had made positive improvements and that the registered manager had implemented changes to benefit the people using the service. One professional told us, "The registered manager is very open and professional, they pick up on all those important things and they provide a very good service." Another professional said, "Rosefern is a positive place and a good environment for the people who live there."

During the inspection the deputy manager and registered manager of the service were present and were able to answer our questions in full. They had a good awareness of the service, had worked there for several years and were experienced in working with people who had a learning disability. They were able to tell us about the people who used the service and show us all the documentation we requested. They had maintained good records and had sent statutory notifications to CQC as appropriate. Statutory notifications are information about incidents or events that affect the service or people who use the service and are required by law to be provided to CQC.

We found the staff were helpful during the inspection and showed us all the documentation we requested. We reviewed the current policies and procedures which included safeguarding, confidentiality, cultural requirements, medication administration and complaints. These were also clearly listed in the staff handbook and available online through an electronic system the service used called 'share point'. This allowed staff to view the policies and procedures and the registered manager to see when they had accessed them. These documents were also available in an easy read format for service users. This is a method of producing documents that can act as a tool to help a person with a learning disability understand the key issues about a subject, so that they meet the person's individual needs.

Staff meetings were held every month and we saw these were recorded in detail, including the agenda, list of attendees and topics covered. The most recent meeting had included discussions on health and safety, safeguarding and room cleaning. One staff member said, "I go to staff meetings and they let me know what's going on in the service." Another staff member said, "We do quizzes on our training in the staff meetings, these reinforce our training and identify any issues, which is a good thing."

Staff told us they thought that good practice was shared at staff meetings and made positive comments, including, "We are asked for our views as staff and we see our area manager regularly and the managers' [deputy and registered] are extremely approachable."

The service held monthly service user meetings and these would include discussions on topics including day

trips, what people wanted to do, for example; baking, going on the food shopping trip, personal shopping, activities and buying presents, amongst others. People were supported by staff during these meetings and the outcomes were documented in easy read format for people.

In the reception area of the service we observed on display the previous CQC report and documents relating to the vision and values of the service, including the service philosophy, aspirations, values and commitment to achieving results and service delivery. This indicated an open culture, whereby information is easily accessible and displayed appropriately so that people and visitors could access it.

All contact details of professionals who worked with people using the service were logged in individual personal files and were current. Professionals we spoke with consistently made positive comments about the service management. One professional we spoke with said, "The service follows the advice we give them. Our recommendations are made and then reviewed, and I am confident that if there were any changes to the needs of people, that they [the service] would refer back to us."

Audits were carried out by the deputy manager on a monthly basis and included medication, infection control, safeguarding and record keeping. The registered manager completed three monthly audits, to ensure an effective quality assurance system was in place. The registered manager told us that an external organisation called 'network care' audited the service twice a year and they were due to visit the service in the near future. This demonstrated an open and transparent service structure, in which it was accountable for its methods of working and maintained robust quality assurance systems.