

Lansdowne Road Limited

Halifax Drive

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 19 June 2017 and was unannounced.

Halifax Drive provides care and support for up to 33 adults with learning disabilities, autistic spectrum disorders, and/or a mental health needs. All bedrooms are single and one has ensuite facilities. The premises are divided into four units, Ash Lodge, Beech Lodge, Cedar Lodge, and the Bungalow. There are a range of communal areas including lounges, dining rooms, and gardens.

At the time of this inspection there were 32 people using the service.

The service has a registered manager. This 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 made many positive comments about the service and also told us how good they thought the registered manager was. The culture of the home was open, friendly and welcoming. People and staff were keen to talk with us and share their experiences of the service which were all positive.

People and staff had relationships of mutual respect and consideration. People were able to make choices and mistakes and were well supported with both. The staff had a good understanding of the challenges some people faced due to their mental health needs and learning disabilities and supported them to overcome these and live independent and fulfilling lives.

People told us about the different ways living at Halifax Drive made them feel safe. They said they felt the premises were secure, as were their money and possessions. They also said they trusted the registered manager and staff and this made them feel safe too.

There were enough staff employed to meet people's needs and support them to remain safe both at the service and when they went out. We saw people got on well with the staff. Medicines were safely managed and people told us they received them when they needed them.

All the staff we met were knowledgeable about the people using the service and were trained to carry out their roles effectively. We saw staff use good interpersonal skills when supporting people to take part in activities. Staff continually encouraged people to be independent and to make informed decisions about their daily lives.

It was a warm day when we inspected and people were offered drinks, ice creams and frozen lollies to ensure they were hydrated. We saw people going into the kitchen and helping themselves to drinks and snacks when they wanted to, and staff offered to bring drinks and snacks to those who were less mobile.

People told us they liked the food provided at the service. Some people had individual diets due to their cultural or health requirements so staff provided halal, diabetic and other diets to meet people's needs and preferences.

People told us the registered manager and staff were caring and they got on well with them. Staff also communicated well with people and supported them with their personal relationships and friendships. There were no taboo subjects and the registered manager told us all staff at the service were non-judgemental and supported people in the way that an enlightened family member would.

Some people chose to show us their rooms which they were proud of. They said staff always knocked on the door and waited for permission before entering which helped to protect their privacy.

People told us staff supported them in the way that they wanted and they could make choices about all aspects of their lives. Staff at the service encouraged people to be as independent as possible. Since our last inspection eight people had moved on from Halifax Drive to supported living. Several of these people continued to visit Halifax Drive for coffee/tea and a chat. This showed that people had a positive view of the service and regarded it as source of stability in their lives.

The care plans we saw focused on people's strengths and abilities and how the person wanted to be supported. Their likes and dislikes were recorded and other key information staff needed to know in order to provide them with responsive care and support.

People told about the range of one-to-one and group activities they took part in both at the service and in the community. These included a men's club, an art group, shopping, pub lunches, and discos. The service had its own minibus for people to use. One person helped out in café, one helped out at market. Three people were visiting a local farm on the day of our inspection visit.

Other people told us they preferred a quieter life. One person told us they liked to see their relatives, go to the shops with staff, and watch television. Staff told us that some people using the service didn't want to join in activities but staff always asked them in case they changed their minds. Some people attended places of worship and religious and cultural festivals were celebrated at the service.

People told us they would speak out if they had any complaints about the service. Records showed that if people had complained about any aspect of the service, either formally or informally, they received a positive response. Staff listened to them and took action where necessary to address their concerns in a responsive and helpful manner.

All the staff we spoke with were enthusiastic about working for the service and said the registered manager was supportive and provided them with good leadership. The registered manager, quality improvement lead, and provider carried out regular audits of all aspects of the service and made improvements where necessary in response to these.

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 told us they felt safe using the service and staff knew what to do if they had concerns about people's welfare.

Staff supported people to manage risks at the service and in the community.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities.

Medicines were safely managed and administered.

Is the service effective?

Good ●

The service was effective.

Staff were trained to support people safely and effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were supported to access health care services and maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and supported people with their personal relationships and friendships.

Staff respected people's privacy and dignity and involved them in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to and support was available for them to do this.

Is the service well-led?

Good ●

The service was well- led.

The service had an open and friendly culture and the registered manager was approachable and helpful.

The provider, registered manager and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

Halifax Drive

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.

The inspection took place on the 19 June 2017 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had experience of the care of people with learning disabilities and/or autism.

We looked at information received from local authority who contract with this service. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with 10 people who used the service and spent time with them in the gardens and in communal areas. We also spoke with the registered manager, the deputy manager, and four members of the care staff team.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at five people's care records.

Is the service safe?

Our findings

People told us about the different ways living at Halifax Drive made them feel safe. Some people equated the idea of safety with security. For example one person told us, "Safe? I lock the door and my things are safe." Another person said, "I am safe here because the doors are locked at night."

Two people told us the staff made them feel safe. One person said, "I was bullied in my last home but I'm not bullied here because the staff wouldn't let that happen." Another person told us, "The staff look after me and make sure I am safe." One person said that knowing their money was secure made them feel safe. They told us, "I used to worry about money. They [staff] look after my money now and I have enough money."

Easy-read safeguarding information was on display at the service for people to look at. This explained the different types of abuse and who to tell if a person thought they or someone else was being abused.

All the staff we spoke with were knowledgeable about safeguarding and had been trained to identify and protect people from abuse. One staff member told us, "If I thought anyone was being abused here, for example if a member of staff was being rude to a resident, I would go straight to the manager and report it." Another staff member said, "We have to make sure people are safe all the time whether they're here or out in the community. If we have any worries about them we discuss it with the manager."

Records showed that when a safeguarding incident occurred staff took immediate action to make the person safe. They informed the local authority and CQC. Where appropriate, they worked with other health and social care professionals to minimise future risk to a person and updated their care plans and risk assessments.

Staff understood if people were at risk and knew how to support them to stay safe. One staff member told us about a person who sometimes left the service unaccompanied, although it was not safe for them to do this. The staff member said, "If [person] walks out the front door one of us [the staff] goes with her. We walk along and talk to her and make sure she's safe until she's ready to come back." This was an example of staff using their interpersonal skills to keep a person safe.

We looked at this person's risk assessments and saw they were at risk from 'stranger danger' and road safety issues. Their risk assessment had been updated following an occasion when they did manage to leave the service unaccompanied. To help ensure they were safe staff checked on their well-being at regular intervals and completed observation charts to show they had done this. Staff had also involved other health and social care professionals in writing the person's support plans and risk assessments to help ensure they were fit for purpose. This meant they had sought expert advice in order to keep the person as safe as possible.

We looked at other people's risk assessments. These were personalised and covered a range of areas including physical and mental health, using public transport, communication, and social activities. For example, one person was at risk of choosing inappropriate clothes with regard to the temperature so staff

were told to support them with this. Another person was at risk of not having their cultural and religious needs met. To address this staff were told to regularly ask them if they would like to take part in religious festivals and attend places of worship. This was evidence of staff understanding the different types of risk people might be subject to and ensuring they were supported to remain safe.

Adaptations had been made to the premises to reduce risk to some people using the service. For example one person, who was described as being hearing impaired, had an additional fire alert system in their room. This involved flashing lights and a vibrating pillow to warn them if the service's fire alarm was activated. Other people had aids and adaptations in place to enable them to move safely around the service. This was further evidence of risk being safely managed so that people were protected and their freedom supported and respected.

People told us the staff were suitable for the work they did. One person said, "They [the staff] work awkward hours but they don't get mardy and they don't get bored." Other people told us they liked and trusted the staff. One person said, "It's alright here because they (staff) are kind."

During our inspection we saw there were enough staff employed to meet people's needs and support them to remain safe both at the service and when they went out. The rota showed that staffing levels were consistent with what we saw on the day of inspection. Staff told us that although they were busy they felt the service was well-staffed and as a result they were able to provide safe personal care and support and enable people to take part in community and other activities.

The providers' recruitment process was followed and records showed that the required employment checks were in place. We sampled staff files. These showed that staff had the necessary documentation in place to demonstrate they were fit to work with people who use care services.

People told us they received their medicines when they needed them. One person said, "The day staff look after my tablets and I have them in the morning and evening. The tablets keep me well and better." People had personalised storage arrangements for their medicines which were secure.

At the time of our inspection none of the people using the service managed all their own medicines although the registered manager said this was always under consideration as it would give people more independence. Following a risk assessment one person managed one of their 'as required' medicines when they went out. The registered manager said they did this responsibly and safely. This meant the person had the freedom to go out and about independently as they could take their 'as required' medicine with them.

Staff told us they were trained to give out medicines safely and assessed by the registered manager as being competent to do this. One staff member said, "We have online training and training in person. We don't give our medicines until the manager has seen we are competent."

We looked at the results of the service's internal medicines audit carried out in January 2017. This showed that the service was mostly compliant although the medicines fridge needed cleaning and defrosting monthly. The registered manager said this would be done in future if the service was using a fridge, but was not relevant at the time of our inspection as none of the medicines being used required refrigeration.

We looked at how 'as required' medicines were managed at the service. Records showed that protocols were in place for 'as required' medicines that had been prescribed. These gave staff instructions as to when these medicines were to be given. One person was only to be given their 'as required' medicine 'at times of extreme agitation'. Staff were told to try behavioural forms of intervention first such as 'diverting their

attention to a conversation or an activity, engaging them in appropriate activities and clear limit setting'. This was an example of a person's 'as required' medicine being managed safely.

Is the service effective?

Our findings

All the staff we met were knowledgeable about the people using the service and were trained to carry out their roles effectively. We saw staff use good interpersonal skills when supporting people to take part in activities. Staff continually encouraged people to be independent and to make choices about all aspects of their day.

Records showed staff had a comprehensive induction followed by ongoing and refresher training and specialised training where necessary. One staff member told us they'd had moving and handling training, including using a rotunda, slide sheets, and a shower chair, to meet the needs of one person. They'd also had training in 'challenging behaviour' to meet the needs of another person. These were example of training being personalised to help ensure people's individual needs were met.

Another staff member told us they were satisfied with all the training they'd had which included an accredited induction and national vocation qualifications. They said if they needed any specific training they would discuss it with the registered manager who would request it for them. They told us, "If you can put a case together for training the owners will provide it." They told us they'd asked for training in how to escort a person away from a challenging situation and this had been provided for them.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were and related assessments and decisions had been properly taken and kept under review.

Records showed that all the people using the service had been assessed with regard to their ability to consent to their care and to make informed decision about their daily lives. Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care. People had the freedom to come and go from the service although one person, who had a DoLS authorisation in place, needed staff supervision when left which staff provided.

People told us they liked the food served. One person said, "The food's good. For lunch I had pork chops, mash and cabbage." Other comments included: "I love the food it is better than hospital food. There is water and juice"; "The breakfasts are nice I have cereals and toast – no eggs, well it depends", and, "I like the food

and I don't grumble. I had sandwiches and will have a hot meal tonight."

It was a warm day when we inspected and people were offered drinks, ice creams and frozen lollies to ensure they were hydrated. One person told us, "I am drinking plenty and I always do." We saw people going into the kitchen and helping themselves to drinks and snacks when they wanted to, and staff offered to bring drinks and snacks to those who were less mobile. We also saw the registered manager reminding one person to drink plenty and recommending not just tea but juice and water as well.

One person told us, "They [staff] are helping me to cook and to go out." This was to increase their independence skills with a view to them eventually having their own flat. Some people had individual diets due to their cultural or health requirements. For example, staff provided halal and diabetic diets to meet people's needs and preferences. This helped to ensure people had effective support with their eating and drinking.

We looked at people's care plans for nutrition and hydration to see how staff supported people to eat and drink enough. These were personalised. For example, one person tended to eat at different times of the day and sometimes preferred to eat alone. Their care plan told staff to encourage them to eat at regular mealtimes in the dining room with others. But it also stated that this was not always what the person wanted so if the person refused the food must be saved for them so they could eat it when they wanted. This meant the person's ultimate choice as to when and where to eat was respected.

People were confident that staff would support them if they became ill. One person said, "They phone the doctor if I am poorly." Another person told us, "If I was ill the staff would take me to hospital straight away." One person said they had needed to go to hospital and the staff got an ambulance for them and also visited them during their hospital stay.

People also told us staff supported them with their routine health needs. One person told us, "They get the doctor if I am bad with my knees and they take me to the dentist and to see the optician." Records confirmed this and showed that people had access to a wide range of health care professionals including GPs, district nurses, mental health specialists, and chiropodists.

Some people were unable to tell staff if they were ill or in pain so their care plans advised staff what to look out for. For example, one person's care plan stated, '[Person] may not voluntarily tell you that he has any health issues or that he has pain so will require support from staff to recognise any signs or symptoms. Ask [person] how he is feeling.' This helped to ensure that staff could support a people to receive medical attention if they needed it.

The service had good links with a local health centre. Staff told us the practice nurse regularly came to Halifax Drive to do health checks. Mental health specialists also visited people at the service and handed out easy read health promotional materials to help people remain healthy.

Records showed that staff accompanied people to health appointments where necessary and documented any health problems people had, promptly reporting them to the registered manager or person in charge of the service so action could be taken.

Each person had a 'hospital grab sheet' (a document that provides healthcare professionals with information about people as individuals) covering issues like communication and level of support needed. They also had a 'personalised care plan' designed to accompany them if they had to go to hospital in an emergency. This included key information about them including their medical needs, medications, mental

capacity and ability to consent. This helped to ensure that people received effective support if they needed medical assistance.

Is the service caring?

Our findings

People told us the staff were caring and they got on well with them. One person said, "All the staff are my friends. It makes me feel special when they take me out on my birthday." Another person told us, "I get on well with the staff and they are good at looking after me. The staff are kind. It's nice living here. I don't have any worries at all."

One person said that staff had supported them with a bereavement. They told us, "I sometimes talk to staff about [relative who died] and we look at photos together." Staff arranged for another person, who had also experienced bereavement, to have bereavement counselling. These were example of staff having a caring approach to the people they supported.

During the inspection we saw that the registered manager got on well with people and was always patient and kind when people spoke with her. Her caring approach set the standard for the service and was appreciated by the people supported there. One person told us, "If I was worried about anything I would talk to [the registered manager]." Another person said, "I can always find her if I need her and she always listens to me and helps me."

Staff also communicated well with people. We saw a staff member talking with a person about the different activities they might like to do. This conversation had many humorous moments as well as serious moments. It was clear that this member of staff, despite being on their break, was listening to the person and taking on board their thoughts, wishes and feelings. The conversation was comfortable and easy-going as if two good friends were having a chat.

The staff were open with people about personal care. The registered manager told us, "We 'normalise' it. We talk about our own personal care and how we have a shower and put deodorant on. We joke about how we need to do that more when it's hot. This takes away stigma and makes it clear that personal care is something we all do." This approach enabled people to engage in conversations about personal care with the staff who supported them.

Staff supported people with their personal relationships and friendships. The registered manager told us, "We let them know that whatever their sexual orientation is we will support them. If they need advice on safe sex we provide this on a one-to-one basis." She said the were no taboo subjects and staff talked with people about drugs, the safe use of alcohol, smoking, dating, and lesbian, bisexual, gay and transgender issues. She told us all staff at the service were non-judgemental and supported people in the way that an enlightened family member would.

The provider's policy 'sexuality and relationships' (2015) advised staff on how best to support people with personal relationships and the expression of their sexuality. It covered areas such as equality and diversity, mental capacity, sexuality, safe sex, and masturbation. Addressing these areas helped to ensure that people had the support they needed.

The practice nurse from the local surgery also came to the service regularly to advise people on safe sex and contraception. They also provided information on personal relationships in an easy-read format.

The provider had a policy called 'Using and sharing information about you' which was also easy-read and explained to people what information was kept about them, why, and how it was stored. This helped to ensure that people understand how staff keep their personal data safe in order to protect their privacy.

People were involved in making decisions about their care and support and could have copies of their care plans or view them in the office. They were also asked to sign consent forms to say the service could share information with professionals involved in their care. This was another way in which people were encouraged to take an active role in their own care and support.

Some people chose to show us their rooms which they were proud of. One person said, "My room is nice. I have photos of my relatives." Another person told us, "I have TV, shelves, a blind at the window and a wardrobe." People told us they could go to their rooms at any time if they wanted privacy and that staff always knocked on the door and waited for permission before entering which helped to protect their privacy.

Is the service responsive?

Our findings

People told us staff supported them in the way that they wanted and they could make choices about all aspects of their lives. One person said, "They (staff) look after me how I want to be looked after." Another person told us, "Sometimes I go out and sometimes I don't. I can choose." A further person said, "My clothes are clean and my relatives can come when they want to."

One person told us they lived in a part of the premises designed for more independent living. They said, "It's lovely, I like living here. I nip over [to the main premises] for my dinner. It is independent and nice and quiet here. [Person's name] shares it with me. I use the washing machine and the drier." These were examples of staff providing people with personalised care that took into account their abilities and skills.

Staff at the service encouraged people to be as independent as possible. Since our last inspection eight people had moved on from Halifax Drive to supported living. Several of these people continued to visit Halifax Drive for coffee/tea and a chat. This showed that people had a positive view of the service and regarded it as source of stability in their lives.

The care plans we saw focused on people's strengths and abilities and how the person wanted to be supported. Their likes and dislikes were recorded and other key information staff needed to know in order to provide them with responsive care and support.

Staff told us how they supported people in line with their preferences. They knew the people they worked with well and were familiar with the information in their care plans. For example, one staff member told us that a person they supported could be anxious at times. To address this staff followed instructions in their care plan which stated 'responds well to a soft calm approach [...] likes to be reassured'. They also told us this person like to be introduced to new people coming to the service and this was also stated in their care plan. This was an example of staff using the information in care plans to provide people with responsive and personalised care and support. Record showed that care plans were regularly reviewed and updated.

People told us about the range of one-to-one and group activities they took part in both at the service and in the community. These included a men's club, an art group, shopping, pub lunches, and discos. The service had its own minibus for people to use. One person helped out in café, one helped out at a market. Three people were visiting a local farm on the day of our inspection visit.

Some people led busy lives. For example one person told us, "I go out every day. On Mondays I go to the [society they were a member of] and I do archery every Friday and every other Saturday. On Tuesdays and Thursdays I go to the allotment with my key worker. I grow tomatoes, cabbage, cucumber and radishes. If it's raining though we go somewhere else like the garden centre. Another resident comes as well as me."

Other people told us they preferred a quieter life. One person told us they liked to see their relatives, go to the shops with staff, and watch television. Staff told us that some people using the service didn't want to join in activities but staff always asked them in case they changed their minds. Some people attended places of

worship and religious and cultural festivals were celebrated at the service.

People told us they would speak out if they had any complaints about the service. One person said, "If I was worried about anything I would talk to staff." Another person told us they would talk to the registered manager

The provider had a user-friendly pictorial complaints procedure displayed in the reception area. This included information on how to complain within the service and how to take complaints outside the service to the provider, local authority, and the ombudsman. Contact details for advocates who could support people to make a complaint were included.

Records showed that if people had complained about any aspect of the service, either formally or informally, they received a positive response. Staff listened to them and took action where necessary to address their concerns in a responsive and helpful manner.

Is the service well-led?

Our findings

People made many positive comments about the service including: "I would say it's outstanding here", "I love living here. It's the best place I have ever been. Some other places are horrible"; "It's a nice, happy place, I just enjoy it here"; and "I really like it here. They look after me well."

People also told us how good they thought the registered manager was. One person said, "[The registered manager] is brilliant. They help me out and give me advice." Another person told us, "They are a good boss and my friend. If I was worried about anything I would talk to them."

The culture of the home was open, friendly and welcoming. People and staff were keen to talk with us and share their experiences of the service which were all positive. People and staff had relationships of mutual respect and consideration. People were able to make choices and mistakes and were well supported with both. The staff had a good understanding of the challenges some people faced due to their mental health needs and learning disabilities and supported them to overcome these and live independent and fulfilling lives.

During our inspection we met the service's elected 'Your Voice' representative who resides at Halifax Drive. 'Your Voice' is forum for people who use the provider's services. It gives them a regular opportunity to feedback on the care and support they receive. The 'Your Voice' representative played an active part in our inspection providing us with information about the service and letting other people using the service know we were there.

The 'Your Voice' representative told us staff supported them to go to forum meetings and travelled with them on the train. The said that at the next meeting forum members would be discussing a number of issues including menus and dining arrangements at the provider's various services. They told us 'Your Voice' enabled people to have a say in the running of the service and make suggestions for improvement and changes.

All the staff we spoke with were enthusiastic about working for the service and said they enjoyed their roles. One staff member told us, "Good atmosphere, it's like an extended family here, a happy place." Another staff member commented, "This is the best job ever. Every day is different and has its own challenges but I love it." Staff also told us the staff worked well together. One staff member said, "Good teamwork – absolutely brilliant. Good handover."

Staff told us the registered manager was supportive and provided them with good leadership. One staff member said, "She's the best manager I've ever had – she knows her staff and is supportive of them. She knows all the residents and they like her and trust her." Another staff member told us, "It's like a family here. People are listened to. [The registered manager] always finds time for people. There are people in and out of her office all the time and she never gets flustered." A further staff member said that staff had monthly one-to-one supervision sessions with the registered manager or another senior member of staff. They said, "Supervision is where you can speak and it's private. I feel comfortable doing that." Records showed staff

had regular supervision and team meetings which gave them the opportunity to comment on the service.

The registered manager, quality improvement lead, and provider carried out regular audits of all aspects of the service and we saw evidence of these. The most recent audit was for health and safety and carried out in June 2017 by the provider's health and safety advisor. The report found that, with regard to health and safety, the service was 'well-organised' with well-trained staff, and a premises officer who monitored fire safety and water hygiene.

Records also showed that the service's fire risk assessment was reviewed in June 2016 by the provider's health and safety advisor. They requested a number of actions including the repair of a fire door and the carrying out of a night-time fire drill. We found these actions had been completed. These types of audits help the provider to ensure that the service remains safe and well-led.

We had a discussion with the registered manager about the service's arrangements for people to sign in and out of the premises. There was lack of clarity about whether people needed to do this as staff already kept a record of their whereabouts. The registered manager told us she would consult with the provider's health and safety advisor and ensure that a safe arrangement was put in place so that staff knew who was in or out of the premises in the event of an emergency.

Some areas of the premises were in need of improvement and a refurbishment programme was underway. We met with the service's regional maintenance person who was mending a sink that had been reported as being damaged that morning. He told us he was redecorating the premises 'bit by bit' so as not to overly disturb people. This was evidence that the provider was making continual improvements to the premises bearing in mind the needs of the people accommodated there.