

Ashpoint House Limited

Ashpoint House

Inspection report

Lighthouse Road
St Margarets Bay
Dover
Kent
CT15 6EL

Tel: 01304853655
Website: www.alliedcare.co.uk

Date of inspection visit:
09 August 2016

Date of publication:
12 September 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

This inspection was carried out on the 9 August 2016 and was announced.

Ashpoint House is registered to provide accommodation and personal care for up to three people. People living at the service had a range of learning disabilities and autism. They all required support with behaviours which may challenge others.

Downstairs there was a kitchen, dining room, lounge, games room and the staff office. There were three bedrooms upstairs, one of which had an ensuite bathroom, a shower room and a bathroom. At the time of the inspection there were three people living at the service.

The service had a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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 had not received formal one to one meetings with the registered manager to discuss their progress and any issues which may have arisen. This was an area for improvement. Staff received the induction and training they needed to give people appropriate support. Staff had training in autism and how to support people with behaviours that challenge.

People received one to one support from staff throughout the day. Staff covered for each other in the event of sickness or other absence to ensure that people were always supported by staff they knew. People required additional support when they went out in the community and they were able to access the activities they wanted and any appointments as necessary.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them.

Staff completed incident forms when any accident or incident occurred. The registered manager analysed these for any trends to see if any adjustment needed to be made to people's support.

Risks relating to people's health, their behaviour and other aspects of their lives had been assessed and minimised where possible. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

Medicines were stored appropriately. People received their medicines when they needed it and there were guidelines in place for if people needed medicines on an as and when basis for pain relief.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. People had DoLS in place and staff had up to date knowledge on the Mental Capacity Act 2005 (MCA) and DoLS. They supported people to make their own choices where possible and best interest meetings had been held when people needed support to decide about required medical interventions.

People were supported to eat healthily. People were given a choice at each meal about what they would like to eat. People were seen and assessed by a speech and language therapist when they needed support to eat and drink safely. Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible. Staff followed guidance and advice given by health care professionals.

People and their relatives said that staff were kind and caring. People were unable to communicate verbally but staff anticipated their needs and understood their non-verbal methods of communication. People were treated with dignity and respect.

Staff were responsive to people's needs. People's care plans were updated monthly by staff to ensure they reflected the care and support people needed. There were behavioural support plans in place outlining potential triggers for behaviour that may challenge others and different strategies to deal with them. We observed these being followed by staff.

People accessed a variety of activities both inside and outside of the service. People had annual tickets to Dreamland (an historic amusement park) and regularly went swimming and to local places of interest.

There was a complaints policy in place and people's relatives said they knew how to complain if they needed.

Staff and relatives told us they thought the service was well led. The registered manager was experienced in working with people with learning disabilities and providing person centred care. The CQC had been informed of any important events that occurred at the service, in line with current legislation.

The registered manager told us the ethos of the service was, "To ensure people are treated as individuals." There was a culture of openness and honesty and staff responded to the needs of people as they changed.

The registered manager and the provider's quality department regularly carried out audits to identify any shortfalls and ensure consistent, high quality, personalised care. People's relatives, staff and other stakeholders were regularly surveyed to gain their thoughts on the service. There was no summary or publication to people, staff and stakeholders of the results, to show continuous improvement and the action the registered manager was taking. This was an area for improvement.

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.

Staff knew how to recognise and respond to different types of abuse.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment to ensure it was safe to use.

There was a small, stable staff team who met people's needs. People had one to one support in place and this was always provided.

Medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Staff had not received regular supervision in line with the provider's policy, although did meet regularly as a team.

Staff received a full induction into the service and had the right training to provide people with the care and support they needed.

Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People ate wholesome and nutritious food.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and compassion to ease their

anxieties.

People were given the information they needed, in a format they understood, to help them make day to day decisions. There were picture boards around the service so people could show staff how they were feeling.

Staff treated people with dignity and respect. People received support in a discreet manner.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed. People's care plans were updated monthly to ensure they reflected any changes in people's needs.

People participated in a range of activities both inside and outside of the service. People enjoyed listening to music and going to Dreamland.

There had been no complaints in the past year. Information on how to complain was displayed in an accessible format in the hallway so people knew how to complain.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was experienced and had worked with people with learning disabilities for over 20 years. The Care Quality Commission (CQC) was informed of important events within the service, in line with current legislation.

Staff were aware of the provider's values to provide person centred care.

The registered manager and the area manager undertook regular audits to ensure consistent, high quality, personalised care. They regularly surveyed staff and people's relatives to gain feedback but results were not collated or published to show areas of improvement.

Ashpoint House

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 9 August 2016 and was announced. The provider was given 24 hours' notice because the service was a small care home for adults with learning disabilities. People are often out during the day and we needed to be sure that someone would be in.

The provider had not had the opportunity to complete a Provider Information Return (PIR) as they had not received this document prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and the deputy manager. We spoke with two additional members of staff. We looked at two people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits. We observed how people were supported and the activities they were engaged in. People were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we spoke with one relative about the service.

We last inspected Ashpoint House on 27 August 2013 when no concerns were identified.

Is the service safe?

Our findings

People indicated that they felt safe living at the service. They were relaxed in the company of staff and staff responded quickly when people became distressed or anxious. People's behaviours were managed safely. Staff knew people well and said they had built up good relationships with the people they supported. One relative said, "I feel [people] are safe and are well cared for."

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. The Kent and Medway safeguarding protocols were on display in the office for all staff to refer to if needed. Staff told us they would report any concerns to the registered manager. One member of staff said, "If I was worried I'd report it to the manager, and if not then the area manager or head office. I know I could go to the local authority or you guys [the Care Quality Commission] if I needed to." Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

Staff had identified the risks associated with people's care, such as mobility, eating and drinking and accessing the community. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring. One person required additional support when travelling in a car and this had been fully assessed. Staff were directed where to sit in the car to offer the person the best support and minimise any risks to the driver whilst travelling.

Staff supported people positively with their specific behaviours, which were recorded in their individual care plans. There was information to show staff what may trigger behaviour and staff were aware of the strategies to minimise any future occurrence. For example, some people became distressed when there was people they did not know at the service so there were specific guidelines in place for staff to follow when a new member of staff started to help the person adjust to new people being present.

There was enough staff on each shift to meet people's needs. People were each allocated one to one support to assist them with behaviours that challenged and two or three members of staff accompanied people when they went out. Staff were flexible to ensure people could attend appointments and activities as needed. One member of staff told us, "We never have a problem, there is enough staff. I've never been in a position where people don't have their one to ones." Staff covered for each other in the event of absence

due to sickness or other reasons. The registered manager told us, "The staff here are exceptional, I've never worked anywhere like it. In the snow, one staff member walked here from Dover, and another cycled as they couldn't get here any other way."

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were stored securely and at the correct temperature. There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. At the time of the inspection there were no medicines that had special storage requirements; however, staff had an awareness of the specific requirements relating to their storage and administration. There was a 'homely remedies' policy in place so staff knew what to do if people wanted to take medicines that were not prescribed by a doctor.

Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent. One member of staff told us, "I am going through the process to get signed off. I've done the training but you have to be observed before you're allowed to do it." The registered manager and deputy manager carried out regular spot checks to ensure that medicines were being administered correctly. Medication Administration Records were fully completed, showing people received their medication as and when they needed it. Some people had medicines on an as and when basis (PRN) for pain relief. There were guidelines in place outlining when these should be administered and how people may present if they were in pain.

Is the service effective?

Our findings

People received support from skilled and experienced staff who were trained to give them the care they needed. Staff followed guidance from a range of health care professionals such as Speech and Language Therapists (SALT) and psychologists to ensure people received the best care possible. One relative told us, "I get all the information about healthcare needs and things like that, I feel like we're kept in the loop."

Staff told us that they received support from the management team via formal one to one meetings. However, staff supervision records showed that these meetings had not happened consistently. The provider's policy stated that formal supervision meetings should take place every two months. The deputy manager had not received supervision for a period of six months. Other staff members had not received supervision since March or April 2016, although five staff had met with a line manager for supervision just before the inspection. The registered manager said that as the service was busy it could be difficult to formally meet with staff individually but they would ensure that these meetings happened more regularly. The deputy and registered manager worked closely together and regularly discussed any issues or area for improvement but did not always record these discussions and support them with an action plan. This was an area for improvement.

The registered manager had recognised that annual appraisals needed to be completed for all staff members and they showed us a plan to ensure these all happened by the end of August 2016. An appraisal is a formal meeting which gives staff the opportunity to reflect on their performance and set goals for improvement for the coming year. Appraisal records showed that when these meetings had occurred staff were given feedback from their manager and where training and support needs were identified, plans were put in place with detailed information about how this would be achieved, such as additional training or shadowing other staff.

There was an ongoing programme of training which included face to face training and in house training. Training was provided about people's specific needs and staff had a good understanding of people's varying needs and conditions. Staff had had received training on how to respond to any behaviour that may challenge others and about autism. Staff completed competency assessments to test what they learned from the training. The deputy manager had arranged a questionnaire for all staff to complete after a discussion in a team meeting on the subject of mental capacity. All staff were trained in this topic but the management team wanted to ensure that staff were fully aware of what it meant for people at the service. Staff said it was a good opportunity to look at and reflect on what they were doing in their day to day work.

New staff completed an induction during a three month probation period. The provider had introduced the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency. Staff attended face to face training during their induction period and worked closely with other staff until they had got to know people. One member of staff said, "I had two training sessions at head office and spent time in service. I read people's care plans and all of the policies and procedures and then spent time shadowing shifts so I got to know everyone."

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 so that they can 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.

Everyone living at the service had an authorised DoLS in place. Staff and the registered manager spoke with confidence about MCA and DoLS. One member of staff said, "Here, people lack capacity so we have to make informed decisions in their best interests." Another staff member said, "Everyone here has a DoLS in place and that means that we have shown that supporting them with at least one to one support constantly is the least restrictive thing to do."

People all lacked capacity and the registered manager had carried out a range of capacity assessments. Assessments were decision specific, such as not having a front door key and receiving assistance with medicines. These were updated as and when people's care and support needs changed. Best interest meetings had been held regarding people's health interventions. For example, when people needed to have a medical procedure to check their swallow, this had been documented fully to make sure the procedure was in the person's best interest.

Staff said they tried to involve people as much as possible in choosing what they wanted to eat and drink. They said that people struggled to choose what they wanted to eat weekly or monthly as they thought they would be able to eat it immediately, therefore people were not involved in planning menus in advance. There was a board displayed in the hallway with different breakfast foods such as toast and cereal on it. Staff said that people were able to choose what they wanted to eat for breakfast by pointing at the board or by being shown different options. Staff said these were always available so people could request them at any time. People were given a choice of two or three different foods at each meal by being shown pictures or actual food and choosing between them. Staff documented what had been offered to people and what they had chosen so they knew people were regularly being offered a variety of different meals. The registered manager said they were going to get more boards with food pictures on so people could regularly choose between more options.

People visibly enjoyed their lunch time meal and the atmosphere was relaxed. Staff sat with people and chatted to them. Some people had eating and drinking guidelines in place from SALT. Staff followed these guidelines and food was served at the correct consistency. People received the support and supervision they needed to eat safely. For example, when people needed prompting to chew their food thoroughly staff gently reminded them throughout their meal, saying, "Make sure you chew please" and "Are you chewing?" Weight charts had been completed to monitor people who were at risk of malnutrition. People's weights were currently stable but staff said it was important to keep checking so they could act if there were any changes.

People were supported to live healthy and full lives. Prompt referrals had been made to professionals such as psychologists and psychiatrists to ensure that staff had up to date advice and guidance on how to support people effectively.

Staff assisted people to attend a variety of healthcare appointments and check-ups. People were unable to communicate verbally but staff said they knew when people were unwell. One member of staff said, "We know if people aren't right, we notice if there is a change in personality. Everyone can sign that they're 'poorly' and they can point at what is wrong." The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

Is the service caring?

Our findings

People were relaxed in the company of staff and staff knew people well. One member of staff said, "It's all about [the people]. It's just really person centred. We're a good team and everyone cares." One relative said, "They seem to be cared for very well. There doesn't seem to be any issues."

People had been living at the service for many years and there was a stable staff team who had worked there for a long time. Staff treated people with kindness and compassion to ease their anxieties. When we arrived at the inspection one person was sitting outside having their breakfast. We introduced ourselves to the person but they appeared visibly tense about our presence at the service. Staff reassured the person and explained why we were there, saying there was nothing to worry about. Later on the person took our hand and showed us round the service. Staff said, "Sometimes [the person] just needs some time to take things in, they're a lot happier now."

People were unable to communicate verbally. Staff knew people well and there was detailed information in place to ensure they were able to anticipate people's needs and interpret their non-verbal communication. Throughout the inspection staff were able to interpret and understand people's wishes and needs, and supported them in the way they wanted. Some people used Makaton to make their needs known. Makaton is a language programme using signs and symbols to help people communicate. Staff signed to people to ask if they would like a drink and to ask them what they would like to do that afternoon and people responded.

People were given the information they needed, in a format they understood, to help them make day to day decisions. There were picture boards around the service giving people visual prompts to help them make choices. One person had a board showing pictures of different emotions such as boredom, anxiety or hunger outside of their bedroom. Staff told us that this person had appeared upset when getting up in the mornings, and this board had helped them to show staff exactly what was wrong. Staff said they had realised that sometimes the person was waking up hungry so they were now able to show staff if they wanted to eat their breakfast before or after getting washed and dressed.

Staff treated people with dignity and respect. One person was outside in the garden and became visibly distressed. They signed to staff that they needed to use the bathroom. Staff confirmed with them what they wanted and they were immediately assisted inside. The person returned outside and appeared relaxed and smiling. They were given the assistance they needed in a discreet and timely manner.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The registered manager told us that no one currently used an advocate, but people's relatives supported them to make important decisions. Information was displayed about advocacy and the support it offered to people.

People were encouraged to be as independent as possible. Although people's support needs were high they were encouraged to take part in daily living tasks whenever possible. People helped to carry cups out to the

garden at lunch time and set the table before everyone ate their meal. One person's support plan stated that they liked to 'wipe the table down after dinner' and we saw this happened after everyone had eaten.

Relationships with people's families and friends were supported and encouraged. The three people living at the service were regularly visited by their family. Staff told us that they recognised that although some people were related they liked to have time apart as well as spend time together, and they were mindful of striking a balance between the two.

People received the right care and support when their needs changed. There was a communication book which was used to update staff about any changes to people's health and care needs. Staff signed and dated this book at the start of each shift to confirm they had read the information and were aware of any changes. The registered manager said, "I don't believe in paperwork for paperwork's sake but it's so important that staff know when things change so I insist that people sign and date the book so we know it has been read."

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

People received the care and support they needed and staff were responsive to their needs. People sometimes became anxious and staff responded quickly to reassure them and ensure they remained calm. One relative said, "I have no adverse comments to make. All the staff seem to know what they are doing."

People had been living at the service for nearly 20 years and no one new had moved in, during this time. People's key workers reviewed their care plans monthly. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. One staff member told us, "As a key worker I review [the person's] care plan each month and make sure any changes are made." Care plans were accurate and up to date, reflecting the care and support which people required.

People did not communicate verbally. Each person had their own, personalised communication plan in place, stating how they communicated and what staff needed to know about them. One person's care plan explained the different vocalisations they could make and what these meant. If the person said 'hoo hoo' this meant they were 'happy' whereas a lower pitched noise indicated they were sad. Staff confirmed that they knew what these different noises meant.

People received the care and support they needed, in the way they wanted. Preferences with regards to people's personal care and daily routine were documented in their care plan. One person's care plan stated that it was important for them to have their 'twiddles' with them as it helped to keep them calm. Throughout the inspection this person regularly rubbed small objects between their fingers, getting visible enjoyment from doing so.

Individual goals for people to work towards had not been identified. People were accessing a range of activities and doing new things but staff had not outlined what these were in advance, to ensure everyone was working towards them. This was an area for improvement.

Detailed guidance was in place to ensure that staff were supporting people consistently to minimise their anxieties and any triggers for behaviours, such as a change in routine or unexpected noise. At lunch time one person became distressed and staff intervened immediately, de-escalating the situation in line with the guidelines in place and preventing it from escalating. Staff spoke with the person quietly and encouraged them to go on a walk around the garden.

People participated in a range of activities both inside and outside of the service. On the day of the inspection one person went to a local park and fed the ducks and another person went for a walk around the village. People regularly went swimming and attended local discos and sports clubs.

One person enjoyed listening to music and they had a book of CDs which they looked through to decide what songs to listen to. They had a large interactive keyboard which went on the floor. As they walked up and down it, it played different notes and they were able to join in with any music playing. The person was

smiling and laughing whilst using this keyboard.

Staff told us that people really enjoyed going to carnivals and fun fairs when they visited the local area. They had recently purchased annual tickets to Dreamland (a historical theme park in Margate) to ensure that people could access rides and a fun fair environment even when there was not a visiting fun fair. One member of staff said, "Dreamland is just great, we know it's something [the people] enjoy, so it was a no-brainer getting those tickets."

The registered manager told us that they were looking to introduce more visual prompts in the service regarding activities. They were going to make an activities board so people could choose between activities and plan what was going to happen each day. This was not currently in place, so was an area for improvement.

People were able to go on holiday if they wished. Two people were being supported to attend Mersea Island Festival. This was an inclusive residential event, where people with learning disabilities can camp and participate in a range of outdoor activities. The registered manager said, "[The person] is so excited about Mersea, when they are there they love it so much that they hardly sleep, it's hard work but if we know they'll enjoy it then that is what matters."

There had been no complaints in the past year. The provider had a complaints policy in place and the registered manager was aware that all complaints had to be recorded, investigated and responded to. They said that if more than one complaint was received they would look for any trends or themes to see if more could be done to prevent them from happening. Information about how to complain, with pictures to make it easier to understand for people were displayed in a hallway.

Is the service well-led?

Our findings

People regularly approached the registered manager throughout the inspection. The registered manager knew people well and offered support and guidance to staff. Staff said they felt the service was well managed and that the registered manager was approachable and pro-active. They said, "You can go to the manager, the door is always open. Any questions and they are happy to answer" and "Every time I have had a problem they have helped me."

The registered manager and deputy manager worked alongside staff so they could observe and support them. Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. The registered manager was experienced and had worked with people with learning disabilities for over 20 years. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. They held a level 4 qualification in leadership and management and the Registered Managers Award. The registered manager participated in a variety of events and forums with other managers that worked for the provider. The registered manager had notified the Care Quality Commission (CQC) of important events as required. Documents and records were up to date, readily available and were stored securely

There were links with the local and wider community. The registered manager told us, "People know them in the village; we're always out and about." People regularly visited local shops and cafes and staff said people were well known in the local area.

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which was based on equality and mutual respect. The registered manager told us, "The important thing for me is that there are three individuals living here, and they should be treated as such. They'll want to do different things, wear different things and be their own people. We encourage that as much as possible."

People had detailed care plans, risk assessments and communication passports in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.

People's relatives, staff and visiting professionals were asked for their feedback about the service on a regular basis. The registered manager told us that they had sent surveys to the local GP and people's care managers but they had not received a response. People had not been formally asked for their feedback on the service but people's keyworkers regularly updated staff on what people had been doing and had enjoyed to mitigate this.

There was no summary or publication to people, staff and stakeholders of the results from feedback, to show continuous improvement and the action the registered manager was taking. This was an area for improvement.

Feedback had been read and considered and the registered manager acted to address any issues that were raised. People's relatives had asked what activities people were participating in and the deputy manager had spoken with them about this. A new activities co-ordinator had been introduced and relatives confirmed that they knew that people regularly went swimming and went out in the community. One relative said, "I know I can ask the deputy manager what people have been up to now."

The registered manager and deputy manager carried out regular monthly checks on the service. These covered a range of areas such as medicines administration, the quality of completed paperwork, including daily notes and incident forms and whether relevant health and safety checks were carried out.

The provider's quality department carried out unannounced audits that followed the Key Lines of Enquiry (KLOEs) used in our inspections. KLOEs are used by CQC to check if the service provided is Safe, Effective, Caring, Responsive and Well-Led. Reports were completed with actions and timescales for completion after each visit. The registered manager showed us completed action plans where recommendations such as the introduction of a homely remedies policy had been made and carried out.