

Care Management Group Limited

Care Management Group - Meesons Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Meesons Lodge is one of a number of services owned by Care Management Group Ltd. The service provides accommodation and support for up to 12 people who have a learning disability, physical disability or sensory impairment. On the day of our inspection the service had two vacancies.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported with taking every day risks and encouraged to take part in daily activities and outings. However, systems and records to manage risk and to check on the quality and safety of the service needed strengthening to ensure people's safety and wellbeing was maintained. This was in connection to pressure care, bed rails, monitoring people's temperature and their weight.

Medication needed further monitoring to ensure people always had their prescribed medication. Records needed to be improved to ensure an audit trail was available on what action had been taken if medication was not available.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

There was a regular and consistent staff team. The provider had appropriate recruitment checks in place which helped to protect people and ensure staff were suitable to work at the service. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported in their role.

We saw that appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves; to help ensure their rights were protected.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice. We found that people's healthcare was good. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

We found that detailed assessments had been carried out and that the care plans were very well developed around each individual's needs and preferences.

People were happy and relaxed with staff. Systems were in place for people to raise concerns and they could be confident they would be listened to and appropriate action was taken. People were treated with dignity and respect and staff interacted with people in a kind, caring and sensitive manner.

The provider had a quality assurance systems in place. People had the opportunity to feedback on their experiences and staff tried to involve people in the running of the service. The service was well managed and the registered manager was looking at ways to develop the service and ensure people received the care and support they needed in a safe environment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

This service was not consistently safe.

Medicines were mostly safely managed, but better monitoring of prescribed medication needed to be improved to ensure people did not run out of their required medication.

The storage temperatures of medication needed to be better monitored and include action taken when not correct.

People were encouraged to take risks, but where risks had been identified these had not always been monitored, updated or reviewed.

There were sufficient staff on duty and they had a good knowledge about how to keep people safe.

Is the service effective?

Good ●

This service was effective.

People were cared for by staff that had received regular training.

Staff had received regular supervision and felt well supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People experienced positive outcomes regarding their health.

Is the service caring?

Good ●

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

Is the service responsive?

Good ●

This service was responsive.

People received consistent, personalised care and support and, where possible, they had been involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

Is the service well-led?

Good ●

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

Care Management Group - Meesons Lodge

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 was unannounced and took place on the 6 and 7 June 2017. Telephone calls to relatives were made on the 21 June 2017. The inspection was undertaken by one inspector on the first day and two inspectors on the second.

Before the 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 details of any improvements they plan to make. The provider had completed this form and returned it within the set timespan given.

As part of our inspection we also reviewed other information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the registered manager, the deputy manager and five members of the care staff. Four relatives were spoken with for their views about the service and where possible their feedback has been added to the report.

Not everyone who used the service was able to communicate verbally with us. Due to this we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal area and we used the Short Observational Framework for Inspectors (SOFI). SOFI is a way of observing care to help us understand

the experiences of people who could not talk to us.

As part of the inspection we reviewed three people's care records and this included their care plans and risk assessments. We also looked at the files of two staff members which included their support records.

We also looked at a sample of the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and support records.

Is the service safe?

Our findings

People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives. Staff had also been provided with training on working safely so had a good understanding on how to identifying risks and work safely. General risk assessments had been routinely completed and these identified how risks could be reduced to help keep people safe and had been regularly reviewed. However, although risk assessments were in place it was noted that some areas had not been updated or reviewed when further guidance or information had been received from health care professionals. This was in connection to monitoring people's weights, temperature, bed rails, pressure mattresses and thickener for drinks.

During the inspection we found that a risk assessment had not been completed for one person who used bed rails to keep them safe. This was brought to the registered manager's attention and they have since submitted a full risk assessment for this person, which includes staff making regular visual checks. Another person had been identified by health care professionals on the 13/02/17 as needing to be weighed weekly and a MUST score (Malnutrition Universal Screening Tool) completed to help monitor the person's health; due to recent weight loss. From records seen this had not been routinely done and the person's weight management, diet and nutrition form still stated that the person was to be weighed twice monthly, so conflicted with the guidance from the health care professional. Concerns were raised with the registered manager that these important changes to care had not been implemented by staff. We have since received written confirmation from the registered manager that this has now been fully implemented.

It was found that one person was on Quattro plus mattress, which had an automatic default comfort setting of MEDIUM. This had been set by health care professionals as the correct setting for this particular person. It was explained that staff would monitor the person using the mattress and if it was felt they were uncomfortable they would then arrange for a further visit from the health care professional to adjust the setting. This equipment was to be checked periodically to ensure patient support and comfort, but a system for this had not been put in place by the service and no records were available. We have since received written confirmation by the registered manager that the equipment is now checked regular and copies of relevant completed documentation has been submitted.

Whilst looking at one person's care plan it had been identified that they needed their temperature to be recorded three times a day, due to their risk of hyperthermia. It was noted that on some days this had only been recorded once or twice and not three as stated. This was discussed with the registered manager who has since submitted a coloured chart which clearly identifies certain times of the days when this check must occur. This would help staff to monitor and audit that these checks had been completed.

The registered manager had been in post for eighteen months and was still in the process of developing systems and processes to improve the monitoring and reviewing of paperwork. Once the above issues had been brought to their attention they were proactive in ensuring paperwork and system for recording were implemented to ensure people received the care they needed and this was regularly monitored to keep them safe. From the documentation submitted since the inspection we feel these areas will be sufficiently

monitored and people will be safer.

Medicines had been stored safely and effectively for the protection of people using the service. The registered manager advised that not all staff administer medication within the service. Only those who had completed the relevant training and who were regularly assessed as being competent could administer medication. Medication competency checks had been completed on staff and those who administered medication had received appropriate training and updates.

The service had received regular audits by outside pharmacist and the last check had been completed in February 2017 and no concerns had been found. Weekly medication audits had also been completed by the deputy manager and no corrective actions were required. The service had appropriate medication policies and procedures in place and additional guidelines. It was noted the room/fridge temperature log had been completed each day and was generally in the required range, but there were a few occasions when it had been recorded that it was too high. From the documentation seen it was noted that nothing had been recorded on what action had been taken to rectify this. This was brought to the registered manager's attention for further action.

Each person's medication folder was accompanied by their photograph which supported staff to ensure that each person received the correct medicines prescribed for them. Details of people's allergies were clearly recorded and also protocols were in place for 'as and when medication (PRN)' and included how much medication was to be given within a set time frame and what it was for. When looking at people's medication records it was noted that three people had run out of one item of their prescribed medication. On the medication sheet it had been recorded by staff that they were 'waiting delivery,' but there was no further explanation on what had been done to try and rectify this. On further discussion with the deputy manager we were advised that everything had been done to try and rectify this issue and people were not at risk due to missing their medication, but staff had not recorded their actions to show how they had followed this up. It was agreed that the deputy manager would follow this up with the GP surgery as soon as possible to ensure people received the medication they were prescribed.

The registered manager and staff at the service knew how to protect people from abuse and avoidable harm and they all had completed relevant training. This was provided at induction and also regular updates. Staff were able to express how they would recognise abuse and how they would report their suspicions. The service had systems in place to help protect people from potential harm and policies and procedures on safeguarding people were available to give staff a better understanding. Care staff had received regularly training so they were aware of their responsibilities and how to take appropriate action. The registered manager had also been very proactive in raising safeguarding alerts if needed and working with other professionals to keep people safe. The service also had a whistle blowing procedure in place for staff to use and this provided information on who they could take any concerns to and what would happen with the information provided.

Relatives told us that they felt people living at the service were kept safe and that they felt they would be able to raise any concerns they may have regarding safety. People were observed being relaxed in the company of the care staff and you could see they had good relationships and the care staff knew the needs of the people very well. Relative feedback included, "[Person's name] was always relaxed when we left and safe."

People's bedrooms were personally decorated and were very personalised, but some areas of the service were beginning to look tired with chipped paintwork, marks on the walls, stained carpets and in need of redecoration. The registered manager explained that some works had already been agreed and it was

hoped that this would start soon. Regular monitoring of equipment had been completed and the service had a variety of emergency plans in place for fire, flood and other general emergencies. Monthly health and safety checks had been completed on the service and this includes water temperatures and emergency lighting. Up to date certificates for gas, electric, legionella and the environment were available.

There were systems in place for the registered manager to monitor people's level of dependency and to help assess the number of staff needed to provide people's care. The registered manager added that the assessing of staffing levels was an on going process and was looked at on a weekly basis. Adjustments would be made where necessary to help ensure residents' care and support needs were met during planned activities or health care appointments. The registered manager was able to provide examples of where in the past they had requested more staff for individuals due to their care needs changing or specific activities where higher staffing would be required. As an example extra staff would be organised to assist with trips or staff accompanying people on planned holidays.

The staffing levels at the service consisted of eight staff in the morning, seven in the afternoon and three wake staff at night. Staffing rotas for the last four weeks were viewed and these were easy to read and showed that sufficient staff had been on duty. The registered manager advised that they had a group of staff who could be approached to assist if extra staff were needed and this helped with continuity of care as the staff knew the people very well. There were sufficient care staff available during the inspection visit to meet people's individual needs and to ensure people were able to follow their interests and past times. Trips out had been regularly arranged and people were also assisted to attend clubs, day centres and leisure events such as the hydro pool. People were seen to be well supported and we saw good examples from care staff where people were provided and assisted with care promptly when they needed it. Feedback from relatives was very positive and one stated, "They are very well staffed and [person's name] receives the support and care they need. The staff are very good."

The service had followed correct recruitment practice and ensured the correct checks had been completed on new staff which helped to keep people safe. We viewed the files of the last two recruited staff and these contained the required documentation and included health declarations, identification, references and checks from the Disclosure and Barring service (DBS). One staff member had not been provided a full employment history and had a small gap, but the registered manager rectified this during the inspection and ensured it was clearly recorded. The service had a probationary period in place and also a disciplinary procedure which could be used when there were concerns around staff practice and keeping people safe.

Is the service effective?

Our findings

Newly recruited staff would complete an induction and this included information about the running of the service and guidance and advice on how to meet the needs of the people living there. New care staff worked alongside other more experienced staff for a period of time to help ensure they were competent and to offer support where needed. They would also complete an induction in line with Skill for Care, which is a recognised induction that provides the knowledge required to work within the care sector. One staff member added, "We were given time to read the care plans during our induction, it helped me to get to know the people well."

Relatives we spoke with stated that the staff were very well trained and provided excellent care. Staff we spoke with confirmed they received regular training and e-learning, which they felt provided them with the knowledge they required to meet people's individual needs. Performance and professional development was also discussed during supervision sessions and the service had systems which enabled them to identify when training was needed and also the percentage of staff that had received training. Care staff had also been provided with specialist training relevant to the people they provided care and assistance to. The service had a training plan for 2017 and this had set training courses throughout the year and included e-learning on specific topics. A number of staff (12) had also completed a recognised qualification in care.

Documentation seen showed that staff had received regular support through one to one sessions, meetings and appraisals. Monthly meetings had also been organised and minutes of the meetings showed that issues relevant to the service had been covered and discussed. Staff spoken with stated that they received regular supervision, but also added that the management team were very approachable and they could gain advice and support when needed. A staff member also added, "We all support each other very well. We are a good team and we are a family."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). 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.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals. All staff we spoke with demonstrated an awareness of the MCA and DoLS and had received training. People's capacity to make day to day to day decisions had been assessed to help ensure they received appropriate support. This showed that staff had up to date information about protecting people's rights and freedoms. Where possible, consent had been gained and people or their relatives/advocates had agreed to the service providing care and support. The manager advised that they would arrange a 'best interest meeting' if it was needed and both family and healthcare professionals would be involved in any decision that were made. A compliment the service had

received to confirm the service work to people's best interest stated, 'All staff are fully informed of service users' needs and always act in their best interests. Documentation is up to date, holistic and person centred.' People were observed being offered choices during the day and where possible this included decisions about their day to day care needs. One staff member added, "We always explain what we are doing, so they know what is going on."

People were being supported to have sufficient to eat, drink and maintain a balanced diet and their nutritional requirements had been assessed and individual needs documented. This included a clear list of people's likes, dislikes, dietary or cultural needs and the staff were knowledgeable on how to keep people safe regarding their nutrition. The registered manager advised that people were offered a choice of food at each meal time and staff would often cook traditional cultural food for some of the people which they really enjoyed. Staff had gained feedback from family members around each person's likes, dislikes, dietary or cultural needs and staff advised that people would be encouraged to make choices where possible. People were offered support and assistance during meal times and staff were aware of each person's individual needs whilst eating their meals. This included soft diets, liquidised food and prescription meals.

There were nutrition charts in place to enable care staff to regularly monitor people and where risks had been identified or where people required assistance from a nutritionist or healthcare professional this had been gained. Training had been provided around risks to eating and drinking and the need for thickening in some people's drinks to aid swallowing and digestion or feeding via a gastrostomy tube. It was noted that three people had been assessed as needed their drinks thickened, but when observing staff it was noted that they had only used one person's thickener for all three people, rather than using each individual's. When staff were asked why this had occurred they explained that they found it easier. Also it was noted that one care plan had not been updated with a recent change of needs regarding one person's drinks being thickened. These issues were brought to the registered manager's attention who stated that they would speak with staff and rectify this.

People had been supported to maintain good health and had access to healthcare services and received on going support. Referrals had been made to other healthcare professionals when needed and this showed that staff supported people to maintain their health whilst living at the service. Each person had a health 'passport' in place which identified any health care needs and would provide health care workers with essential information. The registered manager advised that were people may need admission to hospital they would assist with the staffing of the person whilst they were in hospital. This helped to ensure that there was someone who knew their care needs well and could offer the hospital staff advice and guidance on the person needs.

Is the service caring?

Our findings

People were seen to be relaxed with staff and given the time and support they needed. Many of the care staff had worked at the service for a number of years and knew the people very well. Care was provided with kindness and compassion and people had regular contact from the staff during our visit to ensure they did not need anything and were comfortable. Feedback from relatives included, "It is [person's name] home. We can see they are happy as their face lights up when they are with the staff. They keep [person's name] so nice, their clothes are lovely and hair is so nice. You can tell straight away that they are well cared for, even down to their toe nails. They are very well looked after. We wish they could have been here years ago."

People were observed with staff and they showed through their body language that they were happy and comfortable with the care being provided. Each person had a unique way of communicating and staff were aware of how to facilitate this. All had limited verbal communication, but were able to express themselves through smiling, humming, eye contact and facial gestures. The staff had a very good understanding of people's non-verbal communication and responded to them appropriately. Staff were able to demonstrate they knew people well and ensured that their care needs were met. Relatives spoken with were very happy with the care and one added, "They have very caring staff. They are marvellous, friendly and do their job so well. It is not a job that everyone can do."

People living at the service received person centred care and staff were seen doing their best to ensure that where possible people were involved in decisions about their care and the lives they lived. The service had a key worker system in place, which meant that each individual had a named staff member who would work closely with them and would be able to get to know them very well. This system would help with continuity of care for the person and aid better communication with family members, as they would know who to speak with if they had any issues or concerns. Key workers also completed a monthly report on the people they cared for to help with communication with relatives, staff and other health care professionals involved in the person's care. Staff spoken with were able to show they knew the people they cared for well.

The registered manager gave examples of how people's cultural and religious needs were met. This included serving traditional food and also arranging for staff to provide the necessary hair treatment for those people from an African heritage. The people who live at Meesons Lodge attend a church group in the local community for those who wished to take part.

Staff were seen responding to people's needs quickly and they were kind and caring in their approach. Staff were observed chatting with people and there was a 'homely feel.' Feedback from one family member included, "I do not see this as a residential home, it is a family." People were seen to respond positively and were noted to have eye contact with the staff and looked very relaxed. It was clear that staff knew the people well and were able to explain facial and body movements to show happiness, sadness and pain.

People's privacy and dignity was respected and when people were supported with personal care the doors were always closed. Staff were heard addressing people in an appropriate manner. People were encouraged to be part of their care and staff were observed providing support and encouragement when needed. Each

person living at the service was clean, tidy, dressed appropriately for the weather and looked comfortable.

Where possible people were supported to express their views about their care and support. All the people at the service had relatives involved in their care and regular contact and visits were made. The registered manager and staff added that they did their best to ensure relatives were involved in any reviews and decisions on care. If someone did not have access to family or friends that could support them, the service would arrange for an advocacy services to offer independent advice, support and guidance to individuals. Relatives spoken with confirmed they had been involved in any decision about care and that the service were very good at keeping them up to date and involved. One added "The staff here are very supportive and really helpful. We have always had regular contact and reviews and feel they really listen."

Is the service responsive?

Our findings

Staff assisted people with their care and were observed being responsive to people's needs. People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided. Each person was treated as an individual and received care relevant to their needs.

The assessment and care planning process involved staff spending time with people and their parent/carers and identifying and understanding what is important to both of them and ensuring that this information is then fully reflected in their plan of care. People's needs had been fully assessed before they moved to the home and the assessment forms were easy to read and quickly helped to identify each person's needs and assisted the service to identify whether they could provide the care required.

The care plans we reviewed were very in-depth and contained a variety of information about each individual person, including their physical, mental, social and emotional needs. These provided staff with step by step guidance on how each person wanted their care to be provided. The written information included small tips to staff such as, 'Whilst brushing [person's name] hair it is important to talk with them.' Feedback from one relative included, "[Person's name] is always presented in the way I would want them to be presented, nice clothes and aftershave." The service had also gained information on how people wished to be supported at the end of their life, to help ensure that this was comfortable, dignified and pain free.

Any care needs due to the person's diversity had been recorded and when speaking with staff they were aware of people's dietary, cultural or mobility needs. Written information included a document called 'All about Me,' which included a small amount of information on each person's health and how this may affect them. There was also information on each person's communication methods and this advised staff on what to look out for such as facial expressions or noises and what these may mean. It was clear that time had been spent with each person to document people's communication so staff would be aware of when people were happy, sad, in pain or excited. They also had a document called 'Things you must know about me,' which provided staff with important information which helped staff to have a better understanding of each person. These had been regularly reviewed and had evidence that family members had been involved. A daily diary was completed on each person and also a monthly report was written by each person's key worker, which provided an up to date record of care, activities and any issues that needed to be addressed. Compliments that the service had received from health care professionals included, 'I have been able to get all the necessary information I needed, all information was easy accessible. There was evidence of staff knowing the clients' needs and good services provided' and, 'I am very impressed with the way the files are kept. Records are easy to find and are very informative.'

The service provided opportunities for people to take part in a range of activities. This was achieved by closely observing and recording each person's non-verbal reactions to various activities and experiences. Where people had shown a preference for a particular activity or experience this would then be recorded and implemented into their individual activity plan. People enjoyed meaningful activities such as swimming, going to the cinema, visits to the pub, aromatherapy, music therapy and many more. Staff also assisted people to participate in days out and attend clubs and there were lots of photos around the service of

outings, visits and people enjoying themselves. It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interests in and this included trips out and annual holidays. One example that was given was for someone who loved Harley Davidson motorbikes. The registered manager arranged for a local group of Harley Davidson enthusiast to visit the service on this person's birthday. They added that it was a great success and the person loved the experience. It was clear that the service supported people to have contact with family members and this included assisting them to do home visits and stays.

The service had a large garden with a small patio space and mainly grassed area. It was felt that this could be developed further to make it a more interactive space and usable. Many of the people at the service had wheelchairs and the small patio space available would restrict those people who could use the garden at one time. This was discussed with the registered manager and it was suggested that perhaps a sensory garden would be a good use of the space with a larger patio area. They advised that it had been agreed that the garden would be levelled to help people access this easier. One relative spoken with added that they felt the garden area could be used more effectively and that many of the people enjoyed using the wheelchair swing at a park they visited. They added that they felt this would enhance the use of the garden. It was noted that a large trampoline was in the garden and this had been purchased due to one person liking to jump and bounce but many would be unable to use this facility.

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Information on how to make a complaint could be found in the services information, which would be provided to people when they first moved into the service and was also on the notice board in the hallway. When looking at documentation the service had set forms to record details of the any complaints they received and this included how these were investigated and also the outcome. Management were seen to be approachable and they listened to people's experiences, concerns or complaints. Staff stated that they felt able to raise any concerns they had. One relative told us, "I have never had any concerns and the manager is very approachable." Others agreed they would be able to speak with management if they had any concerns, but added that they were more than happy with the service.

Compliments the service had received included, 'I can't thank Meeson's Lodge for all the support and care that was given to [person's name] was in hospital. You truly do a wonderful job' and, '[staff member's name] has been a pillar of strength for us. We can't thank her enough in organising everything, which has helped so much.'

Is the service well-led?

Our findings

People showed us they had trust in the staff and management and it was a friendly and homely environment. It was clear that the staff and management were there to ensure the people had a good quality of life, and that they cared. One relative told us, "The manager is very involved and they involve family members; they are all really caring." Another told us how kind the staff were and how approachable they had always been. The registered manager added that the staff at the service were "A very good team and they work very hard."

The service had a registered manager in post that has been in post since October 2015 and is aware of her responsibilities and ensured the service was well led. There were clear lines of accountability and the registered manager had access to regular support from senior management when needed. The registered manager had worked hard since being in post and through the changes they had implemented we found there was a positive culture in the service and it was very homely and family orientated. Staff were positive and complimentary about the registered manager and stated they had seen improvements since they had been in post. Staff added, "The manager is firm but fair" and, "I really love working here, I can gain support and advice whenever I need it." There were still some areas that needed development, but the registered manager had been very proactive in ensuring systems and processes were put in place to help keep people safe.

The registered manager was introducing systems which helped to involve people and staff in the development of the service and develop an open culture with improve communication. There was an 'open door policy' and staff were seen coming into the office to speak with the registered manager when advice and support was needed. They felt they were kept up to date with information about the service and the people who lived there. A regular handover took place between each staff shift so that important information was passed down to each staff team. The registered manager also received regular support from upper management and added that they were always able to gain support and advice when needed. There was also peer support from other registered managers within the company in the form of monthly meetings.

The service had clear aims and objectives and these included dignity, independence and choice. Staff were required to complete equality and diversity as part of their induction and this looked at people's diversity and how to meet their needs. From observations and discussions with staff it was clear that they ensured that the organisation's values were being upheld to ensure continual individualised care for people.

The service had a number of systems in place to show that it aimed to deliver high quality care. Records seen showed that the registered manager and provider had carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Where areas of improvement had been identified in the audits, the service had produced an action plan, which was regularly updated to show progress that had been made. This was an area the registered manager needed to update to ensure it monitored the areas raised in medication and keeping people safe.

Environmental and equipment checks had been carried out to help ensure people's and staff's safety. Monthly audits had also been completed by the registered manager in line with the company's own policies and procedures. These covered health and safety, infection control, water temperatures, medication and general records. Annual questionnaires had been sent out to relatives to gain their feedback on the service and these were viewed. These were presently collated by head office on the whole company and did not provide information on how one individual service was rated. Staff also complete an annual survey to gain their views.