

Freeways

Underhay House

Inspection report

639-641 Muller Road
Eastville
Bristol
BS5 6XS

Tel: 01179519094
Website: www.freeways.org.uk

Date of inspection visit:
11 December 2018
17 December 2018

Date of publication:
07 January 2019

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

The inspection was carried out by one inspector on the 11 and 17 December 2018.

Underhay House provides accommodation and personal care for 12 people. There were nine people living in the home at the time of the inspection. People who live at the home have a learning disability. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was 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.

At our last inspection in 2017 we rated the service as requires improvement. This was because some improvements were required to the environment to ensure it was safe and meeting the needs of people. Some areas of the home were not clean and carpets and furniture were stained. There was not always sufficient staff with the right skills who received regular supervision or support. Staff were not following the guidelines set down by professionals, which meant a person might be of risk of choking. Training focused on mandatory training rather than the health and social care needs of people, which meant there was a risk of people not receiving effective and consistent care that was based on current best practice. Checks were not being consistently completed on the quality provided to people.

The provider sent us an action plan after the last inspection. What they told us they would do had been completed to address the breaches in regulation.

People now received a safe service. Staff ensured that people got on well. Risks had been assessed and safe systems of work were in place to ensure people's safety whilst not curtailing their independence. Staff had been through a thorough recruitment process to ensure they were suitable to work at Underhay House. Safe systems were in place to ensure that people received their medicines as prescribed.

People were receiving care that was responsive and effective and tailored to their needs. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about

their care and support. The care plans provided staff with information to support the person effectively. Other health and social professionals were involved in the care of the people and there was very much joint working with them and family. Improvements were needed to ensure the recording of care was consistent. An action plan was in place including further training for staff on report writing.

People were supported by suitable numbers of staff, with the right skills and knowledge. Staff had received training and were supported in their roles. They regularly received supervision and team meetings were organised monthly. This area had improved since the last inspection.

People were valued and supported to be as independent as possible. People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

People were provided with a safe, effective and caring service that was well led. There were some improvements needed to ensure the service was responsive. There was an action plan in place.

The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people were included and their views sought. The registered provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance the service.

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 had made improvements to ensure the people received safe care. This included ensuring there were suitable numbers of staff, risk assessments were followed.

The home was now clean and free from odour.

Is the service effective?

Good ●

The service had improved to good. Improvements had been made to ensure staff received training and supervision.

There was an ongoing refurbishment programme in place which benefited people making their living accommodation homelier.

Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

Other health and social care professionals were involved in the care of people and their advice was acted upon. People's health care needs were being met.

People had access to a healthy and varied diet, which provided them with choice.

Is the service caring?

Good ●

The service continues to be caring.

Is the service responsive?

Good ●

Improvements had been made to ensure the service was responsive. People's care plans were now being kept under review to reflect their changing needs. There were still improvements to be made. An action plan was in place to ensure records captured the necessary information.

People were supported to take part in regular activities both in the home and the community.

People could be confident that if they had any concerns these

would be responded to appropriately.

Is the service well-led?

Good ●

The service had now improved to good. The registered manager had provided stability to the team. They had made improvements to the environment, recruitment of new staff and provided them with ongoing support.

The quality of the service was reviewed by the provider/registered manager and staff. There were robust action plans in place to make further improvements to the service.

Underhay 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 11 and 17 December 2018 and was unannounced. One inspector carried out the inspection. The previous inspection was completed on the 28 and 29 November 2017 when the service was rated overall as requires improvement.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Before the inspection, we contacted six health and social care professionals and received feedback from four of them. Their comments are included in the main body of our report.

We spoke with four people who used the service and spent time with other people. This was because some people were unable to tell us about their experience of living at Underhay House. We spoke with the registered manager, a senior manager and three members of staff.

We looked at the care records for three people who used the service and other associated documentation. We also looked at records relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for all staff.

Is the service safe?

Our findings

People told us they felt safe and others we observed were comfortable with the staff that supported them. People actively sought out the staff to tell them about the activities they had completed or wanted to do. One person told us about how in the past some people did not always get on well. This was explored and it was evident staff were proactively supporting these people in building positive relationships. When these people were together staff told us, there was always a staff member around to support them.

At the last inspection staff told us there was not enough staff, especially if there was only one member of staff working. The registered manager told us the home was now fully staffed and there was less reliance on agency staff. They told us there was always two staff working during the day and a member of staff that worked a day shift from 10 to 6 from Monday to Friday. This was to enable people to have planned one to one time with staff. This enabled them to go out and do the activities that they wanted, such as shopping, going for coffee or to buy a daily newspaper. The home was staffed by a waking night. The registered manager told us if this was an agency member of staff, then a regular member of staff would also provide sleep in cover in the event of an emergency.

One person told us there was usually enough staff. They told us they could go out on their own and were not so reliant on staff. A member of staff said, "You can never have enough staff, especially when we try to be person led". They acknowledged that the staffing had got better and that people were safe. They told us most people got to go out when they wanted.

Improvements had been made to ensure people were supported by sufficient staff. The service had demonstrated compliance to a previous breach of regulation.

At the last inspection some areas of the home were not cleaned to a suitable standard and some furniture required replacing. The necessary improvements had been made to ensure the home was clean and free from odour. Cleaning schedules had been put in place and the registered manager was actively recruiting to a house keeper post. They said that in the interim the service was deep cleaned every six months by an external contractor. There were cleaning schedules for staff to do day to day cleaning alongside people living in the home. One person told us they were a lot happier with the standard of cleaning now in place. Staff had completed infection control training.

New furniture had been purchased for the lounge area and in some of the bedrooms. The service had demonstrated compliance to a previous breach of regulation.

Staff understood their responsibility to safeguard people they supported from abuse. Staff felt confident in reporting any concerns to senior staff and confirmed they had received training to help them understand the signs of abuse they should be aware of. Some concerns had been raised by health professionals to the local safeguarding team. These had been fully explored with an action plan in place. This was because there were significant gaps in the recording of information. This had been closed by the local safeguarding team in August 2018.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed. People's prescribed medicines were stored safely in accordance with current legislation and guidance. There had been one error in the last twelve months. This was because the person had not received their medication within the agreed timeframe as they had been out. The staff acted appropriately and sought the advice of the GP to ensure the person could safely receive their medicines slightly later than their norm.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. These had been kept under review and other professionals such as occupational therapists and physiotherapists had been involved in advising on safe practices and equipment required.

Staff confirmed the support people needed when eating to keep them safe and to reduce the risks of choking. Guidance had been sought from professionals on what foods were suitable in respect of minimising the risks of choking. Improvements had been made to ensure risks were assessed and staff were supporting people. The service had demonstrated compliance to a previous breach of regulation.

The kitchen had been awarded the four out of five for hygiene when inspected by the local authority. The registered manager showed us what improvements had been made, which included buying new probes for checking food temperature and new colour coded chopping boards. Improvements had been noted in the recording of food temperatures. It was well equipped and clean, we saw food safety records and a thorough cleaning schedule that ensured standards were maintained. The worktops had also been replaced since the last inspection.

There were systems in place to keep people safe in the event of fire. People had individual evacuation plans in place. Regular checks were completed to ensure the fire systems were in good working order.

We looked at the recruitment files for two members of staff and found all the appropriate pre-employment checks had been completed. All members of staff had received a Disclosure and Barring (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

Improvements had been made to ensure people were receiving an effective service. Staff now received regular supervision and support. They had also received training relevant to the people they supported such as training in diabetes and sign language. The registered manager had taken appropriate action to a previous breach.

The registered manager had a supervision plan in place. They said that when the new assistant manager starts in January 2019 they would share the role of supervising of staff. They said they were now in the process of completing annual appraisals. The delay was because they wanted to get to know the staff and the home before completing these and other areas for improvement had been prioritized.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA. We saw evidence that showed people's consent was sought and they had been supported to make as many decisions for themselves as possible. There was a clear rationale for any DoLS that had been applied for and if a DoLS had been granted with conditions, these had been complied with. Staff had a good understanding of the principles of the Mental Capacity Act (2005) and applied these in their work.

People were supported to stay healthy. Each person had a health action plan describing the support they needed. This included any appointments with health professionals and any follow up. People received individualised support with their health appointments. For example, one person at the last inspection was refusing treatment for a skin condition. Staff and the registered manager told us they had worked closely with health professionals and this was no longer a concern. They were now accepting support in this area. The registered manager along with the professionals had devised a social story to help the person understand the importance of the treatment and good personal hygiene. This was in an easy read format and had been very beneficial for staff to use to explain the consequences of the refusal.

People told us that they enjoyed the food prepared for them. Staff were aware of what people liked and disliked and any specific dietary requirements. The menu was displayed in the dining area. There were two choices for the main meal of the day. People were supported to prepare their own lunch if they were able. People took in turns to cook and wash and clear away after the main meal. People also were seen putting the shopping away alongside the staff.

Underhay House is on a busy road close to links with public transport, and other community facilities. There was a large supermarket and urban shopping centre with various eateries. It was evident from talking with people and staff they made use of the local facilities around them, regularly going shopping or out for coffee.

The house provided accommodation for 12 people each having their own bedroom. The house was similar to other homes in the street and it would not be evident it was a care home for people with learning disabilities.

Under registering the right support homes for people with a learning disability should be no larger than ten people. However, there was sufficient space to enable people to spend time with others or on their own. At the time of the inspection, there were nine people living in Underhay House. The registered manager told us they were not accepting any new referrals until there was a full team, which was stable.

Since the last inspection, some areas had been redecorated including bathrooms and a person's bedroom and new furniture purchased for the lounge. They had also introduced a breakfast bar in a quieter area of the dining room. The registered manager told us that this was to enable people to eat on their own if they wanted and not in the large conservatory.

Is the service caring?

Our findings

The service continued to be caring. The atmosphere in the home was warm and friendly. It was evident people got on well with the staff that worked in the home.

Surveys completed by relatives indicated they were happy with the care and support for their loved ones. Comments included, "Everyone looks really well cared for", "Exceptionally caring. My son is being really listened too", and, "lovely atmosphere, really welcoming and friendly".

A visiting health professional told us, "I really love going to this house as the staff create a lovely atmosphere for the residents. All of the staff that work there are very caring people. They are very respectful and treat the residents as members of their own family. The house is very well led and from what I have seen they respond very well to resident's needs. If was ill I would like to be cared for by this team, they really are lovely people".

The relationships between people and the staff were friendly and informal. Staff were observed using many different methods to assist people to communicate. This included Makaton a sign language for people with learning disabilities. Staff had completed training in Makaton to enable them to communicate with people living in the home. There was information in people's care records on how they communicated.

Staff were knowledgeable about the people they supported. This included knowing what the person liked, disliked, their personal histories and interests. Staff were aware of people's routines and how they liked to be supported.

People were supported in a dignified and respectful manner. Staff were aware of who liked to remain in bed and who liked to get up early and this was respected. There were strategies for one person to encourage them to get up and be more involved and motivated. Allocated one to one time had been in place to support this person to go out to places of their choosing. Some people chose to spend time in the dining area or the kitchen chatting with staff. People were seen making snacks and drinks in the kitchen area independently.

People were observed moving freely around their home. There were no restrictions imposed on people and it was seen as being very much their home. People had keys to their bedroom and front door affording them privacy and ownership. Photographs were displayed of social events. People's bedrooms had been personalised and decorated in a colour of their choosing to reflect their personality.

Keyworkers spent time with people to get to know them and support them with the things they wanted to do. People were able to choose the staff that supported them. One person was discussing an activity that was planned the next day. Staff used photographs and Makaton to help them make a choice on who they would like to go with. This person then wrote on the duty rota their preference. This person had their own diary of activities and social events that were coming up over the next few months. It was evident they were very involved in the planning of these. Staff were patient in trying to find out what the person wanted and had evidently built up a good relationship.

From talking with staff people were aware of what may cause each person to become upset or anxious. For some people change can be difficult and staff had pre-empted that one person may be upset when a member of staff was leaving. Each member of staff said the exact same thing with a clear explanation why the person was leaving when asked. The registered manager said because staff had been consistent the person had dealt with the change very well. This person did not like certain words, such as no or can't and these were avoided to also reduce the person's anxiety.

People were encouraged to be as independent as they were able. Some people were able to go out in the community without staff, looked after their own medicines and some people prepared their lunch and made hot drinks. Care plans included information about people's skills and independence and the support they needed. This ensured staff supported people consistently.

People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. Staff were aware of who liked to remain in bed and who liked to get up early and this was respected.

There were strategies for one person to encourage them to get up and be more involved and motivated. Allocated one to one time had been in place to support this person to go out to places of their choosing. The registered manager told us since the last inspection the funding had been agreed and the person was allocated one to one in the morning to help with getting ready for the day. Staff told us this had been very positive with the person getting up earlier and now going to bed at a reasonable time. We were told this person liked to sit with the night staff until the early hours. Staff told us the person was now going out regularly in the community with staff.

Social events were organised so that people could invite their friends and family to their home. Staff told us about the arrangements made for people to keep in touch with their relatives. This included supporting people to keep in contact by phone or support with transport. One person was being supported to see their relative in Wales. They were being accompanied by staff and three other people. The plan was for the person to visit their relative and others to go out for lunch. People were evidently looking forward to their trip across to Wales.

People were attending social gatherings on both days of the inspection to celebrate the festive season. They were also planning a Christmas and New Year Party where they could invite their friends and family. Some people had built relationships with people living in other Freeways services. One person was supported every Monday to meet with their friend. From talking with both people, it was evident they enjoyed meeting up. Family were also invited to come for Christmas dinner so they could spend it with their loved ones.

Is the service responsive?

Our findings

Improvements had been made. Since the last inspection, people's care had been reviewed with their placing authority. The registered manager told us they had updated each person's file to ensure they were comprehensive in respect of what support people needed. They told us they had prioritised this in respect of people's changing needs. They were in the process of changing each person's care records over to a new format. Four had been completed and they were in the process of completing the other five.

The registered manager had a clear action plan in place to make further improvements to capturing information. They were aware there were gaps in recording and was discussing this with staff during team meetings and supervision. Records were of a variable standard but it was evident that this was being regularly discussed with staff working alongside each other to make the improvements. Daily diaries were not always completed to a consistent standard, which included information about food and fluid charts. The registered manager told us all staff were going on record training in the new year, which would hopefully continue to make the improvements needed.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date. This included spending time with them individually. Staff were knowledgeable about the people they supported. This included knowing what the person liked, disliked, their personal histories and interests. Staff told us time was allocated to each person to enable them to spend one to one key worker time to assist in cleaning their bedrooms, doing an activity of the person's choice and ensuring they had toiletries and other items such as clothing.

Keyworkers completed comprehensive monthly summary reports from the daily records. This enabled staff to review the care to ensure it was effective and responsive to people's needs. Key workers sat with people to discuss any goals and aspirations they may have. Since the last inspection the registered manager had a system to check these to ensure they were being completed. They had also made suggestions to staff on where they could be improved.

The service was aware of their responsibilities in relation to The Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss and supporting them as they moved from one service to another.

People's communication and sensory needs had been assessed and planned for. Staff had received training in supporting people who used non-verbal communication. Some of the provider's policies and procedures and people's care plans were in an easy read format using pictures and symbols. Some people had photographs depicting a social story for example to explain medication treatment or their daily routine. This was clearly explained using photographs and plain English so they could make an informed choice.

There was also a hospital passport should a person go to hospital. This included how the person communicates and what was important to them. This enabled services to work together to support people ensuring a consistent approach should they have to stay in hospital.

Since the last inspection, one person had been allocated additional funding for 20 hours per week, one to one support. Clear records were maintained of when the person was receiving the additional staff support. Staff said this had been very positive as they had noticed a reduction in the person self harming. A health professional commended the home on advocating and supporting this person with a notable reduction in episodes of anxiety.

Three people had been supported to move on over the last year. Another person who said they wanted to live somewhere else was also being supported to explore their options. A social worker and advocate was involved. This showed the service listened to people and responded to their changing needs. For other people the registered manager was in consultation with them about activities to ensure they were appropriate and not something they had done for years because they felt they had to. For example, a swimming group had changed from Clevedon to a local swimming pool. This meant that people had more independence on how they got to the swimming pool and were not reliant on the home's mini bus. This showed the service was responsive to their changing needs and the rights of people to lead the life they wanted, where and with whom.

People were engaged in a variety of activities based on their interests and aspirations. Some people attended a day centre operated by Freeways, which was situated at Leigh Woods. Other people went out locally or further afield independently or with staff. The new assistant manager described to us that when they take up their role in January 2019 they would be reviewing activities. They said this would be with the involvement of the people living at Underhay House to ensure they were still suitable. They said in the previous role they had built good links with the community and supported people to access a variety of activities.

People attended a Gateway Club, a social club for people with a learning disability. They were looking forward to going to a Christmas party that evening. Some people attended a darts evening with other people living in another Freeways' service. People were involved in the planning of the activities and given different choices and options. Activities were discussed during resident meetings and individually with their key worker on a monthly basis.

Some people attended the local church on a Sunday. People's cultural and religious needs were recorded in the plan of care. This recognised that people were different and support was unique to them.

The registered manager told us everyone who wanted to had been on holiday. Some had gone to a cottage in Devon and others had gone to a hotel, which trained people with learning disabilities to learn skills in catering and the hotel business. For those that had not wanted to go on holiday day trips were being organised.

People were aware of how to make a complaint. There was an accessible format for people to complete either by themselves or with staff support. From looking at the records of complaints, speaking with people and staff there continued to be a culture where people were supported to speak out about the service they received. Records showed that a number of people had chosen to do this and action had been taken in response to the concern being raised.

Some of the complaints related to the environment, relationships between each other and staffing. The registered manager told us in the provider information return that some of the concerns were because planned activities had not taken place. They said this may be due to new staff or no drivers on duty. They told us they ensured that planned activities were considered when completing the staff rota to ensure there was the right skill mix.

People's views were sought through an electronic device, which enabled them to answer questions on whether they were happy with the service. The registered manager said staff tried to use this regularly with people. This was fed directly to the provider for them to collate the responses with a report being sent to the home on a monthly basis. We were told this was being reviewed at the last inspection but as yet no changes had been made. This was because they were unable to identify the person who was unhappy and how many times they had been asked in one month. For example, if they had six unhappy faces in respect of food or activities. They could not say if this was one or six different people that had responded.

Is the service well-led?

Our findings

Improvements had been made to ensure the service was well led. The service had robust action plans to make the necessary improvements to the service. This included regular reviews of people's care plans. This ensured they were current and up to date and reflected people's individual support needs. Checks were also being completed on the quality in the home. Compliance had been shown to the breach in regulation.

There were still improvements needed to the recording of information in respect of daily diaries. However, there was a clear action plan in place including additional training for staff. The registered manager told us because of the work they had done in relation to the new care planning documentation this was going to be adopted across Freeways. They said this was being rolled out to all services in the New Year.

There was a registered manager in post, they had worked in the home for the last 12 months. They had worked for Freeways for more than 20 years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager told us they were supported in their role by the senior management team. They worked alongside the staff to support people. They were knowledgeable about the support needs of each person. There was a commitment to provide people with support tailored to their individual needs encouraging them to lead the life they wanted. They had completed training that they had said was invaluable in their role in managing change and difficult conversations. They felt positive about the team approach and the changes that had been made.

Since the last inspection, the registered manager had developed tools to enable them to monitor various systems such as medication, the monthly key worker packs and care documentation. They had devised a matrix to monitor the deprivation of liberty safeguards, safeguarding, notifications to the Care Quality Commission, supervisions and annual appraisals. This enabled the registered manager and the provider to have oversight of these areas. The training matrix was still work in progress but each member of staff had an individual record. This was forwarded to us after the inspection.

Staff said at the last inspection, it had been a very difficult year, with three changes of manager and three staff leaving over a period of 12 months. It was evident that with the new registered manager now working in the home and ongoing recruitment morale had improved with a more stable team. There was less reliance on agency staff. All staff told us that it was much better now. Relatives in completed surveys had also said there had been improvements with less reliance on agency.

Staff evidently had a good relationship with the registered manager. There was an open and inclusive atmosphere. People regularly sought out the registered manager who responded extremely well to each person. The conversations were inclusive, friendly and open.

There was still a culture at the service where people felt included and their views were sought. Monthly resident meetings were taking place where people's views were sought about the running of the home, activities, menu planning and any planned works in the home. People were consulted about the décor and colour schemes. People were consulted about their care through monthly reviews. People were also involved in the recruitment of staff.

The registered manager was part of a service user group called 'Our Project'. People from the home and other people using Freeways' services met up to discuss how information could be more accessible. The registered manager was evidently proud of this piece of work supporting people to be more involved and ensure information was more accessible. It was evident from the social stories that had been developed that the service was about empowering people. This was because they ensured information was accessible and enabled them to have control over their lives.

There were a variety of reviewing and monitoring systems to ensure the quality of care was maintained and improved. Since the last inspection, the organisation had introduced a mock inspection, which looked at the same areas as the Care Quality Commission. This had been completed in October 2018. This inspection had noted that some of the care records and monthly key worker reports required improving. They had found gaps in recording and inconsistent completion of key worker monthly reviews. From this an action plan was developed, which the registered manager was in the process of completing. A health professional said under the direction of the new manager improvements had been noted in the care documentation.

A senior manager completed quality assurance checks every two months. This covered all areas of the service. Action plans were developed. These were clear and included dates for achievement and who was responsible. In addition, another registered manager completed checks alternate months on the systems in place. This included talking to people, the staff and reviewing systems.

We recommend at the last inspection that the service seek advice and guidance from a reputable source, about how, from a provider prospective they can monitor the quality of the service involving people, their representative and other stakeholders. It was evident that they have reviewed the systems and introduced new mock inspections. They were also ensuring the systems they had in place were being completed.

A member of staff told us Freeways was planning to introduce a new quality check where people from other services would visit to check on the quality of the environment, accessible information such as duty rotas, menus and resident meetings. They were planning to introduce this in the New Year.

Surveys had been sent to friends, families and stakeholders at the end of October 2018. The registered manager told us they had two replies from family and two from health and social care professionals. These were positive and continued to show the service was caring with improvements in staffing. A health professional said, "Always friendly staff, make time for them and the people living in Underhay House. Staff respond in a person-centred way".

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

The Provider Information Return (PIR) had been completed by the registered manager and returned within the specified time frame. We found the information in the PIR was an accurate and comprehensive assessment of how the service operated.

