

Care People Private Limited

The Orchards

Inspection report

13 Peaks Lane
New Waltham
Grimsby
Lincolnshire
DN36 4QL

Tel: 01472815876

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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

The Orchards is a residential care home situated in the village of New Waltham, close to the town of Grimsby in North East Lincolnshire. The service provides accommodation and personal care for up to 21 people who may have dementia related conditions.

The service is provided over two floors and offers two communal lounge areas, wet room and toilet facilities, bedrooms, nine of which are en-suite, dining area, kitchen, passenger lift, outside garden space and on-site parking facilities.

This unannounced inspection took place on 13 April 2016. The service was last inspected in September 2014 and at that inspection we found the registered provider was compliant with all the regulations we assessed. At the time of our inspection 19 people were living at the service.

The service has a registered manager. 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 service understood how to keep people safe, however we found issues with some of the recording of medicines and the temperature of the room where medicines were stored. Although the registered provider offered assurances these would be addressed we recommended they reviewed their medication policy and followed national guidance to ensure medication practices remained safe.

There were policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Staff understood how to report potential abuse and had received training to reinforce their understanding.

The registered manager and staff were following the principles of the Mental Capacity Act 2005 (MCA) and had an understanding of the ensuring people were not being deprived of their liberty (DoLS). The registered manager had submitted a number of applications to ensure people were not unlawfully restricted.

We found staff had been recruited safely and appropriate checks had been completed prior to them working with vulnerable people. Staff had good knowledge and understanding of the needs of the people they were supporting and people told us staff were considerate and kind.

People who used the service were provided with a varied diet and people spoke highly of the food they received. Staff monitored people's food and fluid intake and made referrals to healthcare professionals when required. People who lived at the service were supported to access health care and attend appointments when needed to ensure their health and wellbeing was maintained.

The service offered a range of in house and external activities and people were encouraged to participate. The registered provider had a complaints procedure which people could use to raise any concerns or issues they had.

People told us the leadership at the service was approachable and supportive and people were encouraged to give their views and opinions on the service. The registered provider promoted an open and transparent organisation and staff were supported through regular supervision, team meetings and year appraisals. The service had developed an effective auditing system to assess and monitor the quality of the service provided.

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 ●

The service was not always safe.

Medicines were not always recorded accurately and there was an issue with the temperature in which the medicines were stored.

Staff had been trained on how to protect people from harm and had a good understanding of how to recognise and report any signs of abuse.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Is the service effective?

Good ●

The service was effective.

Staff received training in a range of subjects to enable them to appropriately support people and meet their needs. Staff were supported through regular supervisions and annual appraisals.

People received the care and support they needed which reflected their individual choices and preferences. A variety of healthcare professionals supported people to maintain good health.

People's rights were respected and care was only provided when consent had been given. Staff understood the principals of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

There was friendly, relaxing atmosphere within the service and staff assisted people to maintain their privacy.

People were fully included in decisions about their care and support and had choices about how they spent their day.

Positive, caring relationships existed between people and members of staff. Staff had a good understanding of people's individual needs and preferences.

People were treated with dignity and respect and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed prior to using the service. Care plans provided information so that staff could support people in a person-centred way.

People were given choices and were supported to continue their daily routines and maintain their independence.

The service had a complaints procedure in place so people could raise any concerns about any aspect of the service.

Is the service well-led?

Good ●

The service was well-led.

People who used the service, staff and professionals were asked their views and opinions about the service to assist with any improvements or changes.

Staff said they felt supported and an open-door culture was promoted by the registered manager and registered provider.

Regular audits and meetings took place to monitor the quality of the service and assist with improvements and raise standards.

The Orchards

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 registered 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 13 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

The registered provider had not yet been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, we checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Before the inspection we contacted the local authority safeguarding and contract monitoring teams to ask them for their views on the service and whether they had any on-going concerns. No concerns were raised by the safeguarding team however some issues were raised by the contract monitoring team including issues with the temperature of the medication room and lack of structured activities. These issues were being monitored and the contracts team were planning to revisit the service to check on any improvement the registered provider had made.

During the inspection we spoke with four people who used the service and two people who were visiting. We spoke with four staff including the registered manager, care workers and the housekeeper. Following the inspection we contacted a further five members of staff and a number of local health and social care professionals to request feedback.

We spent time observing the interactions between the people who used the service and staff in the communal areas and over mealtimes. We looked at five care records which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as medication administration records [MARs], monitoring charts for food, fluid and weights and accident

and incident records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included five staff recruitment files, training records, staff rotas, minutes of meetings, quality assurance audits, complaints management, cleaning schedules and maintenance of equipment records. We also undertook a tour of the building.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Oh I'm very safe they [staff] make sure of it." Another person told us, "I feel happy and well looked after here – secure." A relative also told us, "I have no worries about [name] living here. I have peace of mind knowing they are in a nice place."

We looked at staffing rotas in place at the service and saw three care staff worked on the day shift and two staff were available during the night. People who used the service told us they believed there was enough staff to meet their needs. Comments included, "There's always someone about if I need them" and "I sometimes have to press my bell and wait until they come but it's not usually very long." One member of staff told us, "I think we have enough staff, peoples don't generally don't have to wait long for us to respond." A relative we spoke to said they felt there was, "Plenty of staff to deal with everyone." Another relative said, "I don't have to wait long for the door to be answered when I visit or the phone to be picked up when I call, however it's sometimes really busy in the home and I don't think staff have a lot of time for just talking to [person name] and the others here."

During the inspection we found that staffing levels were sufficient. There were key times, for example over mealtimes when extra staff would have been beneficial, however throughout the day we saw staff were always available within the main communal areas. We saw peoples requests for assistance, either verbally or through their call bell, were responded to in a timely manner. We saw staff had time to sit and chat to people and discuss their interests. Care staff were supported by domestic and catering staff which enabled them to focus on people's care needs. We spoke to the registered manager about staffing levels and they explained that staffing numbers were dependent on people's level of need and this was reviewed on a two week basis when rotas were being devised. The registered manager told us they were working with the local college and an apprentice had just been employed to start work at the service. They went on to say this would take the care staff numbers to four during the day.

We found the registered provider followed safe recruitment practices when employing new staff. The staff recruitment records we looked at contained all of the required information including two references, previous employment history and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with vulnerable people. Staff confirmed they were not able to start work at the service until all recruitment checks had been completed.

Staff had a good understanding about what constituted abuse and were clear about their role and responsibilities and how to identify, prevent and report abuse. The registered provider had safeguarding adults and whistle blowing policies and procedures which informed staff of their responsibilities to ensure that people were protected from harm. Staff had received safeguarding training and said they wouldn't hesitate to report poor practice or potential abuse. One staff member told us, "If I thought someone was being harmed in any way I'd tell the manager or call the safeguarding team, we have the number in the office."

Risks to people who used the service were identified, assessed and reviewed on a regular bases to help minimise these and promote people's health and wellbeing. Risk assessments were kept in people's care records and provided guidance for staff on how to keep people safe. Risk assessments were in place for finances, community access, falls, moving and handling and diet and nutrition.

Environmental risks assessments were also in place and a contingency plan was in place which provided advice and guidance for staff on how to respond to emergencies. There was a floor plan of the building and each person who used the service had personal emergency evacuation plans (PEEPs) in place. We looked at documents relating to the maintaining of equipment and health and safety checks within the service. We saw that checks were carried out and documented on a daily, weekly, monthly and annual basis. These checks covered inspection of fire doors, emergency lighting, water testing and the passenger lift. During our tour of the building we did note that one of the upstairs toilet wet room windows did not have a window restrictor in place. We pointed this out to the registered manager who said they would report it to the maintenance person as a matter of urgency.

We reviewed the accidents and incidents that had taken place at the service and saw they had been recorded in detail and analysed on a monthly basis. The registered manager told us staff were asked to evaluate each incident that had occurred and look at ways in which it could have been prevented and identify measures that were needed to reduce any future reoccurrence.

We looked at how medicines were managed at the service. We saw medicines were stored appropriately in a locked trolley and stock cupboards and although the medicines room was small, there was a hand wash sink for staff. We checked a number of medication administration records (MARs) and we found one sheet had two medicines that had not been completed accurately as staff had not signed when they had administered medicine. We spoke with the registered manager about this who said they would speak to the staff member responsible for medicines and look at further training needs and possible disciplinary processes if required.

Daily checks were taken on the room and fridge temperatures to ensure medicines were stored in a safe way and remained effective. We noted that the medication room temperature was extremely hot and in the daily recording book we saw a number of entries showed the room had exceeded 25 degrees, which is above the safe range for storing medicines in. We also received feedback from the local contracts monitoring team who also said they had reported concerns over the temperature of the room. We spoke to the registered manager about this who said they were awaiting a new cooling system to be installed in the room. They went on to say they had contacted the pharmacy to explain the temperature and the pharmacy had provided reassurance that the medicines would still remain effective.

We recommend that the registered provider reviews their medication policy and follows national guidance to ensure medication practices are safe.

We found the service was clean, tidy and maintained throughout. Staff told us they were provided with appropriate personal protective equipment [PPE] including gloves and aprons which assisted the prevention of infection.

Is the service effective?

Our findings

People told us staff were friendly and good at their job. They told us they got on with staff and staff knew them well. Comments included, "I am well looked after, the staff are ever so good with me" and "No complaints what so ever, they [staff] are kind and caring and it's a nice place to be." Relatives said they were generally happy with the support provided by staff. One relative told us, "From what I've seen the staff are good and they seem to know what they are doing." A health care professional told us, "The manager and staff are proactive in asking for advice and support and they do follow the advice and guidance given."

During our inspection we observed staff had a good understanding of the needs of the people living at the service. We saw people received effective care from appropriately trained staff. Staff told us they received good training which supported them to meet people's needs. One member of staff told us, "Training has helped me understand more about working with people with dementia and the best ways in which to support them." The service had a training matrix in place which showed when training had been completed and when it was next due.

Training records showed staff had completed a range of training in areas including moving and transferring, health and safety, infection control, dementia awareness, safeguarding, first aid and Mental Capacity Act (MCA). Staff also received specialist training covering tissue viability, end of life care and person centred planning.

We looked at a selection of staff recruitment files and saw all staff received an induction when they commenced work at the service. The registered manager confirmed that the induction programme consisted of essential training and shadowing experienced care staff so they could get to know the people they would be supporting and working with. They went on to say that all new staff were enrolled onto the Care Certificate which is a nationally recognised standard of training for staff in health and social care settings. Staff confirmed they reviewed the organisations policies and procedures, peoples care records and completed training before they were expected to support people. Records showed that staff received regular supervision and an annual appraisal. Supervision discussions focussed on a range of discussion topics including attitude, approach, responsibilities, training and teamwork.

Care records we looked at contained consent form which had been completed and sign by people living at the service, when they had the capacity to do so. Throughout the inspection we saw staff gained consent from people before care or support was provided, for example asking people if they would like help with cutting up their food or if they would take their medication. One staff member told us, "I always ask first if it's ok to do something. You should never just assume its ok, if you do then you're in the wrong job."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the registered provider had appropriately submitted applications to the 'Supervisory Body' for authority to deprive specific people of their liberty. We found that three people who used the service had DoLS authorisation in place and applications had been made for a further six people. The registered provider was awaiting a decision from the 'Supervisory Body' as to whether these applications would be authorised.

We spoke with people, relatives and staff about the meals provided at the service. People told us the food was varied and good. People told us, "Its lovely food here, you never go hungry" another said, "I love my food and I love the food here so I'm winning." People were offered a choice of meals and were involved with menu planning where possible. Lunch was the main meal of the day where a main meal and dessert was served. The evening meal provided lighter options including sandwiches, salads and soups. We observed the lunchtime meal and found this was a calm and relaxing experience for people.

People were given a choice as to where they would like to sit, most people opted to eat in the lounge or in their bedrooms. We saw one person ask for their meal a little later as they were still full from their late breakfast, this was accommodated. People were offered condiments and a choice of drinks to accompany their meal. We also noted that jugs of juice and water were available throughout the day. Pictorial daily menus were on display in the dining room and a chalk board also displayed the daily menu. Specialist diets were accommodated for example; high calorie diets for people with low weight and we observed staff supporting people to eat where required. People were supported to eat and drink sufficient amounts and a healthy, well balanced diet was encouraged.

People had access to healthcare professionals to ensure their health and wellbeing needs were met. We saw that referrals had been made to speech and language therapists, dieticians and occupational therapist when required. Each person who lived at the service was registered with a local GP and people had individual care plans which detailed their health needs and medical conditions. Peoples care records detailed when health interventions had taken place and what action was required. One person told us, "If I need to see my doctor, they [staff] just sort it no bother."

The service was accessible for people with mobility issues and provided ramps, grab rails and a passenger lift. The registered manager told us the registered provider had plans to redecorate the service and replace some of the flooring to ensure the environment was kept fresh and welcoming. People had the option to choose what they wanted to bring into the home to furnish their bedrooms and we saw that people had personalised their own space with pictures, ornaments and things that were important to them. We did note that there was a lack of clear signage on the doors throughout the service and it was hard to identify people's bedroom doors as they had not been personalised. We spoke to the registered manager about this who said they would consult with the people who lived at the service and look at making improvements.

Is the service caring?

Our findings

People who used the service told us staff were kind, caring and approachable. They described staff as easy to talk to and good to have a chat with. People said staff treated them with respect and had a laugh and joke with them. Comments included, "They [staff] are really good at looking after me and the others here" and "The staff are really nice people. I think they do care, well they certainly act like they do." A relative also told us, "I'm so happy with the care [person's name] receives. I wouldn't have it any other way." Relatives told us there were no restrictions to when they could visit the home and they said they were always made to feel welcome. One relative said, "I visit a lot and I'm always made welcome. The staff are friendly and ask me how I am and they always offer me a cuppa."

Staff respected people's privacy and dignity. We observed staff knocked on people's doors before entering and acted with discretion when people required support with personal care. When staff approached people, they would engage with them and checked if they needed any support. One member of staff told us, "We treat people with respect and how we would want to be treated. It's like caring for a member of your own family." People's needs were met in a timely manner. During the inspection we saw that call bells were answered promptly and that people's requests for assistance were met. We saw that staff acted quickly to relieve any distress or discomfort people may have. For example, we heard one person, who spent time in their room, calling out for assistance on a number of occasions during the inspection. We saw that staff quickly responded and offered reassurance.

We observed positive interactions between staff and people who used the service. Staff spoke with people in a friendly manner and addressed people by their name. We saw people who lived at the service appeared happy and relaxed with staff. One person told us, "The staff understand what matters to me, they always show and treat me with respect." Throughout our visit staff were patient and kind. There was a good rapport between staff and people and people were appropriately dressed for the time of year. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was done so in private, during staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for each other regarding specific information about the people they supported. This helped to ensure only people who had a need to know were aware of people's personal information.

People told us they were encouraged to make decisions and choices about aspects of their lives. People said they chose when they went to bed and when they got up in a morning. One person said, "I get up when I'm ready, no one tells me what to do and that's the way I like it." Staff told us people had choices in clothing, food, activities and all aspects of their life. One member of staff told us, "We don't force people to do anything, that's not nice. We support them and help them make choice if they are not quite sure. You have to be patient and allow them time to think and decide what they want."

People were encouraged to remain as independent as possible. We saw staff encouraged people to use their walking frames to mobilise around the service safely. People were encouraged to get involved and do as

much as they could for themselves. One person said, "I try to keep my room tidy and make my bed, it's only a little things but while I can still do it I like to." Staff told us they promoted peoples independence but recognised their limits and didn't push them beyond these.

People and their relatives told us they had been involved in the planning of their care. One person said, "We go through my information every now and then and check it's still ok." A relative also told us, "I'm kept informed about any changes and invited if there are any meetings." The service supported people during end of life care and staff had received training to help support them during this sensitive time in people's lives. One staff member told us, "It's always emotional supporting people who are receiving end of life care but we do our best and provide care and support to the person, their family and each other [staff]."

We found people were provided with information about the service. A service user guide was provided in each person bedroom which detailed the services and facilities people could expect at The Orchards. There was also an information board on display within the entrance to the service which provided photographs and names of the staff working at the service, along with information about advocacy, events happening in the local community and the organisations complaints procedure.

Is the service responsive?

Our findings

People and their relatives told us the care at the service was personalised to meet their needs. Comments included, "My family and friends come to see me at anytime, the place is flexible like that", "The food is lovely and if there is something different I fancy I only have to ask" and "I have a bell that I can press if I need help from the staff, they come quick when I need them." A healthcare professional told us they felt staff knew the people they supported and had confidence in them.

There was a complaints procedure in place, which people who used the service, staff and relatives were familiar with. Staff said they would support people to give their feedback if they were unhappy or needed to make a complaint. People we spoke with and their relatives said they were confident management would deal with any concerns in the best way possible. One relative told us, "Touch wood I've never had anything to complain about but if I ever had to, I've got every confidence that [managers name] would sort it out quickly, she's good like that." Information on how to make a complaint was on display in the entrance of the service along with a suggestion box to encourage comments for consideration. The registered manager explained that they had not received any complaints within the last year but reassured us that if a complaint was received it would be investigated quickly and thoroughly. We saw the service had received a number of thank you cards from relatives passing on their gratitude for the care and dedication the service and staff team had given to their loved ones.

The care records we looked at demonstrated a person centred approach was delivered to support people's needs. Peoples likes, dislikes and life history was documented along with contact details of their next of kin. Care plans focused on needs and outcomes and covered areas including future wishes, finances, social interests and health conditions. We saw people had been assessed prior to admission to ensure the service could meet their needs. Care plans contained detailed and up to date information and were individual to each person. Guidance was provided within the records for staff in how to monitor people who were cared for in bed. Details were also recorded in food and fluid charts, weight monitoring, pressure area and general observations. This provided a clear overview of what care and attention people had received. Staff also completed daily notes which evidenced how the person had been that day and how their needs had been met.

We saw that one person who used the service had a care plan in place to meet specific requirements around their fragile skin. The care plan detailed the support the person needed and ways in which to assist them whilst preventing damage to their skin. We did note a body map detailing injuries or marks to the skin was not in place for this person. We spoke to the registered manager about this who said they would look at introducing one so that they had an on-going record of any marks or bruises sustained following falls or knocks whilst in the service. Staff told us they reviewed peoples care records on a monthly basis and updated them as and when required. We saw that care plans had been amended if people had been in hospital or they had experienced a change in their needs or condition.

People and their relatives told us they were included in decisions about their care and support and were kept informed when things changed. One person told us, "They also talk to me and tell me if something needs to change. I'm happy to just do it as they [staff] know best." Feedback from relatives also confirmed

they were included at meetings about their loved ones care and kept informed if things changed. One relative told us, "They ring me if [person name] is taken ill or something happens, they are good like that." Health care professionals told us the service was good at asking for support and advice when required.

The service provided a range of activities for people to participate in including bingo, chair skittles, reminiscence, musical memories card games and crafts. A local hairdresser visited once a week, a professional singer performed once a month and a 'boogie beatz' chair based exercise group visited the service every three months, which the registered manager told us was very popular. One person told us, "We have singers and people doing exercises, bit too energetic for me."

Individual activities were also offered ranging from pampering sessions, crosswords and my life scrap book sessions. During the inspection we saw a member of staff reading to a person who preferred to stay in their room. A person was also supported to go to the local shops to purchase some fruit and ice cream which they had asked for. Although the service did not employ an activities coordinator, a staff member was allocated time each afternoon for activities to take place. We spoke to staff about activities taking place and they said it was sometimes difficult to get people to participate and take part. They went on to say they always try and encourage people but they make the decision ultimately.

Some people preferred to spend most of their day in their room and staff respected those wishes; however, staff were aware that some people could become isolated therefore they made sure they were regularly asked if they needed anything or if they wanted to join in the organised activities.

Is the service well-led?

Our findings

People we spoke with told us the registered manager and staff were good and always around to speak to. People told us the manager ran the service well and was knowledgeable. Comments included, "Oh she's lovely [registered manager]. She's here all the time and will always ask how you are" and "The manager runs a good ship. Everyone's happy here and it's a nice place to live." A relative told us the registered manager was, "Approachable and easy to talk to." Healthcare professionals were also positive about the registered manager. One health professional told us, "It's a well run service and that's credit to the manager. People are cared for and get the support they need. In the time I've been involved with the service I've never had any concerns about it."

The registered manager had worked at the service for a number of years and had a good understanding of the needs of the people who lived there. They understood their responsibilities to notify the CQC and other agencies of incidents that affected the safety and wellbeing of people who used the service. We checked our records and saw that required notifications had been submitted in a timely manner.

The registered provider aimed to ensure people were listened to and treated fairly. Staff said the registered manager operated an open door policy and welcomed feedback on any aspect of the service. The registered manager said they encouraged open communication and supported staff to question practice and bring any problems to her attention. Staff told us the culture was good and that it was a supportive place to work. Staff said they could approach the registered manager to discuss any concerns and felt confident she would listen. One staff member told us, "It's a nice place to work and I get all the support I need. I don't feel afraid to ask if I need anything and I think we are treated fairly."

Regular team meetings were held to discuss practice and service issues and feedback was welcomed from people who used the service, staff, relatives and visiting professionals. Questionnaires were given to obtain people's views and opinions. The registered manager collated the views gathered via the surveys and meetings and set action plans and goals to address any issues raised. Following the last survey in 2015, comments from people who used the service included, "Staff are very kind to me and care, can't say anything bad" and "It's a lovely place, food good, staff nice, what more could you want." The service had previously held meetings for the people who lived there but these had stopped as they were not very well attended. We spoke with the registered manager about this who said they would look at reintroducing them or look at alternative ways in involving people about changes and improvements at the service.

The registered provider promoted the organisations objectives which stated they aimed to provide a high quality, person centred service by treating people with dignity and respect in a homely environment. The registered manager said the registered provider was supportive and quick to respond and action anything that needed addressing..

There were systems in place to assess and monitor the quality of the service provided. The registered provider had an audit programme which we saw included daily, weekly, monthly and annual audits for various aspects of the service including, people's care records, risk assessments, the environment,

cleanliness and incidents and accidents. Actions plans were also in place to address any shortfalls.

The registered manager worked hard to keep updated with changes in legislation and good practice methods. They attended the local Clinical Commissioning Group (CCG) provider meetings when they could, read the CQC and dignity in care bulletin and attended dignity workshops. The service worked in partnership with local healthcare professionals and had built up a trusting and approachable relationship. One healthcare professional told us, "It's a good service and they are not afraid to ask for advice to ensure the people they support are well cared for."