Voyage 1 Limited

Ashdale

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

The inspection took place on 7 and 8 June 2016 and was unannounced. Ashdale is registered to provide accommodation and support to four people with learning disabilities. It does not provide nursing care. At the time of the inspection there were four people living there.

The service had 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 registered manager had returned to the service in January 2016 following a period of planned absence. During their absence the service had been managed by another registered manager.

Staff had undertaken training in safeguarding adults and understood their role in relation to keeping people safe from the risk of abuse. Where safeguarding incidents had occurred these had been correctly reported to the relevant authorities and action taken to minimise the risk of re-occurrence for people.

Risks to people had been assessed and measures were in place to manage them. Staff understood the risks to each person and ensured these were managed whilst promoting people's right to be independent. When incidents took place the registered manager reviewed them and took any required action to ensure the person's future safety.

There had been difficulties staffing the service but there were now sufficient staff. The registered manager had recruited new staff. Action had been taken by the registered manager to ensure people received a level of consistency through the use of the same agency staff whilst new staff were being recruited. People were safe as new staff were required to undertake relevant recruitment checks to ensure their suitability for their role.

There were processes in place to ensure people's medicines were ordered and stored safely and that their administration was documented. Staff had undertaken training to enable them to administer people's daily medicines. However, a person required emergency medication to be administered to them on occasions. Not all staff had undertaken this training, as the training that had been arranged for them had to be cancelled at short notice. The provider re-arranged this training during the inspection and the registered manager ensured that in the interim a trained member of staff was rostered at all times in the event the medication needed to be administered. The arrangements that had been in place had not been sufficiently robust to ensure this person's safety but the registered manager and provider did subsequently take the required action.

Staff received an appropriate induction to their role which included regular supervision when they commenced work with the provider. Staff continued to receive regular supervision in their role following their probationary period. Staff were provided with relevant training. People were cared for by suitably

trained and well supported staff.

People's relatives told us they had been consulted about decisions that their loved ones lacked the capacity to make for themselves. Deprivation of Liberty Safeguards (DoLS) applications had been made for all people as required. Two people's Mental Capacity Act 2005 assessments which underpinned these applications were not available for review at the inspection. However, the registered manager took immediate action to provide them.

Staff understood people's dietary needs and had access to relevant written guidance. People's weight was monitored and where required professional advice was sought. People enjoyed their mealtimes which were a sociable occasion.

People's records demonstrated they were supported by staff to see a range of health care professionals. In addition people had been reviewed by the provider's internal behavioural support team where required. People were supported by staff to access health care services.

Relatives told us staff were caring towards people. Staff were observed to interact in a kind and caring manner with people. Staff had access to relevant guidance about how to communicate with people, which they followed.

People were supported by staff to make their own decisions wherever possible. People were involved in the weekly meal planning and were encouraged to exercise choice in their lives.

Staff were observed to treat people with dignity and respect. Staff supported people appropriately to ensure their privacy was maintained when their care was provided.

People's relatives were involved in the planning and reviewing of their care on their behalf. Staff had a good knowledge of each person's care needs and interests. People were encouraged to be independent where possible. Staff supported people to attend a range of activities and to maintain regular contact with their families.

There was a complaints process. People were encouraged at their monthly meetings with staff to express their feelings about living at the service and staff understood their role in supporting people to raise any issues.

Staff applied the provider's values in their work with people. People were supported by staff who understood the processes to enable them to speak out if required.

People's relatives and staff told us the service was well-led. The registered manager was visible and supportive to the staff team.

Processes were in place to seek feedback on the quality of the service provided. Various aspects of the service were audited both internally and by the operations manager and the provider's central audit team. Where areas had been identified as requiring improvement, actions had been taken to address these for people.

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 consistently safe.

People were safeguarded from the risk of abuse.

Risks to people had been identified and managed, to ensure their safety.

There were sufficient staff to keep people safe and to meet their needs.

The provider had not ensured that at all times suitably trained staff were available to administer a specific medication for one person in the event of an emergency. Even though prompt action was taken during the inspection to ensure this person's safety more time was required to ensure this improvement was embedded and sustained.

Is the service effective?

Good

The service was effective.

People were cared for by suitably trained and supported staff.

People's consent had been sought and where they lacked the capacity to consent to their care their relatives had been consulted. Legal authorisation had been sought where people were deprived of their liberty.

People were supported to eat and drink enough to maintain a balanced diet.

People were supported by staff to maintain good health and to receive ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People using the service experienced caring and positive relationships with the staff providing their care.

Staff supported people to express their views and to make decisions.

People's privacy and dignity was promoted by staff at all times.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People were supported to participate in a range of activities within the local community and to maintain regular contact with their families.

Processes were in place to support people to regularly express their views on the service and to raise any issues as required.

Is the service well-led?

Good

The service was well-led.

Staff applied the provider's values in their work with people and understood how to speak out to protect people if required.

The service was well-led by the registered manager who provided clear, visible leadership to the staff team.

The provider had processes in place that were used to monitor the quality of the service and to drive service improvements for people.

Ashdale

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 and 8 June 2016 and was unannounced. The inspection was completed by an inspector.

Before the inspection we reviewed the information we held about the service. This included statutory notifications. A notification is information about important events which providers are required to notify us by law.

We did not request a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during our inspection.

During the inspection we spoke with one person. Not everyone was able to share with us their experiences of life at the service; therefore we spent time observing staff interactions with them, and the care that staff provided. We spoke with three care staff, the registered manager and the operations manager. Following the inspection we spoke with two people's relatives.

We reviewed records which included four people's care plans, two staff recruitment and supervision records and records relating to the management of the service. We also observed a staff shift handover.

The service has not previously been inspected under this provider.

Requires Improvement

Is the service safe?

Our findings

A person's relative told us "I feel he is safe in their care."

Staff told us they had completed safeguarding training, which records confirmed. They were able to identify to us situations which might indicate a person had been or was at risk of being abused. Staff knew who to report suspected abuse to, and understood the reporting procedure. They had access to relevant guidance on safeguarding processes and contact details for external agencies. There were processes in place to protect people from the risk of financial abuse. The registered manager had ensured that where safeguarding incidents had occurred these had been correctly reported to the relevant authorities and that any required actions had been taken to ensure people were kept safe from the future risk of harm. People were safe as staff understood their roles and responsibilities in relation to safeguarding.

Risks to people were documented within their care plans and the measures in place to manage them, in order to ensure the person's safety. Staff were required to read people's risk assessments and then sign people's records to demonstrate they had read them as required by the provider. There was written guidance for staff about which situations could present a higher risk to people, for example, when accessing the community, and how to manage this safely. A person required constant supervision when taking a bath; which staff provided to manage the risk to this person from drowning in the bath if left unsupervised.

If people had been assessed as able to carry out activities for themselves then staff encouraged them to do so and where people required staff support or supervision then this was provided. A person was observed to be making hot drinks for themselves, as per their risk assessment and risk management plan; whilst staff made hot drinks for other people who had not been assessed as able to do this safely for themselves. Staff managed risks to people whilst not restricting an individual's freedom to be independent.

Each person had a grab sheet containing essential information about them for staff in an emergency. Staff told us they also had 24 hour access to an on-call manager in the event that an emergency took place, which records confirmed. Staff could access senior assistance if required.

The registered manager told us that they reviewed the outcomes of incidents in order to identify any potential risks to people and in order to take any required actions to keep people safe. They were able to describe to us the actions that were being taken for a person following an incident to manage their future safety. Staff told us they were informed of any changes required to people's care as a result of incidents to ensure people's safety.

People's relatives told us "Staffing is fine" and "Staffing is ok."

People had a dependency assessment which demonstrated what their staffing requirements were. This enabled the registered manager to identify what the overall staffing requirements were for the service and when additional staff might be required; such as when supporting people to undertake activities in the community. Staff told us there were two shifts in the day. Both shifts were staffed by two care staff and there

was one member of staff on duty at night, whom was awake. This was confirmed by records. Staffing for the service was based upon people's assessed needs.

The registered manager told us there had been staffing issues; and that when they had returned to work earlier in the year, they had found that a number of the permanent staff had left. Since returning, their focus had been upon recruiting permanent staff for the service and there was now only one vacancy for a senior care staff and one vacancy for a part-time member of care staff. In the interim a senior member of care staff from one of the provider's other services was due to cover the senior post in order to ensure there was adequate senior staff cover for people. The registered manager had managed staff vacancies through the use of bank staff and agency staff who worked at the service regularly and were familiar with people and their care needs to ensure they received a level of consistency in their care. There were sufficient staff rostered to meet peoples' needs and the registered manager had taken action to ensure people received consistency in staffing.

Staff told us they had undergone recruitment checks as part of their application for their post, which records confirmed. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff references were held at the provider's head office and the registered manager received confirmation that they were satisfactory. We discussed with the registered manager the need to have the written evidence available for inspection. Following the inspection they provided copies of the requested staff references. People were safe as staff had undergone relevant recruitment checks to ensure their suitability for their role.

There were processes in place to ensure people's medicines were ordered as required. Staff told us that on each shift one member of staff took responsibility for peoples' medicines and held the medicine cabinet keys. This ensured that it was clear which member of staff was in charge of people's medicines at any time. The temperature of the medicine storage cabinets and the fridge was taken daily; to ensure people's' medicines were stored at the correct temperature. Daily checks were also made upon people's medicines stocks to ensure they tallied with the number recorded on their medicine administration record (MAR). We checked people's MAR's and found staff had correctly signed them following the administration of people's medicines. There were processes in place to ensure people's medicines were ordered and stored safely and that their administration was documented.

Each person's records contained an up to date list of their medicines. There were also details of how to approach people about taking their medicines, their preferences for taking them and the actions to take if they refused. People had protocols in place for the use of 'PRN' medicines. These are medicines that people only take if required. Staff had access to clear guidance to enable them to support people to take their medicines.

Some people were prescribed topical creams. Although staff knew where to apply these for people, there was a lack of a body chart for each cream to ensure staff had visual information to guide them in their application. The lack of written guidance for staff created a potential risk that people might not have received their medicines as prescribed. We spoke to the registered manager and they took immediate action to ensure the required body charts were provided. People received their topical creams as required and the registered manager took action to ensure the required records were available. However, further time was required to ensure this change was embedded and sustained for people.

Staff told us they had undertaken medicines training prior to administering people's medicines, which records confirmed. However, one person was living with a health condition which meant that on rare

occasions they required staff to administer an emergency medication. Staff could only provide this medication following additional training. The registered manager told us that three of the new staff were not yet trained to administer this medication. They had arranged for them to undertake this training on 11 May 2016 but this had then been cancelled the night before by the training provider. The provider had not yet re-arranged this training. Although five of the staff were trained, there were periods when a trained member of staff was not available in the event that the emergency medication needed to be administered to this person. Staff had received verbal guidance to ring for an ambulance in this situation, which they confirmed. This was not a robust way of ensuring this person received their required medication promptly, as ambulance staff may not have been deployed in sufficient time to prevent the risk of harm to the person from not receiving their medication in time. Also this guidance had not been written down for staff, which created a potential risk for this person, as staff had no written guidance to refer to. When we informed the registered manager of this during the inspection the provider made arrangements for the remaining staff to undertake this training on 21 June 2016. In the interim the registered manager ensured that at all times there was an appropriately trained member of staff rostered for this person's safety. There had not been robust arrangements in place to ensure this person's medication could be administered at all times if required. However, measures have been put in place to ensure this person's safety whilst the remaining staff undertake this training. However, further time was required to ensure this change was embedded and sustained.

Good

Is the service effective?

Our findings

The provider required staff to undertake an induction when they commenced their role and to complete the 'Care Certificate' if they had not previously completed a qualification in social care; this was confirmed by staff and records. Three staff were currently undertaking the Care Certificate. This is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. People were cared for by staff who had undergone a suitable induction to their role to ensure they could provide people with effective care.

Staff told us they received regular support through their probationary period and then one to one supervision of their practice with the registered manager every couple of months, this was confirmed by records. People were cared for by staff who received regular supervision of their work and support in their role.

Some staff told us they had completed National Vocational Qualifications (NVQs) in social care and that they were encouraged to undertake these qualifications. The registered manager told us five of the eight staff had NVQ's. Staff were supported to undertake relevant qualifications.

Staff told us they had undertaken a range of training. Records confirmed the provider's mandatory training covered areas which included: epilepsy awareness, Management of Actual or Potential Aggression (MAPA) training and medicines, in addition to the areas included within the Care Certificate. Staff were provided with on-going training relevant to their role.

A person's relative told us "Yes, we are consulted about decisions" and another said "Decisions are discussed with you."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us they had undertaken training on the Mental Capacity Act (MCA) 2005, which records confirmed. Staff were able to demonstrate their understanding of the MCA as it applied to their daily work with people. There was written evidence of MCA assessments on people's records, where they lacked the capacity to make decisions such as whether to have the flu jab or whether to receive personal care.

The registered manager informed us DoLS applications had been submitted for all four people living at

Ashdale, which records confirmed. They were still waiting for the relevant bodies to process these applications. They told us they had completed MCA assessments and consulted people's relatives as required prior to the submission of each DoLS application which they had completed before they had taken a period of planned leave. We could only locate two of these MCA assessments on people's records and these did not contain a written record that people's relatives had been consulted as part of a best interest decision. The registered manager told us they had also completed MCA assessments for people's finances but these records were also no longer on their files. Two people's relatives we spoke with confirmed to us that they had been consulted as described by the registered manager. The registered manager had completed MCA assessments and consulted people's relatives as required; however, the written records to demonstrate this were not always available. When we brought this to their attention they immediately ensured they replaced the missing assessments to ensure a written record was available for people to show how these decisions had been reached.

A person's relative told us people were provided with good food.

People were provided with the foods they liked and preferred as documented in their care plan. A person was observed to be provided with foods they liked for breakfast. Another person had a preferred drink, which staff helped them to make during the day. Staff understood people's individual food likes and preferences and what foods people might be tempted to eat if they did not appear to be enjoying their meal. For example, at lunchtime a person did not appear interested in their lunch. Staff were observant of this and immediately suggested other meals to the person and an alternative was provided which they were tempted to eat. The weekly menu sheets demonstrated people were eating a range of foods including healthy options. Staff understood what foods people liked and encouraged them to eat healthily.

People had been weighed regularly and their Malnutrition Universal Screening Tool (MUST) score calculated. MUST is a screening tool to identify adults who are at risk from either malnourishment or from being overweight. Staff kept food and fluid diaries for people where needed. People had been referred to the dietician where required. Staff were aware of who was at risk from malnutrition and followed the dietician's guidance, both in relation to the provision of food supplements and providing regular snacks where needed across the day. This ensured people received sufficient nutrition for their needs.

Lunch was a sociable occasion for people and was not rushed. Those who wanted to, sat outside together, whilst a fourth person chose to eat inside. Staff sat both with the main group and with the person eating on their own whilst they ate, initiating conversation with them and chatting. Staff encouraged people to enjoy their meal.

The weather was hot during the inspection. Staff ensured people were kept well hydrated, regularly offering them drinks if they were unable to make their own and ensuring people drank sufficient to keep them well.

A person's relative told us their loved ones health care needs were met by staff.

People had health action plans in place which identified their assessed needs in relation to their health and how these were to be met. They also had health passports that documented key information hospital staff needed to be aware of in the event the person was admitted to hospital. People's records demonstrated they were supported by staff to see a range of health care professionals including psychiatrists, the GP, learning disability nurses, dentist, optician, dietician and chiropodist. In addition people had been reviewed by the provider's internal behavioural support team where required. People were supported by staff to access health care services as necessary.

Good

Is the service caring?

Our findings

One person was able to tell us "Staff are kind." Relatives told us staff were caring; one told us "Staff are caring and kind."

Staff spoke in a warm and friendly tone with people and maintained good eye contact. They demonstrated a genuine interest in people's welfare asking them when they came on shift how they were. Staff spoke with people about activities they had been involved in and asked after their families. They ensured people were physically comfortable and not too hot or too cold. They were sensitive to people's moods, being jovial with people where appropriate and letting people have their own space when they wanted to be quiet. People responded well to the staff and appeared relaxed in their presence.

People each had a communication plan which provided staff with information about how the person communicated both verbally and non-verbally. There was information about what key phrases people used and what staff thought the person was trying to communicate when they used them. Staff were heard to communicate with people in a manner they could understand. They used short, simple sentences and did not 'over-load' people with too much information. Where required they used simple hand signals to reinforce what they were communicating. Staff encouraged people as they communicated with them to identify the next step in processes such as getting ready to go out to enable them to be active participants in getting themselves ready for their activity. Staff were heard to provide people with positive reinforcement of their actions when carrying out tasks. This let the person know that they were doing the right thing and gave them positive feedback about themselves. Staff followed guidance about how to communicate effectively with each person.

People's care plans documented what decisions they could make for themselves. There was written guidance for staff about how to support people to make decisions, through the use of pictures where appropriate. Staff were observed across the inspection to involve people in making decisions about their daily lives. They consulted with people about what they would like to eat, drink, wear and do with their time. People were observed to choose how and where they wanted to spend their time. Some people preferred to be in the communal areas or the garden whilst others preferred time alone in their room. Staff respected people's choices about how to spend their time. People each had their own personal 'snack box' of confectionary they liked and staff encouraged them to make their choices to take with them on a trip out. The registered manager told us people were involved in the weekly planning of meals as this was an area that they could exercise choice in. Weekly records demonstrated who had chosen to participate in the meal planning. Staff recognised that people were individuals with their own tastes and ensured people made their own decisions wherever possible.

A person's relative told us "They treat him with respect."

Staff respected that they were working in peoples' home and asked them if they wanted the television on or perhaps the radio, rather than assuming that they wanted either. They showed them the options available to enable them to choose. People chose the radio and one person showed their pleasure by getting up and

moving to the music. Staff treated people respectfully.

People had been consulted where possible about whether they preferred male or female care staff to provide their personal care and their response was documented. Although the service did not currently employ any male staff no-one had expressed a preference for male care staff. A person was asked which member of staff they preferred to support them that evening with their personal care. This enabled the person to exercise choice about who they wanted to be supported by.

People's care plans identified where they might need support to maintain their privacy and dignity. Staff were mindful of the guidance and discreetly closed the bathroom door when a person forgot to, in order to preserve the person's privacy. When staff supported people with their personal care they ensured that the door was shut at all times. Staff were seen to knock on people's bedroom doors and wait for a response before they entered. Staff upheld people's privacy.

Good

Is the service responsive?

Our findings

A person's relative told us "They have done a lot with him, he never went out when he moved in but now he goes out most days." Another relative told us "Every day they go out on activities."

People's care records contained an assessment of their care needs. Everyone living at Ashdale lacked the capacity to be involved in a meaningful manner in their care planning and care reviews. However, records demonstrated that each person had annual reviews of their care to which their families and professionals were invited and contributed to on behalf of the person. Relatives confirmed they were invited to regular reviews of their loved ones care.

Staff told us when they started work for the provider they received verbal information from more experienced staff about each person's needs and read people's files. They then received updates about people through the daily staff shift handover and the communications book which documented key information staff needed to be aware of such as people's appointments or changes to their care.

People's records contained a one page profile. This documented what others liked about the person and what was important to them in their life. It also recorded how they wanted their support provided. There was a document which detailed what a 'good' day looked like for the person and how to support them to achieve this. Staff were provided with relevant information about people's care needs.

People's care plans documented what they could do for themselves. Staff told us they supported people to be independent and to do as much as they were able to for themselves; people were seen to be independent where possible. Staff understood what people's abilities were and encouraged them to participate in activities such as preparing food. A person was observed to be working with a member of staff on the preparation of the evening meal. People were encouraged to be independent.

People attended a range of activities across the day and evenings with staff support. These include trampolining, cookery class, exercise group, disco and a sensory class. Staff also supported people to participate in a range of in-house activities, which included going to the pub, walking, café visits, craft, food shopping and personal shopping. The registered manager told us that although people attended the same group activities they were also supported to attend individual activities such as swimming if they wished. Staff maintained a record of people's activities across each day. These demonstrated people were offered a range of activities to ensure they were not socially isolated and were supported to access their local community.

Two of the staff could drive and so were able to take people out on trips or to attend activities. Staff told us that if neither of the drivers were rostered then they were able to take people out in a taxi instead. Staff took people on a trip down to the seaside on the first day of the inspection. One person was able to tell us they were looking forward to the trip. Staff ensured people were able to access the community.

People's care plans contained a relationship map identifying the key people in that person's life and their

relationship and involvement with them. Each person was supported to maintain regular contact with their family if they wished. Some people had telephone contact with their family and some people visited their families. Staff told us that where required people were taken to visit their family. People were supported to maintain important relationships.

A person's relative told us they had never had cause to make a complaint about the service provided. However, they told us they felt confident that if they did the manager would take prompt action to address any complaints.

Most of the people who lived at Ashdale did not have the capacity to formally raise a complaint, although there was a policy in place. Staff understood their role in relation to supporting people to make a complaint if they wished, although none had been raised by people.

People were allocated a keyworker who had overall responsibility for ensuring that the person's care needs were met, for example, in relation to making healthcare appointments and support with personal shopping. People met with their keyworker on a monthly basis to review their care and to raise and address any issues or concerns the person might have. Documentation was provided for staff to document their monthly keyworker meetings with people. However, the registered manager told us that following consultation with managers from other services, they had developed a simplified, supplementary form for staff to complete with people in a pictorial format which was more accessible. It asked if people were happy at Ashdale and whether they were happy with how staff treated them. The registered manager had developed a more person centred format for the keyworker meetings which supported and encouraged people to express their feelings about their care and enabled staff to support them to identify and raise any issues.

Good

Is the service well-led?

Our findings

The provider had a range of values they required staff to exhibit in their work with people and these were contained within their statement of purpose. The values included passion for care, positive energy and freedom for people to succeed. Staff were observed to uphold the provider's values across the inspection in their work with people. The registered manager told us and staff confirmed they had a booklet on the provider's values which staff took home to enable them to reflect upon them. Staff told us and records confirmed that the provider's monthly keyworker review form required them to demonstrate how they were meeting the organisation's values in the provision of people's care. Staff applied the provider's values in their work with people.

Staff were aware of how to address any concerns they had about people's safety and care in the service and told us they would feel confident about whistleblowing if the need arose to ensure people's safety. They also had regular staff meetings with the registered manager where they could raise any issues. People were supported by staff who understood the processes to enable them to speak out if required.

A person's relative told us "Yes, it is well-led" and another told us "The manager keeps her word and gets back to us."

The registered manager told us they tried to be open and supportive to their staff and encouraged staff to approach them with any issues. Staff told us they felt able to take any issues to the registered manager who they found to be very supportive. They told us the registered manager was "Really good" and "100% supportive" and that they "Felt listened to by the manager." The office was located centrally within the service so the registered manager could see the day to day care provided to people and they were instantly accessible to people, visitors and staff as required. They told us they also spent time working on the floor, which staff confirmed.

The registered manager had a good knowledge of the issues facing the service such as ensuring there were sufficient permanent staff. Since returning from their period of leave they had taken action to recruit permanent staff for the service.

The operations manager told us they visited the service on a monthly basis, which enabled them to meet with people and staff and to have oversight of the service. The registered manager told us they felt supported in their role by the operations manager. There was clear, visible leadership within the service to ensure people received good quality care.

A person's relative told us "We get regular questionnaires to complete."

The registered manager told us they were in the process of circulating the annual service review to people and their families and had not yet received everyone's response. To date two people had been supported by staff to complete their review forms. The feedback forms received to date from people's relatives on the quality of the service had been very positive.

There was a weekly and monthly internal audit of people's medicines. It had been noted in the monthly medicines audit of 13 May 2016 that staff needed to complete their competency assessments as the provider required these to be undertaken annually. Records demonstrated staff had since completed these. The service's medicines were also audited externally by their pharmacist. They had last been audited on 5 January 2016 and no issues were identified in relation to the lack of body maps for topical creams, which would have provided an opportunity to address this for people. Records demonstrated that weekly and monthly health and safety checks were completed within the service and in relation to the safety of the vehicle used by staff to take people out. Effective processes were in place to ensure people's safety.

The operations manager told us they also completed a quarterly audit of the service based on the Care Quality Commission's key questions of whether the service was safe, effective, caring, responsive and well-led. This audit had last been completed on 22 May 2016. Actions requiring improvement had been identified and the registered manager had since signed to demonstrate that actions had been completed for the operations manager's review. The provider's central audit team had last audited the service in June 2015. This demonstrated areas of the service that required improvement had been identified, such as the completion of health action plans for people, and these had since been addressed. There were effective processes in place to monitor the quality of the service people received and to drive service improvements for people.