

The Regard Partnership Limited

Woodlands

Inspection report

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Date of inspection visit: 1 & 2 September 2015
Date of publication: 05/10/2015

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 

Overall summary

The inspection took place on the 1 & 2 September 2015 and was unannounced.

Woodlands provides care and accommodation for up to six people. On the day of the inspection six people were living at the service. Woodlands provides care for adults with a learning disability and associated conditions such as autism.

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

People, their relatives and other agencies spoke highly of the care provided at Woodlands. Comments included, "I like it here, the staff are nice, they talk about things I might be worried about", and "My keyworker helps me in meetings and helps me think about my goals". Relatives said, "The staff are brilliant, yes, I think they really care". Staff from other agencies gave positive feedback about the staff and management team.

People and their relatives said they felt the service and care provided was safe. Recruitment practices ensured staff working in the home were fit and appropriate to work with vulnerable peoples. Staff had received training

Summary of findings

in how to recognise and report abuse. All were clear about how to report any concerns and were confident any allegations made would be appropriately investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified staff to meet people's needs and to keep them safe. Staff recognised people's rights to make choices and to take everyday risks. They said "We support people to take risks, we guide people about what is safe and appropriate".

People had their medicines managed safely, and received their medicines on time and in a way they chose and preferred. People's health and well-being was considered important and systems were in place so staff could recognise changes in people's health and take prompt action when required.

Staff had a good understanding of people's needs and support plans included clear information about how people chose and preferred to be supported. We observed several examples of people being supported to make choices and have control over their care and lifestyle. For example, we saw people choosing when to get up, what to eat and how to occupy their time. We also saw staff responding in a caring and compassionate manner to requests for advice or support and asking for people's consent before supporting people with their medicines and personal care.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005, and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture within the service, the management team provided strong leadership and led by

example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Staff demonstrated they understood the principles of individualised, person centred care by talking to us about how they met people's care and support needs. They spoke with commitment and used words like, 'individual', and 'personalised' when they talked about the people they supported.

The registered manager took an active role within the home. There were clear lines of accountability and responsibility within the management structure and tasks were delegated to help ensure the smooth and efficient running of the service. Comments from staff included, "The manager is really good, I can talk to him about anything at any time", and "The manager and other senior staff are very supportive". Relatives told us, "The manager is excellent, really good at working with other agencies to do the best for clients".

The registered manager and staff worked in partnership with other health and social care professionals to seek their advice about current practice and to help monitor the support arrangements of people who lived at the home. Health and social care professionals were mainly positive about the service and said there had been a positive shift in relation to partnership working by the service and management. Comments included, "The manager always makes themselves available, and leads the team of staff well".

There were effective quality assurance systems in place to monitor the standards of care provided. Learning from incidents, feedback and complaints had been used to help drive continuous improvement across the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected by staff who understand how to recognise and report possible signs of abuse or unsafe practice.

People were kept safe as they were supported by a sufficient number of suitably qualified staff.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

Good



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training, were well supported and had the opportunity to reflect on practice.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

People were supported to have their health and dietary needs met.

Good



Is the service caring?

The service was caring.

People were supported by staff who improved their lives by promoting their independence and well-being.

People were treated with respect by staff who were kind and compassionate.

People were supported to maintain and develop important friendships and relationships.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support, which was responsive to their changing needs.

People were supported to lead a full and active lifestyle.

People were supported to maintain relationships with those who mattered to them.

People were consulted and involved in the running of the service. Complaints and concerns were listened to, taken seriously and addressed appropriately.

Good



Is the service well-led?

The service was well-led.

There was a positive culture within the service. The management team provided strong leadership and led by example.

Good



Summary of findings

The registered manager had clear visions and values about how they wished the service to be provided, and had worked hard to drive improvement across the service.

People were included in decisions about the running of the service and staff were supported and encouraged to question practice.

Quality assurance systems drove improvements and raised standards of care.

Woodlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 1 & 2 September 2015 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection the provider completed a Provider Information return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke to three people who lived at Woodlands, one relative, and six members of the staff team. The registered manager was available throughout the inspection and we also met and spoke to the regional manager for the service. Prior to the inspection we spoke to three healthcare professionals from the specialist learning disability services in Cornwall.

Is the service safe?

Our findings

People told us they felt safe. One person said “I like living here the staff look after me well, and talk to me about any problems I have”. Relatives told us they felt people were safe and well looked after. Comments included, “I cannot think of anything that would concern me, the staff are brilliant, [...] has no concept of danger but I trust [...] is safe.

People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of suspected abuse or poor practice would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and were able to describe the action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately within the service. Staff told us safeguarding issues were discussed regularly within team and handover meetings. Minutes of a recent staff meeting confirmed whistleblowing, policy updates and safeguarding had been discussed. Staff from other agencies told us they felt staff and the registered manager had learnt from previous safeguarding incidents and made changes to help ensure similar incidents did not occur again.

Staff recognised people’s rights to make choices and to take everyday risks. They said “We support people to take risks, we guide people about what is safe and appropriate”. Assessments had been carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the support needs and lifestyle of the person concerned. Assessments included information about any action needed to minimise the risk of any harm to the individual or others, whilst also promoting the person’s well-being and independence. For example, one plan highlighted the possible risks to the person when they went out on their own into the local community. A plan had been agreed with the individual, which included carrying a mobile phone so they could contact the staff when they arrived at their destination and when they started their journey home. This had worked well for the person concerned and had resulted in them achieving their goal of spending less time supported by staff.

People’s needs were considered in the event of an emergency, such as a fire. People had personal evacuation

plans in place. These plans helped to ensure people’s individual needs were known to staff and emergency services, so they could be supported and evacuated from the building in the correct way. Regular health and safety checks had been undertaken and the service had contracts with external agencies to help ensure any equipment including vehicles were maintained, safe and fit for purpose. Handover records included a daily health and safety checklist for staff, which ensured any issues were recognised and addressed without delay. Lone working and missing person’s policies and procedures were in place providing staff with clear information about what they needed to do in the event of an incident or emergency. Accident and incidents had been clearly documented and records audited so any patterns or future learning could be considered and addressed.

There were sufficient numbers of staff available to keep people safe. Staffing levels had been organised for each person dependent on their assessed needs. Support plans clearly described how these staffing levels were organised and the support required by each person concerned. Staff said the agreed staffing levels were nearly always in place, comments included “I think there are enough staff to keep people safe, people get their agreed one to one care” and “Sometimes it is difficult when staff are off sick, but we always have enough staff to keep people safe, people are nearly always able to do what they want, when they want”. The registered manager kept staffing levels under regular review and discussed any issues with the provider and local authority commissioning teams. For example, staffing levels had been reviewed for one person as the staff and registered manager felt additional staff were required to support their emotional needs and reduce the risks of incidents of challenging behaviour.

Medicines were managed, stored, given to people as prescribed and disposed of safely. A separate room was available where medicines could be stored and prepared safely. The registered manager said consideration had been given to providing people with their own medicines storage facility so that medicines could then be administered from the privacy of the person’s own bedroom. Controlled drugs were safely stored and cold storage was available when required to ensure the quality of medicines were maintained. People’s care records had detailed information regarding their medicines and how they needed and preferred these to be administered. For example one person chose to take their medicines with a

Is the service safe?

particular drink, this had been recorded and staff were observed following these guidelines. Medicines administration records (MAR) and controlled drugs records were in place and had been clearly and correctly completed. Clear systems were in place for recording when people took medicines out of the home, for example when they visited relatives or went away on holiday. Any risks associated with medicines had been documented and advice had been sought from health professionals when required. For example, staff had raised concerns in relation to one person's sleep pattern and required times for taking their prescribed medicines. This issue had been discussed with the individual and other agencies involved in their care and a plan had been agreed to help ensure any risks to their health and well-being were minimised.

Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct time and records confirmed this. Designated staff had the responsibility of

overseeing medicines and undertook regular audits and staff competency checks. Information was clearly available for staff about people who required, as needed (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and when and how they should be given. The administration of homely medicines and medicines in the form of creams were recorded as part of the medicines records. Support plans detailed how staff supported people to fulfil their wish to administer their own medicines. For example, staff prompted one person to take their medicines out of the packets themselves and talked them through the process so they gained greater understanding of what they taking and why.

People were protected by the homes recruitment practices. Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in the care environment.

Is the service effective?

Our findings

People received care and support from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of the service and staff, comments included “I really like how all the staff sing from the same hymn sheet, they know what they have to do and are consistent”, and “The new staff are very quickly on board with what they have to do, this must be a mix of good recruitment and good training”.

Staff confirmed they undertook a thorough induction when they first started working in the home. Comments included, “The induction was really good, everyone was very supportive and I was given time to get to know people and read important records”.

People were supported by skilled and knowledgeable staff. Staff told us “We do lots of training, we can always ask the manager if there is specific training we want and he will try and arrange it”, and “The training is appropriate to our role”. Training was planned and continued throughout employment at the service to aid development and enhance staff skills. Training records listed a range of training opportunities relevant to the service and individuals being supported. Training consisted of a mix of computerised training packages and face to face learning. The registered manager recognised when training needed to be more detailed and sought support from external agencies when required. For example, staff had received recent support and guidance from the local specialist learning disability services in relation to the management of one person’s behaviours. The manager undertook a range of observations and competency assessments to ensure staff maintained the skills required to meet the needs of people living at the service. Training had been discussed as part of a recent team meeting and further training in epilepsy care and sexual health and well-being had been identified and agreed.

Staff told us the registered manager and their colleagues were very supportive and they received regular supervision, which they found useful. Comments included, “We talk to each other all the time, staff meetings are really informative and the manager is always available” and “Communication is really good, if I have been away on holiday, I can soon pick up all the information I needed, we all support each other well”.

People where appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. Care records showed that DoLS applications had been made for some people and evidenced the correct procedures had been followed. The registered manager and other senior staff had a good knowledge of their responsibilities under the legislation.

Staff demonstrated a good understanding of the main principles of the Mental Capacity Act (MCA). Support plans included information about people’s capacity in relation to different areas of their care and lifestyle and highlighted when people were able to make decisions for themselves or if best interest discussions would be needed to support them. Daily records confirmed people were supported to make everyday decisions about such things as when they wanted to get up, what they wanted to eat and how they wanted to occupy their day. For example, one plan described that the person could make choices about what they wanted to eat on a day to day basis, but needed some guidance from staff about healthy eating options. However, when people lacked the capacity to make complex decisions meetings had taken place with family and other agencies to help ensure decisions were made in the person’s best interest. For example, a best interest meeting had taken place for one person in relation to possible health risks associated with their sleep pattern and administration of medicines.

People’s consent was sought before care and support was provided. For example, we observed staff supporting one person to take their medicines. We saw that staff asked the person if they agreed to take their medicines and provided the person with information and gentle reassurance throughout the process.

Staff were supported to understand and manage people’s behaviours in an appropriate and lawful manner. Behaviour management plans were in place for some people to help staff understand the behaviour people may present, recognise the triggers and signs and understand

Is the service effective?

the action they would need to take to manage the behaviours in a way that was appropriate and lawful. Individual behaviour management plans highlighted the need for staff to be aware of how they needed to support people to prevent behaviours escalating and becoming unsafe. For example, one person had a mood chart in their room, which they could use to communicate with staff how they were feeling. In addition, the person had a list of ways the staff could support them to relax and stay calm. These activities included spending time with the person doing arts and crafts activities or having a hand massage. All the staff were aware of these guidelines and we were able to observe some of these interactions throughout the inspection.

People were supported to have a sufficient and well-balanced diet. People were able to assist with meal preparation and were able to make choices in relation to the menu. We observed people using the communal kitchen and making their own drinks and snacks. Staff told us “People may not always make wise choices about their

diet, but we just try to advise”. We were told that people had no particular dietary needs associated with their health, however, advice had been sought from a dietician in the past in relation to people’s weight and food portions.

People’s health needs were met. People were supported to maintain good health and when required had access to a range of healthcare services. Support plans included information about people’s past and current health needs and staff were familiar with this information. When people had complex healthcare conditions individual support plans were in place for that particular area of need. Everyone involved in the person’s care understood their role and responsibility in supporting them. Information had been documented as part of a ‘hospital passport’, which could be used should a person require an admission to hospital. This information is considered by the health service to be good practice to help ensure people’s needs are understood should they require treatment in hospital or other healthcare service. People were supported to understand their health needs and to manage their health care independently when possible.

Is the service caring?

Our findings

We spent time with people seeing how they spent their day and observing the care and support being provided. Some people were able to tell us about the home and their care and others had limited verbal communication. We saw people being treated with care by the staff team. People said “I like it here, the staff are nice, they talk about things I might be worried about”, and “My keyworker helps me in meetings and helps me think about my goals”. Relatives said, “The staff are brilliant, yes, I think they really care”. Staff from other agencies told us they thought the staff were very caring.

We observed the atmosphere in the home was warm and welcoming. The interactions between people and staff were positive. We heard and saw people laughing and smiling and people looked comfortable and relaxed in their home. People were busy with their daily routines and staff showed a genuine interest in what they had been doing when they arrived home.

Staff were very motivated and clearly passionate about making a difference to people’s lives. Staff told us, “I enjoy my job, you have time to spend with people, you are not rushing around doing housework”. We saw staff giving people time when they wanted to share concerns with them. Staff listened and when appropriate provided clear and gentle advice and reassurance.

Staff had good knowledge of the people they supported. They were able to tell us about people’s likes and dislikes as well as important information about their past, interests and relationships. Staff said this information and knowledge was important to help enable them to meet people’s needs in a way they wanted and preferred. Staff told us they had time to get to know people and were able to spend time with people as well as attending to other tasks. We saw staff sat with one person in the communal lounge. The person seemed pleased that the staff member was able to chat with them about what was on television and a particular film they had been watching.

Staff spoke positively about people and ensured their interactions with people promoted their well-being and self-esteem. For example we observed staff telling one person how well they were working towards achieving their

goals. The person concerned was clearly pleased with this praise and said they liked the staff who supported them. The registered manager said staff were encouraged to help people look at the positive aspects of their day and life at Woodlands. One person was supported to complete a ‘positive’ book, which helped them think about their day. The staff said even if there had been an incident the person would be supported to look at the positives, such as what they had learnt from the incident, and how they had moved on from it.

People were involved in decisions about their care and the running of the service. People had been told about work that would be undertaken to the outside of the building and the garden. People had been asked about what changes they would like and how the garden could be used for hobbies and activities. The registered manager said that much thought had been given to ensuring that everyone had a say in the running of the service. They said residents meetings were not always helpful for people with limited verbal communication. When this was not possible staff would spend time with individual’s providing them with information they could understand and gathering their views and feedback.

People’s privacy and dignity was respected. Staff said, “We don’t just knock on people’s doors and go in, we knock and wait to be invited in”, and “[...] will make it very clear when they want company or when they just want to be left on their own”. One person said they were happy to meet us in their bedroom. We observed that the staff checked with the person again before we met them and knocked on their door when we arrived. The staff told us important things we needed to know to ensure that the person’s rights, dignity and privacy were protected.

Staff and management recognised the importance of people’s family and friends. People were supported to make new friends and regular social plans such as discos and local community events were encouraged and supported. Relatives told us they were welcomed in the home and able to visit without any restrictions. Comments included, “It is never an issue for us to visit, we are kept well informed and I believe our views are listened to and valued”. People were happy to tell us about their visits home and arrangements to meet up with friends and family.

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their personal wishes and goals. Staff were able to give us clear and detailed information about people's daily routines and how they needed and preferred to be supported.

A thorough assessment of people's needs had been undertaken before they moved in. The registered manager said this information would help them plan the person's move to their new home and also ensure their needs could be met by the service. Representatives from other agencies told us they felt the admissions process for the service had improved since the current registered manager had been in post. Comments included, "In the past there were concerns about the mix of people in the service and if people's needs could be met, this seems so much better now and we hope it continues". The registered manager said they would be fully involved in the admissions process for all new people, and consideration would always be given to the impact on others in the service and the ability of the service to meet people's needs. Records confirmed that a thorough admissions process had been completed for two people who had moved into the service and this had included visits and communication with other relevant agencies and relatives.

People's support plans included clear and detailed information about people's health and social care needs. Each area of the support plan described the person's skills and support needed by the staff or other agencies. For example one plan detailed the person's needs in relation to management of their finances. The plan stated the person needed to be supported to be as independent as possible by having their purse with them when shopping and money to pay for personal items. The plan also detailed the support needed by the person in this area of care, such as ensuring regular checks of their money and a facility in the home for keeping their money safe.

Support plans included information about people's choices and personal goals. One plan detailed the person's wish to move closer to their family and the steps and support they would need to achieve this goal. In addition to the written guidelines for staff people had their own person centred plan, which detailed their support needs, goals and important information in a way they could understand and be involved. One person had a large scrap book with

photos, symbols and pictures of people, places and events important to them. These person centred plans had been used to support people to be involved in the planning and review of their care arrangements.

Systems were in place to help ensure information about people's needs were regularly reviewed and updated. Each person had a designated key-worker who had responsibility for reviewing people's support plans and personal goals. Key-worker meetings were held every three months and an action plan completed of any changes or issues to be addressed. For example, one person's meeting highlighted their wish to explore some new activities and the need to look at fire safety equipment in their bedroom. An action plan had been completed detailing how this would be addressed and by when. The registered manager said a full and formal review would take place every twelve months and relatives and other agencies would be invited to this meeting. However, a review meeting could take place at any time if required and support plans and records would be amended to reflect any changes in the person's needs or support arrangements.

People were supported to be involved in the local community and to take part in a range of activities and personal interests. Throughout the inspection we saw people coming and going from the home, some of the activities were regular and organised and others were spontaneous and dependent on personal choice. People were supported and encouraged to use public transport and were keen to tell us about how they planned their bus and train travel into the local town or further afield. We saw that people were able to occupy themselves at home and had plenty of personal belongings to reflect their personality and to support their interests and hobbies. One person was happy to show their craft work and paintings that had been beautifully displayed to make their room colourful and homely. People had their own televisions and music equipment in their bedrooms as well as plenty of space and facilities within the communal areas of the home.

People were supported and encouraged to develop and maintain relationships with family and friends. Some people were happy to tell us about their arrangements to visit relatives or plans to meet with friends at regular social

Is the service responsive?

events. People who were able to use them had their own mobile phones and others were supported to use the communal phone in the home to contact friends and family when they wanted.

A policy and procedure was in place for dealing with complaints. An easy read complaints procedure had also been provided for people who may not understand the written word. Staff and management said they regularly talked to people about any concerns and checked they

were happy with the service and their support. They said if a person raised a concern they would always ask them if they wanted to raise a formal complaint. However, most of the time issues were quickly resolved through discussion and prompt action by staff to prevent a situation escalating. We saw examples of when the service had received a complaint and saw these had been taken seriously and handled appropriately.

Is the service well-led?

Our findings

Feedback from other agencies and relatives about the management and running of the service was positive. All of the feedback included positive comments about the registered manager and improvements within the service since they had been in post. These included, “There seems to have been a positive cultural shift within the service and more thought given to the mix of people being supported alongside the skills of the staff team”, and “I feel the new registered manager has learnt from issues in the past and has made changes for the better”. Feedback from relatives included, “Despite management changes, the care has remained consistently good” and “The manager is good, excellent”.

People, their relatives and other agencies were kept involved and asked their views in relation to the running of the service. Results of satisfaction questionnaires were analysed and any issues acted on to improve the quality of the service. For example a questionnaire completed by a person who lived at the service had raised an issue about meal choices. Plans were put in place to ensure a range of meals were available in the freezer for this person so they could make a choice about what they ate. Another person had requested a bedroom with en-suite facilities. The registered manager said this was provided to the person concerned as soon as a suitable room became available.

There was a positive culture within the service, the management team provided strong leadership and led by example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Staff demonstrated they understood the principles of individualised, person centred care by talking to us about how they met people’s care and support needs. They spoke with commitment and used words like, ‘individual’, and ‘personalised’ when they talked about the people they supported.

The registered manager took an active role within the home. There were clear lines of accountability and responsibility within the management structure and tasks were delegated to help ensure the smooth and efficient running of the service. Comments from staff included, “The manager is really good, I can talk to him about anything at

any time”, and “The manager and other senior staff are very supportive”. Relatives told us, “The manager is excellent, really good at working with other agencies to do the best for clients”. The registered manager maintained their own professional development by attending regular training and held a recognised qualification in management, health and social care. They told us they made sure they spent time with the people in the home and would plan a particular activity with each person to ensure some quality time and an opportunity for discussion. On the day of the inspection the registered manager was discussing going out with a person to join in one of their activities outside the home.

Staff were encouraged to challenge and question practice and were supported to make improvements in the service. The registered manager said they continued to look at ways to involve staff through the delegation of tasks. They said they believed this helped staff to feel more valued and to work together as a team to deliver good quality care.

The registered manager and staff worked in partnership with other health and social care professionals to seek their advice about current practice and to help monitor the support arrangements of people who lived at the home. Health and social care professionals were mainly positive about the service and said there had been a positive shift in relation to partnership working by the service and management. Comments included, “The manager always makes themselves available, and leads the team of staff well”.

Information was used to aid learning and drive improvement across the service. We saw incident forms had been completed in good detail and included a form for staff to consider any learning or practice issues. Following an incident people and staff were provided with a de-briefing session with the registered manager so they could discuss and reflect on what had happened.

Staff meetings were held to provide opportunity for open communication. Daily handover meetings helped ensure staff had accurate and up to date information about people’s needs and other important information. The registered manager showed us new daily monitoring forms, which when operational would be directly linked to people’s support plans. The registered manager said this would provide a check list for staff and further assurances that people were receiving the care and support required to meet their identified needs.

Is the service well-led?

The registered manager and staff completed a range of quality assurance audits to monitor the standards of care provided. These included, reviewing care records, medicines, and health and safety systems. Accident and incident records were analysed to look for any trends developing and where preventative action needed to be taken. Systems were in place to respond promptly to

safeguarding incidents and complaints. In addition to internal audits the regional manager for the organisation also undertook regular visits and audits within the service. We saw a recent health and safety audit had been carried out and actions and recommendations to improve quality had been addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.