

South Yorkshire Care Limited

Ravendale Hall

Inspection report

Ravendale House
East Ravendale
Grimsby
South Humberside
DN37 0RX

Tel: 01472823291

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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?	Requires Improvement ●

Summary of findings

Overall summary

Ravendale Hall is a care home situated in the small village of East Ravendale on the outskirts of Grimsby in North East Lincolnshire. The service is registered with the Care Quality Commission (CQC) to provide residential care and accommodation for up to 34 people who may have dementia related conditions or a physical disability. At the time of our inspection the service was supporting 13 people to live at Ravendale Hall; two of these people were accessing the service for respite.

Ravendale Hall is a large converted listed building in its own grounds. The service is provided over two floors and offers communal lounge areas, library, bathroom and toilet facilities, bedrooms, dining area, kitchen, conservatory, passenger lift, staff areas, outside garden space and on-site parking facilities.

At the time of our inspection our records showed that the service had a registered manager in post. We found out during the inspection the registered manager had left their post in February 2016 and their application to cancel their registration had been submitted and was being processed by the CQC. A new manager had been appointed in February 2016 and was awaiting the outcome of their application to become the new 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.

This inspection took place on 26 April 2016 and was unannounced. The service was last inspected on 16 June 2015 where we found the registered provider was in breach of the legal requirements relating to safe recruitment practices and the management of medicines. At this inspection the registered provider had made improvements and had met the necessary requirements.

The service understood how to keep people safe and 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.

There were sufficient numbers of staff to safely support people. Staff received supervision, observations of practice and annual appraisals to support their practice. We found people received their medicines as prescribed and staff were appropriately trained with the skills to carry out their role effectively.

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.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked capacity to agree to it. When people were assessed by staff

as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest. The acting manager had submitted a number of applications to ensure people were not unlawfully restricted.

People who used the service were provided with a varied diet and 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 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 who used the service had personalised care plans in place which identified potential risks, likes and dislikes and outcomes. Family and friends were welcome to visit and people living at the service were encouraged to maintain family contact.

People told us the leadership at the service was approachable and supportive and people were encouraged to give their views and opinions of the service. The registered provider promoted an open and transparent organisation and staff were supported through regular supervision, team meetings and annual appraisals. The service had an effective auditing system in place 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?

Good ●

The service was safe.

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

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

Medicines were managed well and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People's health care needs were met and they had access to a range of community healthcare professionals when required.

People were given choices and were supported to make their own decisions. When people lacked capacity to do this, the registered provider used the Mental Capacity Act 2005 to assist with decision making.

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.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff demonstrated a caring approach.

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

Staff were training in supporting people at the end of their life and dealt with this in a sensitive way.

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

Is the service responsive?

Good ●

The service was responsive.

People had assessments of their needs completed and care plans provided staff with guidance in how to support them in a person-centred way.

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

There were a range of in house activities and community outings on offer for people to participate in.

Is the service well-led?

Requires Improvement ●

The service needed improvements to be well led as the acting manager was not yet registered with the Care Quality Commission [CQC].

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

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

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

Ravendale Hall

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 26 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection, the registered provider was 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. Prior to the inspection we looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed at the service. We contacted the local authority safeguarding and contract monitoring teams to ask them for their views on the service. The contracts team provided us with information from their recent monitoring visit.

During the inspection we spoke with four people who used the service and three people who were visiting. We spoke with five staff including the acting manager, general manager, care workers and the activities coordinator. Following the inspection we contacted 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. The care records for five people who used the service were looked at. We also looked at other important documentation relating to these people including medication administration records (MARs), monitoring charts for food, fluid and weights, risk assessments, activity logs and accident and incident records.

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 who used the service were asked if they felt safe living at Ravendale Hall. Comments included, "I love it here, it's a nice place and I am made to feel very safe" and "The staff are nice and friendly and know their job to make sure I'm safe. The doors are locked and secure. I'm happy here." Visitors told us they were happy with the care their relatives received. Comments included, "The care [person name] receives is second to none, can't sing their [staff] praises enough" and "It's a lovely, homely place and [person name] loves it here."

We looked at staffing levels in place at the service and saw three care staff worked on the day shift and two staff were available during the night. The service also employed an activity coordinator, maintenance person, laundry assistant, domestic assistant and cook. People told us there was enough staff to meet their needs. One person told us, "I've never had to wait long for staff to assist me. Sometimes when I press my bell for help there might be a little delay but it's never more than a few minutes." Staff told us they felt there was enough staff on duty, however one member of staff told us, "Sometime if we're busy we can be hard pushed to meet everyone's needs in an acceptable time. It doesn't happen often but more staff would be nice." We spoke with the acting manager about staffing levels who told us rotas were created based on the numbers of people using the service and their individual needs and this was reviewed on a regular basis.

At the last inspection in June 2015, we found that volunteers and casual staff at the service had not had Disclosure and Baring Service (DBS) checks, reference checks and had not completed an application form. We therefore issued a compliance action to ensure the registered provider followed safe recruitment practices and ensured all employees; including volunteers were appropriately recruited and had sufficient checks in place to ensure they were suitable to work with vulnerable people.

At this inspection we found the registered provider had followed safe recruitment practices when employing new staff. People were supported by staff who were of good character and suitable to work in the care industry. We looked at five staff recruitment records which contained all of the required information including two references, previous employment history and 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. The acting manager confirmed they did not have any volunteers or casual staff working at the service but offered reassurances that all staff would follow robust recruitment practices.

At the last inspection in June 2015, we found there were shortfalls in the way medicines were managed and recorded. We therefore issued a compliance action to ensure the registered provider made improvements to the safety of medicine management within the service.

At this inspection we found the registered provider had made improvement and people's medicines were stored and administered safely. We looked at how people's prescribed medicines were managed and stored at the service. We also observed staff administering medicines. We reviewed a selection of the medication administration records (MARs) which showed that medication was administered at the advised times and

had been recorded appropriately. We saw any unused or refused medicines were returned to the pharmacy in a timely manner.

Staff involved in the administration of medicines had received appropriate training and regular competency checks and refresher training also took place. The acting manager told us weekly checks were made on medication records and stock balances to ensure consistent and safe practice was taking place. The records we looked at showed staff checked the medication room temperature and the fridge used to store medicines in on a daily basis.

The service had systems in place to guide staff in safeguarding vulnerable adults from abuse (SOVA). Staff had received safeguarding training and had a good understanding about what constituted abuse and their responsibilities to ensure the people they supported were protected from harm. The registered provider had safeguarding and whistle blowing policies in place which guided the staff on how to report any concerns. Safeguarding incidents within the service had been appropriately documented and referred to the relevant agencies including notifying the Care Quality Commission (CQC).

The care records we looked at contained risk assessments that identified how risks to each individual who used the service were managed. These were reviewed and updated as necessary to help minimise any assessed risk and promote people's health, wellbeing and independence. The risk assessments in place provided guidance for staff in how to keep people safe and covered falls, moving and handling, diet and nutrition, bed rails, changing behaviours, pressure area care and fluid intake.

The service had a contingency plan in place which provided advice and guidance for staff on how to respond to emergencies. Each person who used the service had personal emergency evacuation plans (PEEPs) in place. We reviewed documents relating to the maintaining of equipment and health and safety checks within the service. Records showed regular checks were completed on emergency lighting, fire alarms, water testing and the passenger lift.

We saw that accidents and incidents had been documented appropriately and body maps completed where necessary. The acting manager told us that incidents at the service were reviewed and where possible, action was taken to minimise future reoccurrences.

A tour of the building was undertaken and we found the service was clean, tidy and well maintained throughout. Staff told us they were provided with appropriate personal protective equipment [PPE] including gloves and aprons which assisted with the prevention of infection. We saw evidence of staff using PPE over the lunchtime period, administering medicines and supporting people with personal care.

Is the service effective?

Our findings

People told us they thought the staff working at the service were well trained and knew their job. Comments included, "Staff are lovely; they certainly know how to look after us all. Some of us here need more help than others so I know it can't be easy" and "The staff are perfect, friendly, kind and caring. Always willing to help and they do it in such a nice way." A professional also told us, "I have found staff to be responsive to people and always willing to take on board information and recommendations made."

We saw that staff had a good understanding of people's needs. Staff received on-going training to support them to ensure the needs of the people who lived at the service were met. Training was provided either online or face to face. Staff told us the training provided by the service was good, relevant to their role and enabled them to effectively support people. The service had a training database which detailed when staff 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 handling, health and safety, infection control, dementia awareness, dignity, nutrition, end of life care and the Mental Capacity Act (MCA).

All staff working at the service completed an induction when they commenced their employment. The acting manager told us staff induction included becoming familiar with the service and the people who lived there, reviewing the registered providers policies and procedures, shadowing experienced care staff and completing essential training. All new care staff were enrolled and working towards completing the Care Certificate which is a nationally recognised standard of training for staff in health and social care settings. Records showed that staff received regular supervision and an annual appraisal. This provided staff with the opportunity to discuss their practice and identify areas for growth and future development.

The care records we looked at contained signed consent from the people who lived at the service, when they had the capacity to do so. During our inspection we observed staff gained permission from people before providing care or support. For example if they would like a drink, if they would like assistance with eating their meal and if they needed support putting their coat and shoes on.

Staff had received training and understood the main principles of the Mental Capacity Act 2005 (MCA). Staff told us they encouraged people to make decisions and involved their family members at all times. 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 make 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 authorisations in place and a number of applications had been made for other people living at the service. The registered provider was awaiting a decision from the 'Supervisory Body' as to whether these applications would be authorised.

People's health and wellbeing was monitored by staff and any updates or professional intervention was recorded in their care records. Care records detailed when professionals had been involved and what action, if any was required. Records showed GP's; physiotherapists, dieticians, district nurses, social workers and opticians were all involved in people's care. People and their relatives told us the service was good at getting advice and guidance from outside professionals when necessary. One relative said, "I don't have any concerns, if [person name] needs a doctor, he's called straight away and action is taken without any delay." A healthcare professional told us, "Carers are very reactive with patients and work well with the community nursing team. Carers are open to suggestions and will attempt to fulfil any requests made of them."

People and their relatives spoke highly of the meals provided at the service. People told us the food was, "Very Nice," and "Fabulous selection and choice." We observed people over the lunchtime period and saw that people chose where they wanted to eat their meals, some sat in the dining area, some in the lounge and some stayed in their rooms. People were given a choice of meal, dessert and drinks. One person didn't want any of the options on offer therefore the cook made a plate of sandwiches which the person said they'd prefer. Another person told us, "They [cook] will make you anything you ask. I didn't want any of the options yesterday so I just had beans on toast, which was good enough for me, it was lovely."

The lunchtime experience was a pleasant one. People engaged in conversation with each other and staff and background music was playing. Condiments and a choice of drinks were offered to accompany their meal. A pictorial menu board displayed the daily choices and people were provided with clothes protection and adapted cups and plate guards where required. Specialist diets were accommodated for example high calorie or soft diets for people with low weight or difficulties with swallowing. People were supported to eat and drink sufficient amounts and we observed staff supporting people to eat when necessary.

The service was accessible for people with mobility issues and provided ramps, grab rails, wide doorways and a passenger lift. The acting 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 updated. Peoples rooms where personalised and contained their own furniture, photographs and items of importance. We saw one person who was accessing the service for respite brought in pictures of their favourite celebrity to personalise their room and make them feel at home.

Is the service caring?

Our findings

People told us staff were kind and caring in their approach and genuine. They said they were happy with the staff who worked at the service and told us staff were always around to chat to and ask for assistance when needed. Comments included, "I like it here, staff are kind and they care about us," and "It's like living with a big family here, staff are worth their weight in gold, which can sometime be rare in places like this." A relative told us, "I can't praise the staff enough. The care and dedication they have given [person name] has been outstanding, I can't fault anything about the staff or service for that matter."

Staff told us they encouraged people to be as independent as possible, even if it was just small things people could help out with for example setting the table for lunch or helping clear plates away. Staff told us they knew people's limits and did not push them beyond these. One person told us, "I do what I can for myself, it's a big place, so I can walk around on my own and look out of the big windows." A member of staff told us, "When you're working with people on a daily basis you get to know their strengths and weaknesses and what they can or cannot do. We work with this to encourage their skills to be retained."

People were supported to maintain contact with their family and friends and we saw a number of people were visited by relatives on the day of our inspection. One relative told us, "I'm always made to feel welcome here. I'm invited to meetings and kept updated with things happening at the home. I feel included in mums care and that's all I ask." Care records evidenced that people and their families were included in the review of their care needs.

People were provided with information about the service. A service user guide was provided to each person who lived at the service which detailed the services and facilities people could access whilst living at Ravendale Hall. The service provided a number of information boards which displayed photographs and names of the staff working there, information about events happening in the community and the organisations complaints procedure. The service also displayed details of advocacy services and the acting manager confirmed that a referral would be made to access this service if the need arose.

Staff respected people's privacy and we saw people were treated with dignity and respect. We observed staff knocked on people's doors before entering and acted discreetly when assisting people with personal care. One member of staff told us, "We treat people how we would want to be treated." We saw staff responded to requests for support in a timely way and staff acted quickly to relieve any distress or discomfort people may have. For example, one person continually shouted out and wanted reassurance someone was around. Staff were very responsive to this and were never far away to ensure they could provide the reassurance needed.

We observed staff communicated sensitively with people and they were patient and took their time to ensure they were understood. We saw positive interactions between staff and people who used the service. Staff spoke with people in a friendly manner and addressed people by their name. People who used the service appeared happy and relaxed in staff's presence. One person told us, "If I had to choose staff, the ones that are here now are the ones I'd pick. They are brilliant, friendly, caring and someone you can have a laugh with."

People told us they were encouraged to make decisions and choices about aspects of their lives. We saw that people had choices of meals, what activities they wished to participate in, when they wanted to retire to bed and get up in a morning and what they wanted to wear. Staff told us they supported people to help make choices if they were not quite sure. They went on to describe how they needed to give some people time to think and decide what they wanted. One person living at the service had limited verbal communication, we asked staff how they engaged and enabled this person to make choices. Staff told us they received support from external professionals in how best to support this person and looked for key signs of behaviour and posture in their body language for an indication into their likes and dislikes.

Staff had received training in end of life care and supported people and their families in a sensitive way during this time. One relative told us, "The staff have cared for my mum beautifully during her illness. We decided we wanted her to come back to the home rather than stay in hospital because we knew the care she would receive here would be second to none. I can't thank them enough for the support and care they have provided." A health professional told us, "I have never had any cause for concern with regards to the staff and caring. Staff are always professional and even through difficult times for example residents passing away, staff have shown compassion and have dealt with the situation very well."

Is the service responsive?

Our findings

People and their relatives told us the care they received was personalised and developed around their individual needs. People told us they were included in the planning of their care and were kept informed if things were changing. Comments included, "The staff always ask me before anything is altered. I just let them get on with it; they know what they are doing." A relative told us, "The staff always contact me and keep me updated if things need changing, I'm well informed and that good enough for me."

We reviewed five care records of the people who lived at the service and we saw they had been created in a person centred way. Peoples likes, dislikes and life history was documented along with contact details of their next of kin. Care plans outlined people's needs, risks and outcomes. Pre assessments were contained within the care records which demonstrated that people's needs had been assessed prior to living at the service. This was 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 for staff in how to monitor people who were cared for in bed. Information including weight monitoring, pressure area care, activity participation and general observations also featured. Staff completed daily notes for each person which showed how they had been that day and how their needs had been met.

Care records contained evidence that regular reviews had taken place. These involved the person, their key worker, their relatives where appropriate and health care professionals involved with the person's care. The reviews documented how the person had been since their last review, people's opinions and if any aspects of their care, support or health needed changing. Reviews were held at least annually or when required for example following a change in people's needs or following a stay in hospital. People's relatives told us the service was good at keeping them updated and included in changes to their loved ones care and support. One relative told us, "They will ring me if [person name] is taken ill or I need to be made aware of something. Credit to them they do keep me updated." A health care professional also told us the service was good at requesting advice or support when required.

The registered provider had an accessible complaints procedure in place which people who used the service, staff and relatives told us they were familiar with. One relative said, "I know they [the service] do listen if you have an issue and need to bring something to their attention. If I've raised issues in the past they have been dealt with promptly." People we spoke with and their relatives said they were confident the management at the service would deal with any concerns quickly. Staff were also familiar with the complaints policy and said they would support people to raise any issues if necessary. Details of how to make a complaint were displayed in the entrance to the service. The acting manager confirmed that no complaints had been received within the last year but offered reassurance that all complaints and issues raised were taken seriously and would be dealt with promptly. The service had received a number of thank you cards and acknowledgments in the local media thanking them for the kindness and care when supporting people. One comment on a thank you card said, "Big thank you. We know [person's name] was safe, treated with dignity and loved whilst in your care, we will be forever thankful."

The service offered a range of in-house activities and community outings. An activities coordinator was

employed to organise and facilitate the activities. Regular activities included board games, reminiscence sessions, bingo, quizzes and crafts. We spoke to the activities coordinator who told us they always celebrated special events and encouraged people to make decorations to help promote this. We saw photos that showed people had celebrated the Grand National, St Patrick's day and Easter. The service had also recently held an afternoon tea party to celebrate the Queen's birthday and the bunting used as decoration was still present in the dining room at the request of people who used the service. Outings to the local area were also organised. Staff told us visits to the seaside, garden centres and theatre regularly took place. On the day of our inspection a group of people went out for the afternoon to visit a local farm and feed baby lambs. This trip had created a lot of excitement amongst the people who used the service. One person told us, "I'm so looking forward to feeding the animals today, I can't wait."

The activities coordinator said people were encouraged to participate in activities although they recognised people didn't always want to and therefore they were given the option. Support was provided for people to pursue individual hobbies and interests. We saw one person had a pet cat that they looked after and a greenhouse had been created outdoors so that one person could continue with their love of gardening and growing things.

Is the service well-led?

Our findings

Everyone we spoke with told us the service was well run and organised. Comments included, "We have a new manager. It was sad to see the last one go but this one seems alright and knows what she's doing," and "It's a nice place to be, staff are good and the new manager is always about and asking if we are ok." A relative told us, "I was a little concerned when we were informed the old manager was leaving, as she had been here for a long time and knew everyone so well. I must say though the new manager [person name] is doing a good job. She will take time to listen and ask your opinion and everyone seems happy with the change."

Although our records showed the service had a registered manager in post, we were informed at the inspection the registered manager had left the service in February 2016 and submitted an application to cancel her registration. The registered provider had appointed a new manager in February 2016 who had submitted an application to become the new registered manager but it had not yet been approved. Following the inspection we checked our records which confirmed an application to cancel the registered manager had been received by CQC and an application to appoint a new registered manager had also been received. Both applications were being processed and awaiting the outcome.

The acting manager told us she had moved from another service owned by the registered provider. She went on to say she had not managed a service before but was looking forward to the challenge and was pleased with the support she had received from people living at the service, the staff team and the registered provider. Even though the acting manager was new to the service everyone we spoke with knew her name and spoke highly of her. Comments included, "She's doing a good job and changing things for the better", "She is about in the service on a daily basis and helps out when needed" and "From what I've seen she's good and has fitted in well." A health care professional also told us, "Following the recent change in management I have no concern with the new manager. She comes across as friendly and competent in her role."

The acting manager told us the registered provider encouraged a culture of openness and transparency at the service. Staff confirmed this by describing the culture at the service as being, "Very good and open." Staff said they felt listened to and could speak to the acting manager when needed. The staff team confirmed they were getting used to the change in management but felt supported in their role. The acting manager told us they felt supported by the registered provider and could raise issues with them. The acting manager 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 service had a 'statement of purpose' and a 'service user guide'. These documents detailed the services mission statement, objectives and philosophy of care and these focused on, 'Promoting a positive approach', 'A homely and relaxed environment,' and 'Quality care.'

Regular team meetings were held with the staff group. The focus of the meetings was to discuss practice and

service issues. Staff attended regular supervision sessions to assist them to reflect on their practice and identify areas of further development. The registered provider welcomed feedback from people who used the service, staff, relatives and visiting professionals. Questionnaires were used to obtain people's views and opinions and assist the registered provider to make improvements when needed.

The registered provider had systems in place to assess and monitor the quality of the service provided. The acting manager showed us records which indicated they undertook regular audits of the service which included audits of people's care records, the environment, medicines, health and safety and staff training. This helped the acting manager and registered provider to monitor the quality of service, identify any issues and address any shortfalls.

The service worked in partnership with local healthcare professionals and commissioners from the local authority. The acting manager said they were still building relationships and 'getting to know' local professionals but they were hopeful this would develop over time as they recognised this was a vital part in the success of their role. One local authority commissioner told us, "The care staff at the service have always been very enthusiastic, genuine and caring towards the people they support. I have witnessed them being supportive to [name of previous registered manager] and I just hope this continues with the new manager and the approach and positive attitude is not negatively impacted with the change."