Mrs B J Owens

Regent House

Inspection report

Regent House
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Essex
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Tel: 01255421122

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Regent House provides accommodation without nursing for up to 23 people with mental health needs whose primary needs are for emotional support and care.

There were 21 people living in the service when we inspected on 7 June 2016. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were not always supported in accordance with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) Some staff had not had any recent training and lacked awareness of what the Mental Capacity Act meant for people. Where one person had fluctuating capacity, it was not clear what support they required and where decisions had been made in their best interests.

Procedures and processes guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised. However, improvements were needed to ensure that all the risks in people's daily living were assessed and these assessments provide staff with information about how the risks are minimised.

People received care that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. The atmosphere in the service was friendly and welcoming.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs. However, improvements were needed to ensure that staff receive regular supervision and effective appraisal of their performance.

People were provided with their medicines when they needed them and in a safe manner. However, improvements were required around the auditing of medicines and as and when required medicines.

People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.
Care and support was based on the assessed needs of each person. People's care records contained

information about how they communicated and their ability to make decisions. People were encouraged to pursue their hobbies and interests.

People's nutritional needs were being assessed and they were supported to eat and drink sufficiently. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

There were processes in place that encouraged feedback from people who used the service. People, or their representatives, were involved in making decisions about their care and support. There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

There was an open and transparent culture in the service. Quality assurance surveys were used to identify shortfalls and drive improvement in the service. However, audits required further development to ensure that they highlighted all areas for improvement, For example, medicines and care plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were protected against the risks of potential abuse.

There were systems in place to minimise risks to people and to keep them safe. However, not all risks had been assessed.

Staff were available to provide assistance to people when needed. The systems for the safe recruitment of staff were robust.

People were provided with their medicines in a safe manner. However, guidance for staff on how and when to administer 'as and when required' medicines were not always in place and checks on medicines were not always completed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff gained consent before supporting people. However, staff had a limited understanding of the Mental Capacity Act (MCA) 2005 and had not had up to date training in this area.

Staff felt supported. However, some staff had not had regular supervision or an effective appraisal.

People were supported to have a balanced diet.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

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

The positive and friendly interactions of the staff promoted

people's wellbeing.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

The manager and provider were visible in the service and there was an open and transparent culture. Staff were encouraged and well supported by the manager and were clear on their roles and responsibilities.

Audits were completed to assess the quality of the service however it wasn't always clear how these ensured that the service continued to improve.

Regent House

Detailed findings

Background to this inspection

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

This inspection took place on 7 June 2016, was unannounced and undertaken by one inspector and an expert-by-experience who had experience of mental health services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection a Provider Information Return (PIR) was submitted by the registered manager. 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 spoke with 14 people who used the service and two people's relatives. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the registered manager, the provider and four members of staff, including care and kitchen staff. We also received feedback from the local authority.

We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service provided.

Requires Improvement

Is the service safe?

Our findings

Some of the risks to people's personal safety had been assessed and plans were in place to minimise these risks. This included risks associated with epilepsy, accessing the community and falls. However, there was no risk assessment in place for one person who was using a hoist. This meant that staff did not have the information to refer to so they knew how to move the person and their preferences regarding this. The risk assessment for one person around pressure care prevention did not cover all of the measures that staff were taking to reduce the risk. This meant that staff did not have information to refer to so they knew how to support the person correctly or to see if there had been any recent changes in the person's needs. The manager told us that this would be put in place. Where risk assessments were in place, these supported people to be as independent as possible. For example, where a person was at risk due to their epilepsy, they had agreed to tell the staff before and after having a shower. Staff could monitor that they had not had a seizure and allow the person to shower independently and in private. Risk assessments were regularly reviewed to ensure that they met people's needs.

We completed an audit of medication to check systems were working and we found that the stock count of three medicines was not correct. The person administering the medicines was unable to tell us the reason for this and confirmed the stock was not regularly counted so we were not able to identify when or why the discrepancy occurred. Detailed audits were not completed on medicines which would identify any potential discrepancies so that these could be identified and acted on. This was discussed with the manager and an audit put into place, which was sent to us after the inspection.

There were some 'as and when required' (PRN) guidance for some medicines that was not in place. The manager told us that people had the capacity to understand what these medicines were for, when they needed it and requested this independently. We saw that some medicines were not clearly marked on the MAR (medicines administration record) as being 'as and when required' medicines. This meant that there was a risk that these medicines could be administered when they were not required or wanted. The senior made it clear on the MAR which medicines were PRN at the time of inspection.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "I get my medication on time, it comes on a weekly basis." Another person said, "I like going to church, I'll tell staff and I have my medication when I get back."

Medicines were stored safely in a lockable trolley for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on medicine administration records (MAR). Staff provided people with their medicines and this was done safely, respectfully and at the person's own pace. For example, we observed a member of staff administering medicines to people after their lunch so it did not impact on people's enjoyment of their meal. A staff member who was responsible for administering medicines told us that they had received training to safely do this.

People felt safe living at the service. One person said, "Having my own room makes me feel safe." And

another person said, "I feel very safe." One relative told us, "I think it's safe and it's the best possible place for [relative]." People presented as relaxed and at ease in their surroundings and with the staff, and one person commented, "It's good being around nice people."

People were protected against the risks of potential abuse. There were systems and policies in place to reduce the risk of harm and potential abuse. Staff had received training in safeguarding and had the knowledge and confidence to identify safeguarding concerns and knew how to report any suspicions of abuse to the appropriate professionals. One staff member said, "I would report any concerns about abuse or neglect." Information was available for people using the service about how to report any concerns regarding the care they received to the local authority.

Occasionally people became upset, anxious or emotional. Plans were in place for people to provide guidance to the staff on how to support that person which included the things that may cause someone to become upset and the strategies to use. For example, when one person became upset it helped to discuss how they felt with staff. One relative said, "The house have dealt with some difficult incidents and have dealt with these brilliantly and managed to get my [relative] back onto an even keel."

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. For example, where a person was at risk of falling, the falls prevention team were involved and parts of their bedroom had been padded to prevent the person becoming injured should they fall.

Checks had been made on equipment, including the stair lift, to ensure they were safe to use and fit for purpose. Records showed that fire safety checks and fire drills were regularly undertaken which helped to ensure staff and others knew how to reduce the risks to people if there was a fire. The fire evacuation plan and signage were visible in the service to tell people, visitors and staff of the evacuation process in the event of a fire.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Checks had been carried out to make sure people were of good character and suitable to work with vulnerable adults.

We received mixed feedback regarding staffing levels from people who used the service. One person said, "If you ask for help you only have to wait a couple of minutes, they [staff] come straight away." However one person said, "There are people here who need one to one staffing and only three staff on, sometimes you want to talk to them and they are too busy." Another person commented, "They [staff] don't do a bad job, could do with some extra staff, some people need a lot of care."

The manager assessed the staffing levels based on people's needs. The rotas reflected what we were told. Staff were attentive to people and requests for assistance were responded to promptly. Staff had time to chat to people and engage in activities with them. Staff and a relative told us that they felt there were enough staff to support people. One relative said, "There are always staff around." On the day of our inspection, one person was taken to hospital. Arrangements were made for another staff member to come in and cover while a member of staff was at the hospital. This showed us that there were systems in place to make sure that there were enough staff to support people living in the service and to manage any changes in the service safely during an emergency.

Requires Improvement

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA.

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.

The manager understood when applications should be made and the requirements relating to MCA and DoLs and gave us examples of when relevant applications would be made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. People were asked for their consent before staff supported them with their care needs, for example assisting them with their medicines and we saw that people had signed to give consent to their medicines being dispensed by staff. The service was not always working within the principles of the MCA and DoLs. Some documentation did not reflect the principles of MCA and DoLs which meant that staff did not have access to information which helped them to understand people's needs. Some care plans included information about people's capacity, others did not. One person had capacity that could fluctuate according to their health however there was no care plan around this. The person's care record said, "[Person] does not understand things which are explained to them." The service could not demonstrate that decisions had been made in the persons best interests. The manager told us that this information would be added to the care plan for staff to refer to

Staff had a limited understanding of DoLS and MCA and training records and the manager confirmed that they would benefit from some additional training to refresh their knowledge. One staff member said, "I haven't had training in MCA. I know it's about people making decisions for themselves." Another staff member said, "I have had training on the MCA. It's about consent." Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office and there were policies and procedures in place covering MCA and DoLS. After the inspection, the provider told us that additional training had been arranged for staff to attend.

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were supported to improve their practice. Staff had received training which was relevant and gave them the necessary knowledge for their roles such as dementia awareness. One staff member said, "I find the training helpful. I have had training in manual handling, first aid, food hygiene and dementia." The manager sought feedback from the team about the effectiveness of training to ensure it was providing them with the required knowledge for their roles. We saw through staff interaction with people that they were knowledgeable about

their work role, people's individual needs and how they were met.

We observed staff assisting people with their mobility in a safe way. This showed that the moving and handling training they had been provided with was effective.

The service was up to date with current best practice guidelines in relation to training in health and social care, including the introduction of the Care Certificate which we saw evidence of being completed by a new member of staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work. Each staff member had an induction on commencing employment at the service and shadowed staff to gain knowledge of the role. One staff member said, "I am completing workbooks and I am shadowing at the moment. I get enough support."

Staff felt supported and were provided with opportunities to talk through any issues. One member of staff said, "I had supervision not that long ago." Another staff member said, "I don't have regular supervision at the moment, it was about three months ago." However, they said, "I feel very supported by other staff and management." We saw three supervision records where staff had not had formal supervision since November 2015. The manager told us that some people were overdue a supervision and that any issues are usually covered in handover rather than formal staff meetings or discussed in supervision. An appraisal which had been given to the staff team did not cover information relevant to each individual staff member such as their achievements or areas for development. A staff member had written on the appraisal record, "This is not an appraisal; an appraisal should be about what I have done this year." It is important that staff achievements, progression and developments are recognised so that they can be supported effectively. The manager told us that they would address this.

People were mostly complimentary about the food and said that they had a choice of what to eat. One person said, "The food is lovely." Another person told us, "Yeah, the food is good, choice and quite a variety." However, one person said, "It's OK as long as you want to maintain a healthy diet,." and, "It's just about edible." One person's relative said, "[Person] always enjoys their meals and [person] is a fussy eater, but has never complained about the food." The cook had a good knowledge of what people liked and did not like and their individual needs and there were guidelines in place for people who required a soft diet and information regarding foods suitable for a low cholesterol diet and for diabetics. Low sugar puddings such as yoghurts and jellies were available as well as low sugar biscuits and fresh fruit for people with diabetes. People had completed a survey about the food and the results were positive. Where suggestions had been made, changes had been put in place. For example, some people had requested a larger choice of cereals and more cereals had been introduced as a result.

We observed lunch time and this was relaxed and calm with people enjoying their food. People had a variety of fresh individual meals which looked appetising. Tea and coffee were offered throughout the meal and water was available on each table. People were heard saying to each other that the food was nice. One person said, "Mmm, this is very good."

People were provided with the assistance they needed, at their own pace, during meals. One person was supported to eat in a different area of the service so that staff could encourage them to eat. There was a hot drinks machine so that people could help themselves throughout the day as well as a choice of cold drinks. Records were in place which showed what people had eaten and drank each day which assisted staff to recognise when people's eating routines had changed and identify any risks.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person said, "I have my medication review next week."

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support from district nurses, physiotherapists and opticians.

Where changes in people's wellbeing were identified, prompt action was taken to seek guidance and treatment from health professionals, such as involving the falls team and investigating the cause of an increase in falls. This showed us that staff recognised and took appropriate action to keep people well.

Good

Is the service caring?

Our findings

The service had a warm, friendly atmosphere and we saw people sitting in the sunshine singing along to music. People appeared calm, relaxed and comfortable with each other and with the staff. One person said, "Staff are unique, special, they take good care of us, they ask if we have any problems and sort it for us." Another person said, "I've actually made some pottery that proves I like this house, it's a Home Sweet Home plaque."

Staff were professional whilst also being friendly and easy going in their interactions with people. One staff member said, "I get on well with the residents and we have a joke. Generally, everyone gets on well." When people asked for attention they were responded to quickly and we saw staff using humour in their interactions. One person said, "One good thing is they do joke with us."

The staff demonstrated knowledge and familiarity of people in their dialogues with them. We saw a staff member play pool with a person and they were respectful and relaxed together. Two members of staff assisted a person into an upright position on the sofa by explaining what they were doing, reassuring them and encouraging them to stand.

Staff listened to what people said and their views were taken into account when their care was planned and reviewed. One person said, "Staff are OK, kind, chat to you if you have a problem." One person's care plan said, "Listen to [person], reassure them and try to help with any concerns." People's views were sought through surveys which covered specific areas such as activities and the service provided. The responses had been collated and acted upon to improve the service. For example, people had been involved in choosing the colour scheme prior to re-decoration as they wanted a change.

Records showed that people and, where appropriate, their relatives had been involved in their care planning. A relative told us how they attended reviews and said, "[Relative] has a lot of reviews, six monthly, and I am always invited to attend these." Another relative said, "I am always involved in hospital appointments." Reviews were undertaken monthly by keyworkers and where people's needs or preferences had changed these were reflected in their records. For example, one care record said, "[Person] is happy living at Regent House and does not want anything changed in their care plan." This demonstrated that people were involved in their care and that their comments were listened to and respected.

Some people had an independent advocate. An advocate is someone who can provide support to a person to ensure that their views and wishes are heard and using to influence the care they receive. One person said, "I speak to my advocate on the telephone and they are helpful. They provide me with support at appointments."

Care records included information about a person's beliefs and culture and we saw that one person was regularly attending church. This showed us that the service respected people's religious needs.

Staff respected people's privacy and dignity. For example, staff knocked on bedroom and bathroom doors

before entering. One person said, "Yeah, yeah, they treat you respectfully. They knock on your door." A response in the survey that had been sent out to people said, "Privacy is good." When asked about privacy, one staff member said, "I only share information that people need to know."

The service promoted independence while respecting people's choice and people were taking part in activities to increase their daily living skills. One person said, "We started going to Skills to Succeed but I didn't get on with the maths so changed to pottery. Staff are good at helping us." Another person enjoyed cooking and said, "I'm cooking macaroni cheese tonight with staff." However, one person said, "Wrap you in blankets, [staff] look after you and take away your independence. They treat everyone as if we are vulnerable without realising we all have different backgrounds." People had their own keys to the front door and to their bedrooms which promoted their independence.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. People were supported to go out and where possible to do this independently. People accessed the community on a regular basis to maintain their interests including bowling and day trips, however, people had mixed views on the activities available. One person said, "I go to pottery, staff support me to get there." Another person said, "I don't get bored, I've got my music, books and DVD, I've got my TV, my life revolves around them." However, one person told us when asked about activities, "There isn't much, there is a games night, we could do with more stuff like that. Years ago, we started a craft group, to start there was six [people] then just two [people]. A few months ago we started cooking in the evening but we only did it three times." Another person said, "Now and again I get bored, we do have a games night, draughts, mousetrap. We go out bowling every other week."

We discussed the range of activities with the manager who told us that it could be difficult to motivate people. This was confirmed by one relative and one person we spoke with said, "Hard to motivate people, most like to watch their telly." Activity records were in place for people and one person had been cooking, jewellery making, baking and had played cards. People discussed their preferences for activities in house meetings and we could see that activities were being planned in response to people's requests. For example, we saw that a day trip had been arranged to Colchester Zoo and another one was being planned. One person said, "We had one recently, you just bring up anything you want changing, anything you want to do. I brought up about going to the National History Museum."

Some people told us that house meetings had not been held recently. One person said, "We haven't had one since Christmas as the person left." Another person told us, "Used to have them but the person who did them left." The manager told us that a staff member had recently been identified to ensure that regular house meetings were held and to ensure that people had a say about the service. Keyworkers met with people weekly to ensure that their views were heard and influenced the care provided. Records we saw confirmed this. One person said, "Everyone's got a keyworker, I have seen [keyworker] recently, you can see other people as well quite easily." Another person told us, "I see [keyworker] sometimes twice a week about my worries."

People received personalised care which was responsive to their needs and promoted their independence. One person said, "I can't fault the place, nothing really wrong. I do my own laundry and there is always something to do when I want to do it." A staff member told us about how one person was being supported to learn how to administer their own medicines in preparation for moving to their own flat. One relative said, "[Person] seems happy enough there. When [person] comes home [person] is always happy to go back to Regent House" Another relative commented, "I think it is the best possible place for [person]. It suits [person] exactly and [person] has reached a peaceful state of mind."

Care plans were person centred and reflected the support that each person required and preferred to meet their assessed needs and covered mobility, likes and dislikes, sleep pattern and communication. Where people had specific conditions there was information in the care records about how these affected the

person's daily living. For example, how a person needed a soft diet. One person's needs had recently changed and they were no longer using a catheter although their care plan said that they were. The manager told us that the information would be updated.

Staff were able to explain how they kept up to date when people's needs changed. One staff member said, "We [staff] are told about any issues at handover so we know if people's needs change."

People were involved in developing their care plans. Care plans were personalised and detailed daily routines specific to each person and had been signed by the person. One person said, "We get involved with our care plan if we want something changed." Another person told us, "My key worker writes out my care plan, how I spend my time, what I do each day. They ask me questions and then I sign it." Care plans were regularly reviewed and evidenced where people had been supported to work towards their goals. One person had a goal of maintaining their independence and this person had been supported to work towards this goal and the progress had been recorded regularly.

People knew who to speak with if they needed to make a complaint. The complaints procedure was given to people in the service user guide and was on display on the wall. One person said, "I got nothing to complain about, staff are alright." Another told us, "There is a form to complain on in my room." One person told us how they had been unhappy that morning and that they had spoken to staff about this saying, "I complained to senior staff this morning. The night staff hadn't put toilet paper in the dispenser, they said they would have a word with them." Another person said, "I was in a room that was really cold so they [management] moved me and it's lovely." This showed us that the service took action to resolve any issues.

The service had not received any formal complaints. One relative said, "I have no faults to find, they [staff] have been splendid." Staff knew how to support someone if they wanted to complain. One staff member said, "I would record their complaint and bring it up with the manager. We have a good team here and we do our best to resolve any problems."

Good

Is the service well-led?

Our findings

People knew who the provider and the manager were and told us that they felt that the service was well-led. One person said, "I've got no complaints, [manager] is a good manager he is. He's trying to arrange for us all to go to London to a museum." Another person said, "We have two, [provider] is half here and half not and [staff] who's a new manager." One staff member told us, "I enjoy my job. I think that's because of the way the home is run. Staff are motivated and I feel well supported." One relative said, "The manager and the provider are both easy to talk to and make sure I understand what is going on, they are superb."

The service had a small staff team and the manager and provider were very visible in the service. The manager told us that because they were in the service, a minimum of five days a week and worked alongside the staff team, they spoke with staff and people regularly and so could monitor the service on an ongoing basis and make improvements as required. Formal team meetings were not held as the manager had the opportunity to talk to staff three times a day during handover between shifts. The staff were aware of incidents and action required through entries in the communication book. This contributed to the good running of the service. One person said, "[Manager] is very laid back and gets on with everyone. They enjoy talking to you as they welcome a rest from the office." Staff spoke highly of the service and were proud of it and also spoke of how the manager was supportive. One staff member said, "I love my job. I am well supported and anything I ask for or any query I am always helped by the provider or the manager." Another staff member said, "The owner and manager are on site and there is always someone that you can talk to. The staff are motivated and everyone [staff] tries their best." There were policies and procedures in place to provide guidance to staff and these had been reviewed regularly and guidance was displayed for staff in the office on different subjects. For example, using the correct moving and handling techniques.

Staff told us that they felt the management team were approachable. One staff member said, "The manager is approachable. Everyone seems happy." Another staff member said, "I can be open and honest about the service." People benefited from staff who understood and were confident about using the whistleblowing procedure.

We saw compliments from surveys that had been completed by people using the service. One compliment said, "This home is run excellently at times, 10 gold stars." One compliment to the provider said, "While you have been away, your staff have been wonderful. They have really put themselves out running the care home and are a very good credit." This showed us that the service continued to provide quality care when the provider was not there.

Feedback from the surveys that were sent to people had been used to drive improvement at the service. For example, one person had asked for porridge to be on the menu and this was put into place. The manager told us that they were planning to do surveys once a month on different areas to encourage a response and to focus on improving specific areas.

The registered manager was quite new in post and recognised the challenges that they were facing. They recognised the changes that they wanted to implement at the service to encourage improvement. The

manager had completed a Provider Information Return prior to the inspection and told us the areas that they wanted to improve over the next 12 months including further developing the quality assurance systems. Some systems were in place to monitor the quality of service being delivered, however the manager told us that some areas such as care plans had not been properly audited recently as the responsible person had left. This meant that not all areas of the service were regularly audited to ensure that any concerns were highlighted and the service continuously improved. After the inspection, the provider sent us a copy of the audit which they had completed. This showed us that some care plans had been audited this year. However, there were some areas such as medicines that had not been audited since January 2016. After the inspection, the provider sent us a copy of the medicines audit that has been put in place and told us that they were changing the medicines system to make it easier to check the stock of medicines.

The service was at risk of isolation from other similar services and the provider needs to ensure that they keep up to date with best practice and health and social care legislation to provide a quality service which continues to improve.