

Lawwood Limited

Lawwood

Inspection report

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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?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Lawwood on 27 and 28 July 2016. The first day was unannounced.

Lawwood is registered to provide accommodation and personal care for up to 11 people. It specialises in the care and support of people with mental ill health and does not provide nursing care. At the time of the inspection there were 11 people accommodated at the service. All people were provided with a single room with an ensuite shower facility.

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

At the last inspection on 27 and 28 April 2015, we asked the provider to make improvements to the arrangements in place to manage medicines. Following the inspection the provider sent us an action plan which set out what action they intended to take to improve the service. During this inspection, we found the necessary improvements had been made in order to meet the regulations.

People living in the home said they felt safe and staff treated them well. There were enough staff on duty and deployed in the home to meet people's care and support needs. Safeguarding adults' procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed an induction when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to support people to have a healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home had been consulted about their care and support needs and had been involved in the care planning process. Care plans and risk assessments provided guidance for staff on how to meet people's needs. People were supported to participate in a variety of activities. People knew about the home's complaints procedure and said they were confident any complaints would be fully investigated and action taken if necessary.

All people and staff told us the home was well managed and operated smoothly. The registered manager took into account the views of people about the quality of care provided through consultation, meetings and surveys. The registered manager used the feedback to make improvements.

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.

People said they felt safe and staff were knowledgeable in recognising the signs of potential abuse and the action they needed to take.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were safe systems in place for the management and administration of people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

The registered manager and staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were involved in decisions about their care and given support when needed.

Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and

independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual support plan.

People were provided with a range of appropriate social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

The registered manager had developed positive working relationships with the staff team and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home. Appropriate action plans had been devised to address any shortfalls and areas of development.

Lawwood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 27 and 28 July 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with seven people who used the service, four members of staff and the registered manager.

We looked at three people's care files, two staff recruitment files, the staff training records, the staff rota, medicines records, meeting minutes, complaints record, a sample of the policies and procedures and quality assurance records. We also looked at the results of a recent customer satisfaction survey.

Is the service safe?

Our findings

People told us they felt safe and the staff treated them well. One person commented, "I feel really safe here. I'm in an environment where everyone is very caring and helpful" and another person told us, "I'm very glad I came here. It's the best home I've ever been in by a long way. It's like one big happy family." We observed that people were relaxed and comfortable in staff presence. Staff spoke about the importance of promoting and maintaining people's safety and described the steps they took as part of everyday practice to ensure people were safe. For instance one member of staff told us, "I always follow people's risk assessments and make sure people have as much information as possible, so they can keep themselves safe when they are out and about."

At the last inspection, we found people were not adequately protected against the risks associated with the unsafe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

People were satisfied with the arrangements in place to manage their medication. One person said, "We always get our tablets on time and [manager's name] has explained all about getting the right space between each dose" and another person said, "They are very good with my medication. I can rely on them completely to get it right."

The level of assistance that people needed was recorded in their care plan alongside guidance on the management of any risks. We saw staff administered medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicine. Staff told us they had completed a medicines awareness course and records seen confirmed this. Medicines were stored securely in a locked cupboard and there were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely.

Since the last inspection, the registered manager had introduced a series of new forms in order to closely monitor the management of medicines in the home. This included a history of each person's medicine which detailed when any changes had been made by the prescriber. The registered manager had picked up any shortfalls as part of their regular checks and audits. All medicine errors had been reported under safeguarding vulnerable adults and there were records of individual discussions with staff. This gave the staff the opportunity to learn from any mistakes and minimised the risk of reoccurrence. The medicine administration records were mostly pre-printed by the supplying pharmacist and were well organised and presented. Hand written entries had been counter signed to check for accuracy. The medicines records, clearly identified people's allergies and contained clear protocols for 'as required' medicines.

We noted there was a detailed set of medicine policies and procedures which had been updated in line with the NICE (The National Institute for Health and Care Excellence) guidance on Managing medicines in care homes.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

People told us there were sufficient staff available to keep them safe and to help them when they needed assistance. One person told us, "There is always someone available to talk through any problems, they never leave you waiting ages" and another person said, "The staff are great, they are always around if you need anything." The home had a rota which indicated which staff were on duty during the day and sleeping in at night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they had time to spend with people living in the home. During the inspection, we observed staff responded promptly to people's needs. The registered manager told us the staffing levels were flexible depending on people's needs, for instance wherever necessary, additional staff were placed on duty to support people with hospital appointments.

We looked at two staff member's files to assess how the provider managed staff recruitment. The recruitment process included a written application form and a face to face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. The applicants met one person living in the home, who provided feedback on their impressions. We also noted two written references and a DBS (Disclosure and Barring Service) check had been sought before staff commenced work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

We noted from looking at one new staff member's recruitment records that they had not included a full history of employment. The registered manager took immediate action to obtain this information and assured us the application form would be updated to ensure all future applicants were clear what information was required. The registered manager also agreed to update the recruitment and selection procedure.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place which included the relevant contact numbers. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and / or the local authority. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had also received additional training on how to keep people safe which included fire safety and first aid.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated where necessary by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager had made referrals as appropriate for example to the GP. We saw a detailed analysis of the records was carried out on a regular basis in order to identify any patterns or trends.

We found care was planned and delivered to protect people from avoidable harm. Each person's care plan

included individual risk assessments, which had considered risks associated with the person's support. We noted management strategies had been drawn up to provide staff with guidance on how to manage any risks in a consistent manner. These included assessments of the potential risks associated with nutrition, behaviour, personal care, mobility and accessing the community. Records showed the risk assessments were reviewed and updated on a regular basis to ensure they reflected people's current needs and wishes. The registered manager explained general service level risks had also been carried out in respect of slips, trips and falls and the use of hazardous substances.

The premises were appropriately maintained to keep people safe. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. The provider had arrangements in place for on going maintenance and repairs to the building. One person living in the home told us, "If anything breaks they replace it straightaway. Nothing is every left."

Is the service effective?

Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person said, "The staff do lots of courses and know exactly what they are doing" and another person commented, "In my opinion, the staff are well trained and very clued up."

We looked at how the provider trained and supported their staff. From talking with staff and the registered manager and looking at records we found staff were suitably trained to help them meet people's needs effectively. All staff completed induction training when they commenced work in the home. This included an initial orientation induction on the policies and procedures and the general operation of home as well as the provider's mandatory training. Arrangements were also in place for new staff to complete the Care Certificate. This sets out the expected competencies and standards for all new staff working in health and social care settings. New staff shadowed experienced staff for a minimum of one week to become familiar with people and their needs. This helped staff to learn and understand the expectations of their role. All new staff completed a probationary period of three months during which their work performance was reviewed at regular intervals.

There was a programme of training available for all staff, which included, safeguarding, medicine awareness, health and safety, fire safety, Mental Capacity Act 2005, food hygiene and infection control. We looked at the staff training records during the inspection and noted all staff completed their training in a timely way. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us the training was beneficial to their role. One member of staff told us, "[Manager's name] delivers the training and she always makes it interesting and fun for us."

Staff spoken with told us they were provided with regular supervision and they were well supported by the registered manager and the nominated individual. The supervision sessions enabled staff to discuss their experience of working in the home and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a range of topics had been discussed. Staff also had an annual appraisal of their work performance and were invited to attend meetings. Staff told us they could add to the agenda items for the meetings and were able to discuss any issues relating to people's care and the operation of the home.

The Mental Capacity Act (MCA) 2005 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. Where people had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005.

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 2005. 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider had policies and procedures on the MCA and staff had received appropriate training. The registered manager and the staff spoken with had a working knowledge of the principles of the Act and understood the need to ask people for consent before carrying out care. One staff member told us, "I always ask people if they want any help and never assume they are going to make the same decision every day." We saw consent forms were used by the home to demonstrate people's agreement to care to be provided in line with their care plan and to staff assisting with their medication and where necessary their finances. The registered manager was aware of the processes involved if a person was thought to lack capacity to make decisions for themselves. People spoken with confirmed they were fully involved in all aspects of their care and support, attended regular review meetings, and had access to their records.

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection she had submitted one application to the local authority for consideration. This ensured that people were not unlawfully restricted.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person told us, "We always have very good meals" and another person commented, "The food is lovely. I always enjoy it." People were supported and encouraged to have a healthy diet and pictures of the "Eat well plate" were displayed in the dining room and kitchen. This provided a visual representation of the types and proportions of foods people need for a healthy and well balanced diet. We also noted meal options had been devised to support people on weight reduction diets. All meals were prepared daily from fresh ingredients. People had free access to the kitchen and were able to prepare their own drinks and snacks throughout the day.

People were consulted about the weekly menus to ensure their preferences were taken into account. Staff were able to tell us about people's dietary needs and knew what people liked to eat. People's weight and nutritional intake were monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. Daily diary records of the care provided included a section on food and fluid intake so people's diet could be readily monitored.

People told us they had access to a range of health care services. These included the GP, dentist, optician and chiropodist. One person said, "They make an appointment with the GP straight away if anyone is ill." People were given support to attend appointments and were given the option to speak to healthcare professionals in private. People also had access to a telemedicine system which was installed in the home. This provided people with remote video consultations with healthcare professionals by using a computer link to a hospital.

People's healthcare needs were considered within the care planning process. At the time of the inspection the registered manager was in the process of adding a separate section to each person's care plan detailing their mental and physical healthcare needs. This was designed to help staff recognise any signs of deteriorating health. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "It's nice to feel so cared for. They go out of their way to make sure things are right. It's a brilliant home, I can't say more than that" and another person commented, "I feel comfortable, confident and well looked after. I'm very happy living here, it's a proper home." Throughout our inspection, there was a relaxed and friendly atmosphere within the home. Staff spoke affectionately about people. They valued and respected them as individuals and praised their accomplishments. One member of staff told us, "I love my job, it's a real joy. It's all about making sure people live a safe and happy life."

We saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind and respectful way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People had developed positive relationships with the staff. One person told us they were very much looking forward to going away on a forthcoming holiday with a member of staff.

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "People are consulted about everything and are given as much choice as possible. I feel everyone is genuinely happy." There was a 'keyworker' system in place. This linked people living in the home to a named staff member who had responsibilities for overseeing aspects of their care and support. People were familiar with their keyworker and confirmed they spent time chatting to them.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. People were consulted about the care they needed and how they wished to receive it. We noted people were involved in developing and reviewing their care plans and their views were listened to and respected. The process of reviewing care plans helped people to express their views and be involved in decisions about their care. People were also able to express their views by means of daily conversations, residents' meetings and customer satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. People spoken with confirmed they could discuss any issues of their choice.

People's privacy and dignity was respected. People had keys to their rooms and were treated with respect, when staff needed to speak with people about sensitive issues this was done in a way that protected their dignity and confidentiality. One person told us, "If the staff want a word, it's always done behind closed doors in a private room and nobody's confidentiality is broken."

We saw instances of people's independence being valued and upheld. Staff spoken with gave examples of how they promoted people's independence and choices, for example supporting and encouraging people to build their daily life skills. We noted there was rehabilitation kitchen where people could learn how to prepare and cook meals and people were supported to clean their own rooms. One person told us the staff

had helped them regain their confidence and mobility following their discharge from hospital. The person told us, "The staff have been very good. They have totally supported me. They've been marvellous."

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

Information was available for people in the form of a residents' handbook. This provided detailed information about all aspects of the service and set out the aims and objectives. We noted information leaflets about advocacy services were available on the front desk and in the dining room. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, "If someone is having a bad day. The staff will always ask if there is a problem and do their best to help" and another person said, "The staff will always make time to talk to talk to you. I'm very content and happy here."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined three people's care files and other associated documentation. We noted an assessment of needs had been carried out before people moved into the home. We found the completed assessments covered the person's needs. People had been involved in their assessment of needs and information had been gathered from health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home. A person new to the home told us about their introduction to the service, which included visiting to enable them to meet other people and the staff. They said this was a valuable experience in making their decision to move into the home.

All people spoken with were familiar with their care plan and confirmed they had been fully involved in the development and review of their plan. One person told us, "[Manager's name] is so nice, she has read through all my care plan with me and I was able to change anything I disagreed with" and another person said, "I helped to write my care plan and they always let you know when it needs updating." This meant that people had choice in how their care was delivered and received care and support, which was personalised. However, we noted one person new to the home only had a very brief plan. We discussed this issue with the registered manager who acknowledged this shortfall. She immediately began work on a more detailed plan and sent us written correspondence after the inspection to confirm the person had been consulted and plan was completed.

The provider had systems in place to ensure they could respond quickly to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. This helped to ensure staff were kept well informed about the care of people living in the home. Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date. One member of staff said, "The care plans are easy to use as they follow the same format. The files are well organised and kept up to date." We noted the care plans were reviewed annually unless there was a change in needs or circumstances. For instance one person's plan had been fully updated following a stay in hospital.

Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily diary records of people's care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms.

People had access to a range of activities to suit their abilities and preferences both inside and outside the

home. We noted from looking at people's care files each person had an activity planner, which provided them with structure for the week. All people were allocated one to one time with staff to pursue activities of their choice. This time was logged and tracked by the registered manager to ensure everyone was given the time. We observed people were involved in discussions and decisions about activities, developing skills and accessing community resources. We found activities were arranged for groups of people or on a one to one basis. People and staff told us that they routinely went to pubs, restaurants, cinema and shops. Staff demonstrated they were knowledgeable about people's needs and the things that were important to them in their lives. Further to this, a member of staff had been specifically recruited to support one person with their interest.

People were supported in maintaining important relationships with family and friends. There were no restrictions placed on visiting. One person told us their friend visited regularly and stayed for a meal so they could spend time together.

People said they felt confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Four people spoken with told us any problems were resolved immediately. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed within the service. There was also a complaints procedure which was included in the residents' handbook and this had been discussed at a residents' meeting. We looked at the complaints records and found the registered manager had received three complaints over the last 12 months. We noted the appropriate action had been taken to resolve the concerns in a timely manner.

Is the service well-led?

Our findings

People told us they were very satisfied with the service provided at the home and the way it was managed. One person told us, "The manager is superb. She is very fair and you can approach her with any problems. She does an excellent job" and another person said, "I really like the management. They are very genuine people. I'd give them 100% as they are so caring and approachable."

Since the last inspection, a new manager had been appointed and registered with the commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the service. She was regularly seen around the home, and was observed to interact warmly and professionally with people and staff. People were relaxed in the company of the registered manager and it was clear she had built a good rapport with them.

The registered manager told us she was committed to continuously improving the service. She described her key achievements since her appointment as improving staff morale, developing and improving the systems in place to manage medicines and the implementation of a new quality assurance system. The registered manager also talked about ways of improving the service further. She described her planned improvements over the next 12 months as developing the range and scope of activities, developing the staffs' knowledge of mental health conditions and developing the recruitment process. This demonstrated the registered manager had a good understanding of the service and strove to make continual improvements. We also noted the registered manager had carried out a reflective practice exercise following an incident in the home and had identified lessons learnt. This minimised the risk of the same occurrence in the future.

During the inspection, we spoke with the registered manager about the daily operation of the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service. She told us she was proactive in developing good working relationships with partner agencies in health and social care.

All staff spoken with made positive comments about the registered manager and the way she managed the home. One staff member told us, "The manager has worked tirelessly to improve things. She is always available and absolutely brilliant at her job" and another member of staff commented, "The manager is a diamond. She has been our rock and it's an absolute pleasure to work for her." The registered manager carried out regular observations of staff providing care to ensure good standards of practice were maintained. Staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. Staff said they felt they could raise any concerns or discuss people's care. There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a member of staff on duty with designated responsibilities.

People were regularly asked for their views on the service. This was achieved by means of meetings and satisfaction surveys. We saw minutes of the meetings during the visit and noted a range of topics had been

discussed. The last customer satisfaction questionnaire had been distributed in March 2016. We looked at the evaluation and analysis of results and noted people had indicated they were satisfied with the service. Several people had also made positive comments about the home, for instance one person had written, "I'm very happy here".

Satisfaction questionnaires had also been distributed to people's relatives, the staff and visiting professional staff. We noted all respondents indicated they were satisfied with the service. One visiting professional had written, "Lawwood is a lovely establishment, very homely and everyone appears happy."

The registered manager used various ways to monitor the quality of the service and had established a new system of quality assurance. This included audits of the systems used to manage medicines, staff training, staff files, care planning, infection control and the environment. Checks were also carried out on the water temperatures and fire systems. The audits and checks were set out in a detailed schedule and were designed to ensure different aspects of the service were meeting the required standards. The findings from the audits were all logged and action plans had been drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

The registered manager was supported in her role by the nominated individual, who visited the service on a frequent basis. The nominated individual also carried out regular checks and provided the registered manager with one to one supervision sessions.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.