

Voyage 1 Limited

Saxon Lodge

Inspection report

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Date of inspection visit: 20 March 2015

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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



Overall summary

The inspection visit took place on 20 March 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on 10 October 2013 and found the service was not in breach of any regulations at that time.

Saxon Lodge is a purpose built home which provides accommodation for up to eight people with complex needs such as learning and physical disabilities. The home is within walking distance of Norton town centre with a number of local facilities close by. Accommodation is provided over two floors. Bedrooms have an en-suite toilet, wash basin and a shower and appropriate ceiling

hoists in place. On the ground floor there is a communal lounge, large kitchen/dining room, an activities lounge and space for arts and crafts. The home is close to shops, pubs and public transport.

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

One person told us they felt safe at Saxon Lodge and we observed the care and support other people received

Summary of findings

who could not communicate directly with us. We discussed safeguarding with staff and all were knowledgeable about the procedures to follow if they suspected abuse. Staff were clear that their role was to protect people and knew how to report abuse including the actions to take to raise this with external agencies.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005 and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know how to apply the MCA and when an application should be made and how to submit one. This meant people were safeguarded.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people with epilepsy and providing person centred support. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that five staff routinely provided support to 8 people.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development. We also saw a regular programme of staff meetings where issues were shared and raised.

The service encouraged people to lead a safe and active lifestyle. People were supported to be involved in the local community as much as possible. People were supported to access facilities such as the local G.P, shops and leisure facilities as well as to use the facilities in the service such as the kitchen for cooking meals.

There was a system in place for dealing with people's concerns and complaints. One person told us they would talk to staff if they were unhappy with anything. The staff we spoke with all told us they could recognise if people they supported weren't well or were unhappy and what measures they would take to address any concerns. Two relatives also told us they would know if their relative wasn't happy and that they could discuss anything with the registered manager and deputy manager.

People were encouraged to help prepare food with staff support if they wished and on the day of our visit some

people had helped prepare a corned beef pie. We saw people had nutritional assessments in place and people with specific dietary needs were supported. Specialist advice was sought quickly where necessary not only for nutritional support but any healthcare related concerns.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create care plans which were detailed and person centred. Care plans were regularly reviewed and involved the person as far as possible.

We reviewed the systems for the management of medicines and found that people received their medicines safely and there were clear guidelines in place for staff to follow.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home and there was plenty of personal protective equipment to reduce the risk of cross infection. We saw that audits of infection control practices were completed.

We saw that the manager utilised a range of quality audits and used them to critically review the service. They also sought the views of people using the service and their families on a regular basis and used any information to improve the service provided. This had led to the systems being effective and the service being well-led.

Accidents and incidents were also reviewed by the registered manager and appropriate measures taken to reduce the risk of any further re-occurrence.

We saw that staff members were recruited safely using appropriate identity checks and people were involved in the recruitment process.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Good



Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported. People's healthcare needs were assessed and people had good access to professionals who visited the service regularly.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good



Is the service caring?

This service was caring.

The home demonstrated support and care to people with a range of complex needs and communication difficulties.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported.

The service provided a choice of activities based on individual need and people had one to one time with staff to access community activities of their choice.

There was a clear complaints procedure. Relatives and staff stated the registered manager was approachable and would listen and act on any concerns.

Good



Summary of findings

Is the service well-led?

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Good



Saxon Lodge

Detailed findings

Background to this inspection

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

The inspection visit took place on 20 March 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed comprehensively.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we focussed on spending time with people who lived at the service, speaking with staff, and observed how staff supported people who used the service. We also undertook pathway tracking for three people to check their care records matched with what staff told us about their care needs.

During our inspection we spent time with five people who lived at the service, two relatives, four support staff, the registered manager, the deputy manager and the regional manager. We observed care and support in communal areas. We also looked at records that related to how the service was managed, looked at three staff records and looked around all areas of the home including people's bedrooms with their permission.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One relative told us; “The staff are great, If there is anything on our minds we can talk to the managers and they’ll sort it.” Staff told us; “It’s about ensuring people are treated as they should be.” and “Our motto is see something say something.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. One staff member also told us they had completed a safeguarding referral in the past.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and told us there was a clear evacuation plan for who was to assist each person in the event of a fire.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We witnessed staff using PPE when preparing food and when providing personal care. We spoke with the infection control champion for the service who told us; “I talk about effective hand-washing at our staff meetings and using the correct aseptic technique. I also tell people how to put on and remove aprons properly.”

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. We were shown all the medicines and procedures by the deputy manager who was very knowledgeable in this area. We saw that any opened bottles were clearly labelled with the date of

opening and liquid medicines were accurately measured by staff using disposable syringes. The medicines room was clean and tidy and temperatures were checked daily to ensure medicines were stored appropriately. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were very specific including protocols for each person on their “as and when” required medicines to ensure these were given consistently and safely. Each person also had a medication profile detailing any allergies and detailed special administration instructions as some people received their medicines via Percutaneous **endoscopic gastrostomy** (PEG), a tube placed directly into the stomach. The manager and deputy carried out a weekly medicines audit and there were clear systems in place for ordering and disposing of stock. The service had a system for ensuring they did not over-stock on any medicines.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. At the time of our visit there were four support workers, the deputy manager and the registered manager on duty. No one raised any concerns about the level of staffing at the service. One staff member told us; “We always have five people on shift so people get to go out where they want to.”

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of two staff who had been recently recruited to the service. The registered manager explained that scenario based questions were

Is the service safe?

asked at interview which showed that potential applicants understood the nature of the service and type of support to be given. One person using the service had also been involved in the recruitment process.

Risk assessments had been completed for people in areas such as going out into the community and moving and handling. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment in place. The registered manager told us that the service sought to promote a balance between managing risk and independence in a positive framework, for example one person enjoyed going out to a social club disco and having an alcoholic drink like other people the same age.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested. The service undertook weekly checks on moving and handling equipment and hoists and we saw that the service was robust in ensuring moving and handling training and equipment was regularly reviewed.

The registered manager undertook a weekly review of any accidents and incidents occurring at the service and we saw that where actions had been identified for improvements that these had been addressed by the service immediately.

Is the service effective?

Our findings

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services who lack capacity to make decisions by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was seven people using the service for whom an authorisation was in place for. We saw that staff appropriately completed capacity assessments and used an assessment tool to assist them to make 'best interests' decisions. Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people. We saw best interest decisions were in place for restrictions such as bedrails, blended diets, wheelchair straps and bumpers on bed. The decisions were person specific and were made in consultation with the person, family and other professionals. We found the location to be meeting the requirements of the Mental Capacity Act 2005.

All staff had an annual appraisal in place. Staff told us they received supervision on a bi-monthly basis and records we viewed confirmed this had occurred. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. There was a planner in place, which showed for the next 12 months all the dates when staff were booked in to have supervision sessions, as well as when staff meetings were scheduled to take place. One staff member told us; "I feel able to ask for support with anything."

The home had an induction checklist in place which included an induction to the home and then a formal induction programme. We saw that new staff completed the following induction training modules; moving and handling, first aid, crisis intervention and supporting people. One new staff member told us they were shown round the service prior to their interview and met the people who lived there. We witnessed them being observed by the deputy manager as part of their induction. The deputy manager ensured the new staff member was supported and helped their learning by asking them

questions. The staff member told us; "I've picked up loads I've observed, it's really good as this new sling for one person is really complex so this observation has really helped."

We viewed staff training records and saw the vast majority of staff (96%) were up to date with their training. We looked at the training records of two staff members, which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, care planning, insulin and epilepsy, health and safety, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. One staff member told us; "The training is changing from some of the more mandatory general training we do to be more specific about our service." Another staff member mentioned that they felt the first aid training could be more in depth rather than just an online refresher. We discussed this with the registered manager who had already recognised this and had sought some direct training from a local specialist resource. The registered manager also told us they were accessing courses in relation to autism awareness and on the correct procedure for administering eye and ear drops and the local workforce development agency. This showed that staff received training to ensure they could meet the needs of people who used the service.

Each person had a keyworker at the home who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice.

The home had a large accessible kitchen and we saw that mealtimes and menus were flexible to meet the needs of the people using the service.

The menu was planned with the staff team and people living at the service and as well as planning and cooking, and people also helped with the food shopping. We saw that the staff ate with people which staff said they felt helped promote a more homely atmosphere. Did you observe lunch time what did you see?

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. People were weighed on a weekly basis. This meant that people's nutritional needs were monitored. We saw that the service had made two referrals to the local dietician, one for weight loss and another for weight gain, the registered manager

Is the service effective?

said this was to ensure the service was following the right procedures for a healthy eating programme. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

The registered manager told us that district nurses, podiatrists, community nurses, dieticians and speech and language therapists visited and supported people who used the service regularly. There were also GP visits once a week and the registered manager and staff all told us of the excellent relationship the home had with the two local GP services. The service had accessed funding to ensure every person could have a full annual health check and four people had already undergone this process with the local GP.

Everyone had a Health Action Plan and Hospital Passport in place and were accompanied by staff to hospital appointments. A Hospital Passport provides hospital staff with information about the person such as their medicines and communication needs. On the day of our visit we witnessed staff observe that one person may be suffering from an infection. Staff immediately contacted the appropriate hospital department so the person received immediate medical attention. Staff told us that during this visit they had agreed a protocol arrangement so that if staff again believed the person may be at risk of infection they could attend the hospital department with no appointment needed. This showed that staff worked with other specialists to ensure people's healthcare needs were responded to promptly.

Is the service caring?

Our findings

People who used the service had complex needs and nearly all had difficulty with communication. We conversed with one person who was able to respond to questions by us using head movements and they agreed with us when we asked them if staff were kind and caring. We saw staff interacting in a very positive way throughout the inspection and there was lots of fun and laughter with people who used the service.

We saw that staff provided reassurance to people when they needed it, for example one young person was offered some time to “chill” in a soft play area where they could have some time on their own in a safe environment. We saw this approach was documented in their care plan. We saw that staff took time to communicate with people in a way that people could understand using clear language and facial expression. Staff also took their time when helping people with moving and handling and with support

for eating so people did not feel rushed. We saw that staff deployed themselves well and told other staff members what they would be doing so if they were providing care so they would not be disturbed.

The service had a dignity champion in place and we observed care being delivered in a caring and dignified manner during the two days of our inspection. Staff were observed talking to people about topics they enjoyed such as their family and one person liked cars so staff were chatting to them about different types and colours of cars. One staff member told us; “It’s about making sure people have got choices and following the family values of this service.”

A relative told us; “The staff here are very caring.” One staff member told us; “We support the people we look after really well in my opinion.” Another told us; “We meet people’s needs as an individual, we get out a lot and people get to do what they enjoy.”

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required.

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service, relatives and staff on a regular basis and this was recorded. The registered manager told us they had two formal complaints within the last year. We saw these had been recorded and investigated promptly as well as the outcome being confirmed with the complainant to ensure they were satisfied. We saw that learning from these complaints had been discussed with staff in a team meeting so that lessons were learnt and improvements made. The complaints policy also provided information about the external agencies which people could use if they preferred. Staff told us; "We all know to refer any complaints or issues to the manager." Another staff member told us; "We'd all know if anything is wrong with the people who live here and we'd work with them and their family and other professionals to ensure we got to the bottom of it."

Staff demonstrated they knew people well. They told us; "We learn about people and them us, we need to build a relationship. We do the most intimate care and support for people and they need to trust us."

Staff told us they worked flexible shifts to ensure people got to activities and we saw that staff arranged to stay over so people could go to appointments.

Staff told us that activities were based around people's needs and likes as well as encouraging people to access the community as much as possible. One person when we asked them direct questions told us they loved going to a local social club disco and another people went to a local hydro pool, ice skating and also were about to start to access a sensory centre.

We looked at three care plans for people who lived at Saxon Lodge. Information about people was split into four different files, one was a care plan, one was about health, one was about finances and one was a daily record. They were all set out in a similar way and contained information

under different headings such as a one page profile (a summary of how best to support someone), a relationship map, a key information sheet, and an explanation of a typical day for someone and was important to someone in how they led their daily life. We saw information included a decision making profile and agreement and the care plan was written with the person if they were able. This showed that people received care and support in the way in which they wanted it to be provided. There was lots of detail in care plans about people's communication methods and there was also evidence of how people should be given choices about daily things such as clothes to wear or activities they may enjoy. One staff member told us; "People have got choices, we are very adaptable here."

Staff told us that keyworkers reviewed care plans on a monthly basis with the person and every six months there was a review involving everyone involved in the person's care. Keyworkers also told us that they had regular meetings as a key group of workers for the person they supported to plan activities.

We saw a daily record was kept of each person's care which were very detailed. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist.

Risk assessments had also been completed for a number of areas including falls, moving and handling, bed rails and nutrition. We saw that people were involved where they were able in decision making agreements and any decisions that had been made in people's best interests under the Deprivation of Liberty Safeguards (DoLS) legislation showed they had been agreed with a multi-disciplinary team.

The manager and staff confirmed they all knew what to do in event of an emergency. A staff member we spoke with during the inspection confirmed that that training in fire, first aid and health and safety had provided them with the necessary skills and knowledge to deal with a medical emergency. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

Is the service well-led?

Our findings

The home had a registered manager. The registered manager had been in post for several years and we observed they knew people who lived at the service and staff very well. The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said; “I feel able to ask for support with anything.”

Two relatives said to us; “The staff here are great, and our relative is about to go on holiday and they get out all over, it’s amazing.”

The registered manager told us about their values which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having the choices and opportunities to live as normal a life as possible and the feedback from staff confirmed this was the case. We saw that the registered manager led by example and praised staff for work they were doing and joining in activities that people were undertaking.

Staff told us that morale and the atmosphere in the home was excellent and that they were kept informed about matters that affected the service. Staff members told us; “We work together here as a team.” And “It’s a really rewarding place to work.”

Staff told us they met together on a regular basis. We saw minutes from monthly staff meetings, which showed that items such as day to day running of the home, training, activity planning and any health and safety issues were discussed. One staff told us; “We get together and talk regularly and so through learning together as a team. For example I might do a session on infection control at the team meeting or someone else might talk about some recent training they have done.”

The registered manager carried out a wide range of audits as part of the services quality programme. The registered manager explained how they routinely carried out audits which covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example the registered manager explained that Health Action Plans had shown some work was required and so the service contacted the local health facilitator to assist the home to ensure these documents were as suitable as possible. The service was also visited by the regional operations manager on a quarterly basis and they also carried out a documented audit based on CQC standards. This showed the home had a monitored programme of quality assurance in place.

During the last year, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.