

The Risings Care Company Limited

The Risings Residential Home for the Elderly

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 inspected The Risings Residential Home for the Elderly on 3 May 2016. This was an unannounced inspection. The service was registered to accommodate up to 17 older people, with age related conditions, including frailty, mobility issues and dementia. On the day of our inspection there were 17 people living in the care home.

At our last inspection on 20 February 2014 we found all regulations were being met and no concerns were identified.

A registered manager was in post, although not present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained, competent and confident to meet their individual needs. People were able to access health, social and medical care, as required.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were opportunities for additional staff training specific to people's needs, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

Up to date policies and procedures were in place to assist staff on how keep people safe and there were sufficient staff on duty to meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff demonstrated a sound understanding of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

Quality assurance audits and a formal complaints process were in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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 were protected by thorough recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people's care and support needs were met. Medicines were stored and administered safely and accurate records were maintained. Comprehensive systems were in place to regularly monitor the quality of the service. Concerns and risks were identified and acted upon.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the relevant knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act 2005 (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services as required.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received. Individual care and support needs

were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good ●

The service was well led.

Staff said they felt valued and supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

The Risings Residential Home for the Elderly

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 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.

The inspection took place on 3 May 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with five people who lived in the home, one relative, one health care professional, three care workers and the registered provider. Throughout the day, we observed care practice, including the administration of medicines. We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

People said that they felt safe and very comfortable at The Risings. They told us they were safe with the staff and there was no one who had had any concerns about their safety. One person said, "It's perfectly alright here and I definitely feel safe." Another person told us, "Yes I'm safe, I like it here very much." People we spoke with said they felt staff were attentive and there were enough staff around to help and support them as and when required. One person told us, "They [staff] come as soon as they possibly can - it's the same at night." Another person said, "I never have to wait long, if I need help." This demonstrated that people felt safe and there were sufficient staff on duty to meet their needs.

There was enough staff to meet people's care and support needs in a safe and consistent manner. People and relatives we spoke with thought there was sufficient staff to attend to their needs. They said they had no concerns and staff always came readily when asked for help. A relative we spoke with said they had moved their family member to The Risings from another care home (which had been closer to their family home). They told us, "There are enough staff here and it's much better. They're sometimes very busy but they always do their best to prevent falls." They described the safety arrangements in place, as their family member was no longer able to walk without two people to support them. They told us, "They [staff] now ensure there are pressure mats by the bed and chair, to ensure staff were alerted if [family member] needs to get out of bed or his chair."

During the inspection we observed people were offered any necessary assistance and support to enable them to move around or go and sit where they wished. Staff were readily available and quick to ensure, where required, people had their walking aids to hand, so they were able to move safely. We saw there was always care staff around in the lounges throughout the day. If a member of staff needed to help anyone to move to another part of the building, they ensured there was always a colleague available to stay with the other people in the lounge. We saw one person also had a call bell with them and they told us, "I use this if I need help or if I see another residents trying to stand up or go out by themselves."

The registered manager confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. This was supported by duty rotas that we were shown. Throughout the day we observed friendly, relaxed and good natured interactions. People were smiling and clearly comfortable and at ease with staff, happily asking for help or support, as required.

People and their relatives were content with the way in which medicines were managed. One person told us, "You get all your medicine alright." A relative was confident their family member always received their medicine at the correct time in the correct manner. They explained that their family member could, "Sometimes be difficult to manage but the care staff here are very good at adapting to his differing moods. So we don't need to worry."

The registered manager told us all staff involved in administering medicine had received appropriate

training. We spoke with a senior care worker regarding the policies and procedures for the safe storage, administration and recording of medicines. They confirmed that, "Only seniors deal with medication" and said everyone with responsibility for dealing with medicines has received the necessary training and their competency was regularly assessed. This was supported by training records we were shown. During lunchtime we observed medicines being administered and saw that all medication administration records (MAR) had been accurately completed. This demonstrated that medicines were managed safely and consistently

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. Staff had completed relevant training in safeguarding adults and received regular refresher training, as necessary. They understood what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. This was supported by training records we were shown. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. They also said they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The provider operated a safe and thorough recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including the completion of application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

People and their relatives said they thought the home was clean and well maintained. One person told us, "It's always kept clean." This was supported by a relative, who said, "It's always clean and well decorated." During our inspection we observed domestic staff around throughout the day. All areas of the premises were well maintained, very clean and readily accessible throughout. Infection control was well managed and there were arrangements in place and contingency plans to deal with unforeseen emergencies, such as fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

Is the service effective?

Our findings

People received support from staff who knew them well and had the necessary knowledge and skills to meet their identified care and support needs. People and their relatives spoke positively about the service and were confident in the staff and the support they provided. One person told us, "I've got no concerns, I'm happy and I like it here. All the treatment I've had here has been very good." Another person spoke to us of their appreciation for the time staff would spend time "chatting." They told us, "It's so important for me, because most people here can't have a proper conversation with you." They also said, "One member of staff has a very loud voice, but I like the way she looks after you." Another person told us, "All the staff know what they're doing and the boss is a nurse too."

We received similar comments from relatives, who also had confidence in the training and knowledge of the care staff. One relative told us, "I think the staff are just very good here, they seem to adapt to each resident according to their particular needs." Another relative told us, "It's lovely here, like a family, they're all very good."

The provider ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice.

One staff member described their induction programme, which had included identifying the training they needed to meet the specific needs of people who lived at the home together with learning about procedures and routines within the home. They confirmed they had initially worked alongside more experienced colleagues, until they were deemed competent and they felt confident to work alone.

Staff also told us they felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Brilliant, very helpful and supportive" and "Very approachable." They confirmed they received regular supervision – confidential one to one meetings with their line manager - which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance. One member of staff told us "The training here is really good and the manager is just amazing and so supportive." The level of mutual support was reinforced by another very experienced member of staff who told us, very enthusiastically, "I absolutely love it here and the residents are fantastic. It's like one big family, we've got a really nice bunch of girls and we all help each other out."

"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 so that they can 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. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

People were supported to maintain good health and told us they were happy regarding the availability of health professionals, whenever necessary. One person told us they would see the doctor whenever necessary. They said, "The doctor comes in if needed - and the optician and chiropodist." A relative confirmed that the doctor would be called and they were kept informed of any changes. They told us, "I feel very confident in the care here; they call the doctor and will always let me know immediately." We saw that all such visits from healthcare professionals were appropriately recorded in individual care plans.

We observed people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. They were satisfied and reasonably content with the food provided. One person told us, "The food's not too bad, not always what you would have at home, but they do try and will always ask what you like." Another person said, "The meals are good here." During the morning and afternoon we saw drinks were offered, together with biscuits. A relative told us they were always offered a drink as the trolley was brought round.

We observed lunchtime in the dining room and saw people were seated two or three to a table. They were asked where they wanted to sit, some opted to eat in the lounge and others chose to eat in their own room. Tables in the dining room were laid up with cloths, napkins and cutlery. Drinks were on the table and staff offered more throughout the meal. All the people in the dining room were eating independently and plated meals were brought to them individually. Staff checked they were happy with the meal and offered extra as they went round. Meals looked and smelt appetising and there was a calm, pleasant and sociable atmosphere, with no-one rushing about or being rushed. In the lounge people sat with a small table in front of them. Staff, including the provider, spent time in the lounge, speaking with people and assisting them to eat, where appropriate.

A relative, whose family member required a soft diet because of their swallowing problems, told us, "Sometimes the variety may be a bit limited, but it seems okay." They also confirmed their family member had been assessed by a speech and language therapist, because of their difficulty with eating. They said that, following this assessment, they were satisfied staff were following the professional guidelines regarding a soft diet. This had been appropriately documented in the individual's care plan and demonstrated that people's nutritional needs were identified, monitored and managed effectively.

Is the service caring?

Our findings

People and their relatives spoke very positively about the caring environment and the kind and compassionate nature of the registered manager and staff. People spoke enthusiastically about the care they received and were satisfied and confident the staff were kind and caring. One person told us, "The staff here are good, kind and caring. If there's ever anything wrong, you can always go straight to the boss." Another person said, "They treat me well and we all get very well cared for."

One relative we spoke with summed up their opinion of the care provided at The Risings by telling us, "Just wonderful. My [family member] could not be in a better place." Another relative described the staff as, "All very kind and caring. It's like a family," They said they were also very confident and reassured their family member was treated with compassion and respect by staff who understood and responded appropriately to their individual care needs. They also appreciated the way in which they were made to feel welcome by staff, whenever they visited and felt comfortable asking questions or requesting something.

The provider was very clear about their expectations regarding the level of care people received at The Risings. They told us, "I would want our staff to look after people here as they would care for their own parents." This view was shared by a member of staff who told us, "The residents here are lovely, they're like my own grandma and granddad – and I treat them just the same."

People received care and support from staff who knew and understood their needs. During our inspection we observed staff were visible throughout the day, spending time with people, watching out for them, assisting them when necessary and calmly and cheerfully responding to their needs. We saw care staff discreetly supporting people with personal care, including accompanying individuals to the toilet and washroom. We observed staff were engaged in friendly and good natured interaction with people, commenting on what they were doing, checking they were alright and exchanging light hearted banter. One member of staff was singing in the lounge and this was also well received. We saw people responded positively, often verbally but occasionally just with a smile and they were clearly relaxed, happy and comfortable with the staff.

We observed another example of the care and kindness of staff, involving a person, who had only recently moved into The Risings and who was not yet entirely settled. The staff demonstrated a good awareness and understanding of the situation and what the individual enjoyed and was interested in. They gently and patiently explained and reassured the person about the daily routine and when their relative was expected. They also made sure they were comfortable and had something of interest to read.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support. We observed staff talking sensitively with people about what they were doing. For example, carefully explaining to a person how and why they were going to help them to move to another

area of the home. This demonstrated how staff cared for and supported people with dignity and respect.

Individual care plans contained details regarding people's personal history, their likes and dislikes. The information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs, their personal preferences and the way they liked to be cared for. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They said they were kept well-informed and were made welcome whenever they visited. Three of the care plans we saw were signed by people or their relatives, to confirm their involvement and agreement with the support which was provided and how their individual care was delivered. Not everyone we spoke with was able to recall being involved in their care planning. However two people said they had been asked what they liked and what they were interested in.

People had their dignity promoted and the provider and staff demonstrated a strong commitment to providing respectful, compassionate care. A senior member of staff told us, "We all treat each other with dignity and respect here, as this is so important in the home. Residents are treated as individuals and supported, encouraged and enabled to be as independent as they want to be. We also never discuss residents in front of anyone else." This helped ensure that people had their privacy and dignity respected.

Is the service responsive?

Our findings

People received personalised care and support that reflected their wishes and met their needs. People we spoke with said they were supported to make choices about their day to day lives and staff were aware of and responsive to their individual care and support needs. They also said staff knew and respected their wishes and preferences and they had the freedom to do as they chose. One person told us, "Oh yes, they [the staff] all know us and know what we like."

A relative we spoke with said they had "detailed discussions" with the registered manager, regarding their family member's changing care needs. They said they thought staff were respectful and understanding and had closely monitored and sensitively adapted the care and support provided, to meet the person's changing needs. The relative told us, "I certainly remember filling in a form about the new care plan." They also said, "You can definitely approach the staff with any problems."

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

A senior member of staff explained that people's individual care and support needs would always be assessed before they moved into establish their suitability for the service and, "their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning their care. This was supported by pre-admission assessments in individual care plans we looked at. Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs.

The staff we spoke with knew people well, their likes and dislikes and personal preferences for how they wished they care to be delivered. Individual care plans, including risk assessments, we looked at had been developed from the assessment of the person's identified needs. They contained personalised details regarding their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. They also contained details regarding people's health needs, their likes and dislikes and their individual routines. This included preferred times to get up and go to bed, their spiritual needs and social interests. The care records were reviewed regularly to ensure they accurately reflected people's current and changing needs. This helped ensure that people's care and support needs were met in a structured and consistent manner.

The provider spoke enthusiastically about the, "totally motivated" activities coordinator and the wide range

of personalised activities they provided. They emphasised the importance of meaningful activity in the life of the care home and the people living there. They also confirmed an activities coordinator was employed five days a week, and the times spanned both weekdays and weekends

People told us they enjoyed the activities on offer. One person was able to describe a wide range of activities and when they took place. They said they enjoyed the activity and liked to take part. However they said they had noticed not everyone took part in the organised activities. They told us, "They can't all do things, if you want to join in you can, but you don't have to."

We observed activities taking place in the lounge after lunch. We saw the activity coordinator worked enthusiastically, encouraging everyone to join in. Although some people were only able to access individual sessions because of the nature of their dementia, in those cases we observed the activities coordinator made efforts to engage with them around specific topics of interest. We also saw that where appropriate, they would visit and spend time with people in their own room.

We spoke with the activities coordinator who told us, "I absolutely love my job. I make sure I see everyone every day." They described how they used to visit their own relative in a care home and "It was brilliant." They told us, "The staff always used to make me feel so welcome and I've never forgotten that. So now I will also try and involve relatives in activities and they seem to really appreciate it, rather than often sitting in silence with their family member." They said, following consultation with people, they provided a range of group and individual activities that reflected individual interests. The details were recorded on the weekly activities planner and displayed on a notice board.

A copy of the complaints procedure was clearly displayed in the hallway. People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident they could speak with the manager at any time and any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. One person we spoke with about this told us, "You just need to go straight to the office, tell them the problem and they will sort it out straight away." A relative told us they had seen the complaints procedure and had a copy in with an information pack they had received when their family member was admitted.

Records indicated that comments, compliments and complaints were monitored and acted upon. We saw complaints had been handled and responded to appropriately and any changes and learning implemented and recorded. For example, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. This demonstrated the service was responsive to people's needs.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and said they liked the way the home was run. There was an effective management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about the management and the culture within the service.

Staff told us they felt supported and were able to approach the management team about any concerns or issues they had. They also said they were aware of the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

Although the registered manager was not present on the day of the inspection, the provider was visible throughout the day. They were clearly popular and well known to people and their relatives, who told us they were, "friendly" and, "approachable." One person told us, "Oh yes, I know the boss, she's lovely." This was a view shared by another relative who described the provider and the registered manager as, "Both delightful ladies." Throughout our inspection there was a relaxed and comfortable atmosphere within the service and we were made to feel welcome.

The provider explained the importance of ensuring staff were actively involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

Staff we spoke with had confidence in the way the service was managed and described the manager as "approachable" and "very supportive." We saw evidence of staff receiving regular formal supervision and annual appraisals. Staff told us they were encouraged and enabled to share ideas for the benefit of people who lived at the home. Without exception, all members of staff we spoke with told us how much they enjoyed working at The Risings and described the culture as "positive," "open" and "inclusive." They were aware of their roles and responsibilities to the people they supported and said they would have no hesitation in reporting any concerns. They were also confident any issues or concerns raised would be listened to, and acted on appropriately.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

A range of thorough auditing systems were in place to measure the quality of the care delivered. Audits included areas such as the management of medicines, reviewing accidents and incidents and how the home was maintained. The accidents and incidents audit included an analysis to monitor any patterns or

emerging trends and identify and implement any preventative measures that were needed. Such systems were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through such regular audits, the management team was able to compare their own care provision against best practice guidelines and policies and procedures. This demonstrated the provider had effective systems in place to help drive improvements in service provision.