

# One Housing Group Limited

# Lorenzo House

## 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

The inspection took place on 8 and 9 February 2018 and was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection of Lorenzo House since its registration on 27 November 2016.

Lorenzo House is an "extra care" housing provision operated by One Housing Group Limited in Tottenham, North London. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Lorenzo House consists of communal facilities including a restaurant, a bar with cinema / activities room, garden, hairdresser and spa facilities, facility to store and charge mobility scooters, laundry facilities and a guest suite. The service is for people living with dementia, learning disabilities or autistic spectrum disorder, mental health, physical disability, sensory impairment, older people and younger adults. At the time of our inspection 45 people were living at Lorenzo House and receiving a personal care service.

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

People told us they felt safe with staff and staff knew how to safeguard people against harm and abuse. The provider maintained clear risk assessments informing staff on how to provide safe care. People were appropriately supported with medicines management. The provider followed safe recruitment practices to ensure people were supported by suitable staff. Staff told us there was a need for staff replacement cover and the provider was in the process of recruiting and appointing new staff. Staff followed infection control practices and prevented cross contamination and spread of infection.

The provider assessed people's individual needs and developed care plans that were detailed and regularly reviewed. People's needs were met by staff who were sufficiently trained. Most staff had been on all required training and where gaps existed we saw that staff had been booked onto at least two training sessions between now and the end of October 2018. We have made a recommendation about staff training on sensory impairment. Staff told us they felt supported and received regular supervision to do their jobs effectively. People's nutrition and hydration needs were met and told us they were supported by staff to access healthcare appointments as and when requested.

People told us they liked their flats which met their needs. However, we found the service did not have

appropriate adaptations to meet the needs of people with sensory impairment. We have made a recommendation about building adaptations to meet the needs of people with sensory impairment. Staff understood the need to give people choices and seek their permission before supporting them.

People told us generally staff were caring and helpful and treated them with dignity and respect. Staff supported people to remain as independent as they could. People's care plans detailed information about their likes and dislikes, background, religious needs and required care support. However, the provider did not record information on people's end of life care choices. We have made a recommendation about the management of people's end of life care wishes.

The provider offered a range of activities for people to participate in and benefited from various onsite facilities including a restaurant, a bar, cinema, hairdresser and outside space. People from LGBT community had access to a list of organisations that offered varied activities including befriending and fitness sessions. Staff supported people to access these activities when requested.

The provider had systems and processes to monitor, assess, audit and evaluate the quality and safety of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were trained in safeguarding and knew how to identify and report potential abuse and concerns. People's risk assessments were detailed and regularly reviewed. The provider followed safe recruitment procedures and were recruiting more staff to provide replacement cover.

People were happy with medicines management support. Staff followed appropriate infection control procedures to prevent infection.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed and their individual needs met. Staff received regular training and supervision to provide effective care.

People were happy with nutrition and hydration support. They were supported to access healthcare services as and when required.

Staff understood people's right to make decisions and supported them in making choices.

We made recommendations on staff training on sensory impairment and building adaptations to meet needs of people with sensory impairment.

### Is the service caring?

Good ●

The service was caring.

Most people told us staff respected their privacy and treated them with dignity. They said staff were generally caring and helpful.

Staff were trained in dignity, equality and diversity. The provider worked with external organisation to meet needs of people from

LGBT community. People were supported to remain independent.

### **Is the service responsive?**

The service was responsive.

People told us care visit times were flexible and could change them as they wished. The service organised varied activities for people to get involved in and those that did not want to had their wishes respected. People's care plans included their likes, dislikes, religious needs and were regularly reviewed. However, did not detail information on end life care.

The provider's complaints procedure was available to people and their relatives, and people knew how to complain.

**Good** ●

### **Is the service well-led?**

The service was well-led.

People told us the management was approachable and their opinions were sought for service improvement. Staff felt well supported and enjoyed working with the provider.

The provider monitored the quality and safety of the service, and worked with other organisations to improve the care delivery.

**Good** ●

# Lorenzo House

## Detailed findings

### Background to this inspection

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

This inspection took place on 8 and 9 February 2018 and was announced. We gave the service 48 hours' notice of the inspection as this is an extra housing care service and we needed to be sure that someone would be in.

The inspection was carried out by two inspectors.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities about their views of the quality of care delivered by the service.

During our visit to the office we spoke with five people using the service, a volunteer, two district nurses, the registered manager, business manager, head of services, one care coordinator, and three care staff. We looked at five care plans and five staff personnel files including recruitment, training and supervision records, and staff rotas. We also reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service.

Following our inspection visit, we reviewed documents provided to us after the inspection. These included policies and procedures, staff and residents meeting minutes, care plans and a staff recruitment record.

## Is the service safe?

### Our findings

People told us they felt safe living at Lorenzo House. One person said they feel "safe" and another person commented they felt safe living there. A third person told us, "Yes, I do feel safe with staff."

The provider had a safeguarding policy and safeguarding posters were displayed in staff rooms and hallways. Staff were trained in safeguarding and received annual refresher training. Staff had a good understanding in safeguarding procedures and were able to give us examples of types and signs of abuse. They told us any concerns of poor care, neglect or abuse their role was to report it immediately to the registered manager and if they were not there then to care coordinators or the business manager. Staff knew the roles of external authorities in a safeguarding investigation including the local safeguarding team and police. They told us if the management did not act appropriately in dealing with a safeguarding concern and people's lives were at risk they would blow the whistle to the local authority or CQC. We reviewed safeguarding records and they detailed alerts, investigations and outcomes. The provider had systems in place to safeguard people. This meant the provider ensured people were protected from avoidable harm and abuse.

Risks associated with people's health, care and mobility needs were appropriately identified, assessed and mitigated. We looked at people's individual risk assessments. They were regularly reviewed and provided sufficient information to staff on how to provide safe care. People's risk assessments were specific to them and covered areas such as personal care, moving and handling, environment, epilepsy, nutrition and hydration and medicines. For example, a person at risk of developing pressure sores stated in their management plan, "I have in the past had a pressure sore on my sacrum but this has now been resolved through district nurse input and the use of correct pressure relieving equipment, staff need to ensure that they are monitoring all pressure areas and report any concerns for district nurse input as required."

Another person's risk management plan identified the person was at the risk of weight loss. Their nutrition and hydration section and corresponding care plan stated, "Staff to encourage me to eat as I am prone to losing weight. ...does not like eating, to please people he will take a generous bite but does not mean he has eaten it. Staff to constantly observe and support. To give small portions." Staff were trained in supporting people with diabetes but there was no detailed information in people's care plans on the signs to look out for hypoglycaemia, low blood sugar levels or hyperglycaemia, high blood sugar levels. Following the inspection, the registered manager created management of hypoglycaemia and hyperglycaemia protocols detailing signs staff should look out for and actions to take if any signs were observed. This meant the risk assessment processes were effective at keeping people safe from avoidable harm.

Most staff told us there was a need for more replacement cover staff. The management told us they were aware of the situation and undertaken staff recruitment; there were a few new staff trained and ready to start which would relieve pressure on staff. People were supported by eight staff during the day and two waking staff at nights. The provider was in the process of increasing staffing by one staff. We looked at staff rotas and shift planners that confirmed the staffing ratio.

The provider followed safe recruitment practices and all staff were appropriately vetted for their skills and whether they were of good character before they started working with people. We looked at staff personnel files and found they all had CVs or application forms, interview notes, proof of identity, right to work, reference and Disclosure Barring Service checks.

People told us staff were always around and happy to help. One person said staff were always around if they needed them and they also had a pendant which they could use to call staff in an emergency. The person further said they had never needed to use it but felt confident staff would respond immediately. People were given pendant alarms and their flats had alarm cords to call for staff help.

The provider followed safe and proper management of medicines. Every person had a medicines management agreement that clearly defined the type of support the person required in regards to medicines management. People's medicines administration records (MAR) were drawn up as per the provider's policy and detailed allergies, list of medicines, dosage, how to take medicines and side effects. People told us they were happy with the medicines support and that they were kept securely in a medicines cupboard in their flats. One person who was unable to self-medicate and required medicine administration support told us their medication was locked away in a kitchen cupboard and only the staff had access to it. Another person commented the staff gave them their medicines and wrote in the book right after the medicines were taken.

We looked at people's MARs and although we did not find any gaps, staff did not always follow 'as and when required' medicines recordkeeping protocol as per the provider's policy. However, we found this was identified during MAR audits and the registered manager was addressing the concern via staff retraining, supervision and observation. All staff were trained in medicines administration and their competency assessed before they were allowed to administer medicines. Records seen confirmed this.

The provider had infection control policy and procedures in place and staff provided care in line with the policy. Staff were provided with sufficient personal protection equipment (PPE) including gloves and aprons. People told us staff used PPE when supporting them. This meant people were protected against spread of infection.

The provider's accidents and incidents records were clear and stated actions taken and most of them included lessons learnt / learning outcomes. The registered manager told us following incidents and safeguarding cases they met with staff during handovers and team meetings and shared the learning gained to prevent future reoccurrences. Records seen confirmed this.



## Is the service effective?

### Our findings

Most people told us staff understood their needs and the care provided was effective. One person said, "Staff understands me, like today, [staff member] knows me, [staff member] is excellent." Another person commented they had become more dependent on others since their health deteriorated and the "Staff offered good support" and the staff helped them have a shower every day.

The registered manager told us following a referral the care coordinators would visit the person at their home or in the hospital to assess their needs and speak to people including relatives and professionals involved in the person's care. People's needs assessment included information that was important to people and relevant in developing their care plan, records seen confirmed this. The needs assessment gave information on people's health and medical needs, mobility, nutrition and hydration, communication and behavioural needs, and activities and hobbies. The information gathered was used to develop people's care plans. People's needs assessment confirmed they were involved in the process and we found assessments to be detailed and individualised. For example, one person's needs assessment stated, "Before I came to this country I was a [occupation] and was in charge of the keys, with this in mind I will pick up any keys and keep hold of them for safe keeping." This person reverted back to "[their] native language due to dementia" and the needs assessment informed staff that when the person displayed behaviour that challenged staff, a staff member that spoke the same language were to reassure the person. This demonstrated that people's needs were assessed, and care and support was designed to meet their needs and wishes and to achieve effective outcomes.

All new staff were provided with comprehensive induction training over a seven week period and covered the service, care provision and safeguarding (covering two weeks), welfare and safety, staff conduct and performance, information about CQC and service documents. All new care staff undertook the Care Certificate as part of their induction programme. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. A staff member who had recently started working with the provider told us, "When I started [working], I was given in-depth training and after six months was given further training. The last training was on food hygiene. Because of the training I have received, I understand how to support people including those on palliative care." In addition to the induction and mandatory training, staff were provided with health specific training such as epilepsy, breakaway technique / challenging behaviour, mental health awareness and diabetes. The health specific training had been offered to staff that worked with people with those needs and the management had requested training bookings for the staff that had not been trained. We saw a record of the correspondence confirming training had been requested. However, we found the provider did not offer training on working with people with sensory needs such as visual and hearing impairment.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to training staff in meeting the needs of people with sensory impairment.

Staff told us they received regular one to one supervision and covered topics such as training and development, CQC fundamental standards, consent, person centred care, dignity and respect, safeguarding

from abuse, nutrition and hydration, complaints and compliments, medication, duty of candour, documentation and consent. We looked at the supervision records and confirmed staff received regular supervisions which they said were helpful. The registered manager was in the process of scheduling appraisal dates.

Most people were supported with preparing breakfast and lunch meals, and the majority of them had their dinner either in the restaurant at Lorenzo House or with their relatives. People were happy with the support they received in relation to their nutrition and hydration needs. One person said staff helped them with preparing snacks and meals, and they liked to eat in the restaurant. Whilst most people were generally satisfied with meals provided in the restaurant some people said the food was not always appetising. One person said in the summer they had requested some cold food and now they enjoy cold puddings a few times a week. This showed people's food requests were considered and changes made.

Staff told us they had regular team meetings and daily staff handovers where they discussed people's care and support needs and how the care delivery impacted on people. One staff member gave an example on how a person's health had improved since moving to Lorenzo House and receiving consistent care. They said, "[Person using the service] when she moved here she was not able to talk, was not very mobile, skin was dry and had poor memory. Since being here, the transformation has been amazing. She now stands up, talks, remembers our [staff] names, looks healthy, her skin is better and is all chirped up. Family was very surprised with the change."

People told us they were supported to live healthier lives and staff assisted them in booking and accessing healthcare appointments and they were happy with that support. Records of correspondence seen confirmed people were supported with ongoing healthcare support.

Most people told us they liked their flats, and the facilities at Lorenzo House. One person said it was a wonderful place to live and they were very happy in their flat. Another person said that their flat was warm and comfortable. However, the service lacked adaptations for people with sensory impairment such as visual impairment.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to building adaptations to meet the needs of people with sensory impairment.

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. We saw most people's care plans made reference to people's capacity and there were consent to care forms in people's care files. Staff received training in MCA, records seen confirmed this.

People told us staff offered them choices and sought their consent before supporting them. One person said, "Staff asks me how I would like to be supported, what I want to eat and drink." Staff demonstrated good understanding of giving people choices. One staff member said, "I always ask people how they wanted to be supported. For example, this morning after arriving I asked [person using the service] how she slept last night, asked her what she wanted if shower or wash, she wanted shower so supported her with that. I asked her if she would like me to make her bed." This showed staff understood people's right to make decisions and asked their permission before providing care.

## Is the service caring?

### Our findings

Most people told us staff were generally caring and helpful. One person said, "Staff are very nice, they are all lovely people, very helpful, they clean up the flat and help me and [partner] with everything we need." Another person told us staff listened to what they wanted and were "helpful." However, two people told us some staff were not as friendly. One person said, "I tend to get on with lot of staff but some [staff] are grumpy." Another person commented some staff were better than others. We asked these people if they had raised their concerns with the registered manager and they told us they had not informed the management. This demonstrated that although majority of staff were caring some did not always display a caring attitude towards people.

We spoke to the management about this and following the inspection the registered manager emailed us the actions they had already taken and an action plan to address these concerns. They had already raised concerns with staff at staff handover meetings, planned to discuss the issues at the next staff meeting and had scheduled one to one sessions with people. This assured us that the provider had implemented processes to take appropriate action to ensure staff who may need to improve their interaction with people were identified, trained and supervised.

Staff spoke about people in a caring way. One staff said, "This job requires compassion and patience, and I bring those with me every day to work." A volunteer commented, "Staff were always polite and treated people well." Healthcare professionals told us staff were "friendly and helpful." People told us their relatives and friends visited them and there were no time restrictions. One person said, "My friends visit me. We have a meal and few drinks in my flat." The service has a guest suite that could be used by people's relatives and this was put in place to make relatives stay more comfortable.

Some people told us they did not always have the same staff support them. Most people said they did not mind different staff supporting them but a couple of people said some continuity would be better. One person said, "God no, not the same staff, it would be so much easier if the same staff visited me as they know my needs." Staff rotas and staff shift planner showed people were not always supported by same team of staff. We asked the management about the lack of continuity of care. The head of service commented "it is still a growing service" and that they were in the process of recruiting new staff. They told us as soon as all the staff vacancies were filled they would be able to achieve continuity of care. In the meantime, they would allocate small teams of staff that would support the same people.

People told us they were involved in the care planning process and made decisions about their care, support and treatment. For example, one person told us when they moved in to Lorenzo House they talked to staff about what support they needed and when.

Staff were trained in dignity and respect, and equality and diversity as part of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The provider worked with the local authority and a charity providing support services to older lesbian, gay, bisexual and transgender (LGBT) people in London to understand and meet their needs. For

example, this charity had provided a list of services to the provider that offered varied activities to ensure older LGBT people lived lives free from loneliness and social isolation such as yoga and dance sessions, and befriending services. This list was made available to people residing in Lorenzo House and staff assisted people where requested to access these services.

People told us they were treated with dignity and their privacy was respected. One person said staff respected their privacy and knocked before they entered their flat. People told us their independence was very important to them and staff mostly respected their wish to do things for themselves. For example, one person told us they valued their independence and could go out whenever they wanted, visited their friends and staff supported them to access the supermarket as they were unable to do that by themselves. Another person commented they could go out when they wanted to the bank and shops and staff would go with them if they wanted them to. A third person said, "I do my own washing, go downstairs to use the [washing] machine." Staff understood people's wish to remain independent and supported them according to their wishes. One staff member told us, "I encourage them and engage with them in daily tasks. For example, whilst supporting [person using the service] with breakfast, I ask what she wants to eat, if she chooses butter and jam, I encourage her to apply it on the toast, I pour water in the cup and ask her to add sugar as per her wish."

## Is the service responsive?

### Our findings

People told us the service was responsive and staff knew their likes and dislikes. One person said staff knew their wishes and preferences. People told us care visits were planned as per their wishes and they could change their care visit times whenever they wished. One person said they had agreed with staff when they would like to be supported. Another person said staff arranged what time they would visit every day, depending on what the person had planned. A third person commented, "Staff asks me what time I would like them to come. I ask them to come before 10am but not earlier than 8am." The registered manager told us they tailored support hours that met people's individual needs and wishes. For example, if people wanted to have a lie-in or a slow start in the mornings, or had appointments, staff were able to support them as per their daily plan. However, they ensured people with specific health needs such as diabetes or dementia where time and routine were critical, people were supported at agreed set times.

Staff recorded in people's daily care records how people were supported and for how long they were supported. People's daily care records showed that people did not always receive the length of care visit specified in their care plans. We asked the registered manager about this and they told us as staff supporting people were on site throughout the day, they supported people as and when they required support in addition to their set care visit times. This offered greater flexibility for people. For example, if a person did not want to have shower in the morning but just breakfast then staff would work around their wishes and return later to support them with personal care or if people had visitors over and preferred being supported a bit later then the staff would return to them later.

People told us they planned their care, and staff provided care as per their agreed care plans. They were given copies of their care plans which were kept in their flats. One person said they asked the staff member to read their care plan to them. Care plans were comprehensive and provided clear instructions to staff on how to provide personalised care. People's care plans were regularly reviewed and provided information on their background and medical history, communication, personal care, medicines, mobility, and nutrition and hydration needs, and cultural and religious needs and preferences. For example, one person's care plan stated their religion and that they would participate in a religious service or when [people of faith] visited Lorenzo House. Staff were instructed to inform the person when [person of faith] visited the service. People's care folders had 'simple care plans' that detailed instructions for staff on how to meet people's needs. For example, one person's care plan under morning visit stated, "Please ring front door bell before entering, once entered please can you say good morning and your name... prompt me to have my medicines and administer them...support me to prepare breakfast of my choice."

The service had an activities coordinator and volunteers that arranged group and individual activities for people who wanted to get involved. People told us they enjoyed group activities such as quiz, games, live music sessions and religious services. On the day of inspection we saw people joining in group activities in the activities room. One person told us they were looking forward to a karaoke session that was organised specially for them. People who did not want to participate in activities had their wishes respected. A volunteer told us people who accessed the activities were happy with the activities and staff who supported them in their flats.

The provider's complaints procedure was accessible to people and their relatives. Most people told us they knew who to speak to if they were not happy with the staff or service and that they did not have any complaints. One person said that everything was good and they did not have any complaints. They further said they would speak to the business manager if they wanted to complain about the staff or the support. Two people told us they had raised concerns and were satisfied with the way they were addressed. For example, one person commented they had told the staff member who had visited them at 7.30am that "it was too early" and since then staff arrived at their preferred time. Another person told us they were not happy about staff not placing things back to their original positions after cleaning their flat and had complained about it to the registered manager and things had got better. The complaints logs showed there had been two complaints. The logs contained detailed information on the investigation, actions taken and learning outcomes.

The service supported people receiving end of life care support. However, people's care plans did not provide information on their end of life care wishes and preferences.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to documenting people's end of life care wishes and preferences.

People's completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) certificates were stored in their care plans and in their flats, records seen confirmed this. DNACPR provides immediate guidance to healthcare professionals on the best action to take (or not to take) should the person suffer cardiac arrest or die suddenly.

Most staff working with people receiving end of life care had been trained in end of life care and others had been booked onto the next available training session.

## Is the service well-led?

### Our findings

People told us the service was generally well managed and they found management approachable. One person said, "The managers are ok, no problem with the managers." Another person commented, "The managers are lovely and approachable." People told us they were happy living at the service. One person said they would recommend the service to other people as it was very good and all the staff were very helpful.

Staff told us the management was very good, they felt well supported and liked working with the provider. One staff member said, "I am so happy working with Lorenzo House. The [registered] manager is so helpful and [I] ask him if not sure about anything. Team works well and support each other. I am happy approaching the management as they are open minded." Another staff member commented, "I enjoy working here. The managers have time for you and are helpful."

The provider involved people and staff in improving the service by asking their views and opinions via staff and residents meetings. The provider organised bi-monthly residents meetings where concerns were discussed, feedback sought and relevant information shared. We looked at recent residents meeting minutes that confirmed various aspects of care and support were discussed including food, communication, hairdresser and activities. People told us they found the meetings useful and were able to voice their concerns to the management and these were acted on. For example, residents meeting minutes dated 25 October 2017 showed that people had raised concerns regarding the quality and quantity of the meals and these were addressed by organising a food tasting day. Some people told us that quality of food had improved since raising concerns and that they felt listened to.

There were regular staff meetings and daily staff handover meetings where the management and staff as a team discussed matters related to care delivery and staff were asked for their view and opinions. Team meeting minutes seen showed discussions included topics such as medication, health and safety, safeguarding, communication, CQC key lines of enquiry (KLOEs), training and appraisals. Staff told us they felt informed on the matters relevant to their role and people's care delivery. One staff member said the management valued their input and views and made necessary changes. For example, staff informed the registered manager that the staff room was not big enough for handover meetings as there were not enough seats for all staff. The registered manager took their views on board and arranged for handover meetings to be taken place in the restaurant that provided ample seating for staff.

The provider had sent out satisfaction questionnaires to people who used the service. The registered manager told us on receipt of the completed questionnaires the quality team would analyse the feedback and use that information to drive improvements. The deadline for people to complete questionnaires was 9 March 2018 and we saw leaflets reminding people of the deadline.

The registered manager carried out regular internal monitoring checks and audits and records seen confirmed this. The Head of Service told us they visited Lorenzo House once a week to provide support to the management team and the management team confirmed this. The quality team based at the head

office carried out quarterly audits based on CQC's KLOEs and checked safeguarding and accidents and incidents records, sampled some staff files including recruitment, training and supervision, care plans and medicine records. The quality team developed service improvement plans on the back of the audit findings which they sent to the registered manager.

The provider's recent audit resulted in a service improvement plan. Some of the key improvement areas were increasing staff capacity, ensuring all staff were appropriately trained, improving the needs assessment process and an ongoing item to ensure people's individual needs were met and they were involved in the care planning process. The Head of Service told us the service improvement plan was a live document which the management referred to on an ongoing basis. The service improvement plan recorded where the actions had been achieved and the reasons; where actions were still outstanding, and the likely date for them to be achieved.

The business manager attended the provider's monthly managers meetings, a forum that enabled managers to support and learn from each other. The business manager shared this learning with the registered manager and together they worked on improving the quality and safety of the service.

The provider worked with the local authority and other organisations to improve the quality of life of people using the service. For example, the provider had signed up to the Alzheimer's Society's Dementia Friends initiative where the focus was to raise awareness and understanding of what it might be like to live with dementia and use that understanding to create more dementia friendly environments. The provider's service development team monitored the CQC website, news alerts, reviewed key publications and websites and shared the relevant information with the registered manager.