

Woodley House Limited

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Inspection report

Woodley House, Woodley Street
Ruddington
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Nottinghamshire
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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 Woodley House on 5 and 6 July 2016. The inspection was unannounced.

Woodley House is situated in the village of Ruddington in Nottinghamshire. The service comprises of three separate buildings, the house, cottage and bungalow and provides care and support for up to 20 people with a learning disability. At the time of our inspection 16 people lived at the service.

The service had a registered manager in place at the time of our visit. 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 told us they felt safe at Woodley House and did not have any concerns about the care they received. Staff knew how to protect people from harm and referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments carried out to minimise the risk of harm. The building was well maintained and regular safety checks were carried out.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed. Appropriate pre-employment checks were carried out before staff began work at Woodley House.

People received their prescribed medicines when required and these were stored and administered safely. Procedures were in place to ensure people received their medicines safely when they were away from the service.

People received effective care from staff who received training and support to ensure they could meet people's needs. On going training and assessment for all staff was scheduled to help maintain their knowledge.

People provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People told us they enjoyed the food offered and we saw they had sufficient quantities of food and drink to help them maintain healthy nutrition and hydration. People had access to healthcare professionals when required and staff followed their guidance to ensure people maintained good health.

People were treated with dignity and respect and their privacy was protected. We observed positive, caring relationships between staff and people using the service. Where possible people were involved in making decisions about their care and daily activities.

Staff understood people's support needs and ensured they received personalised responsive care. People had the opportunity to take part in enjoyable, constructive activities and maintain family and social relationships. When a complaint or concern was raised this was acted on quickly and investigated thoroughly by the service.

There was an open and transparent culture at the service. People, their relatives and staff were encouraged to have their say on their experience of care and their comments were acted on. Robust quality monitoring systems were in place to identify areas for improvement and ensure these were acted on.

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

Sufficient numbers of skilled and experienced staff were employed to meet people's needs.

People received their medicines when required and they were stored and administered safely.

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

People were protected from risk of bullying and abuse.

Is the service effective?

Good ●

The service was effective.

People received enough food and drink to maintain healthy nutrition and hydration.

People were cared for by staff who received support and training to help them meet their needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

Is the service caring?

Good ●

The service was caring.

People and their relatives had positive relationships with staff.

People were treated with dignity and respect and their privacy was protected.

People were involved in the design and review of their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was responsive to their needs.

Staff used innovative methods to ensure people had the opportunity to take part in enjoyable, constructive activities and maintain family and social relationships.

People's communication needs were recognised and supported by staff who understood them. Where required additional resources were provided to support this.

When a complaint or concern was raised this was acted on quickly and investigated thoroughly by the service.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture in the service.

People who use the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

There was a clear, supportive, management structure in place.

There were robust quality-monitoring systems in place which were used to identify and drive areas for improvement at the service.

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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 5 and 6 July 2016 and was unannounced.

The inspection was carried out by one Inspector. Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

Before the inspection, 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.

During the inspection, we spoke with three people who used the service. We spoke with four care staff, the administration manager, the deputy manager, the provider and two visiting professionals. We observed staff delivering care, reviewed three care records, quality audits and notes of meetings and looked at the recruitment files of six members of staff.

Is the service safe?

Our findings

People told us they felt safe at Woodley House and did not have any concerns about the care they received. One person told us "Everyone is friendly here" A visiting health professional told us, "It's a nice atmosphere, people are safe here". We observed each building of the service had a calm and pleasant atmosphere and that people interacted positively with care staff and each other

A number of people who used the service were known to display behaviours that could be challenging and may cause harm to others. Care plans we reviewed contained very detailed behaviour support plans which were designed to maintain the safety of staff and other people using the service, but in a way that was least restrictive to the person. A staff member told us, "We've had training (on dealing with challenging behaviour). If ever we are unsure we can always go back to the care plan. The good thing about the training is we are all working to the same specific plan."

We reviewed the behaviour support plan for one person which detailed how the behaviour was displayed along with strategies for dealing with this, including offering support, distraction techniques and the use of key phrases. The plan stressed the importance of allowing the person to express themselves whilst ensuring other people and staff were kept safe. The plan included specific guidance for dealing with the behaviour in different settings including at the service or a day centre. We saw that the person had agreed to the plan and staff told us they felt it had been useful in managing the behaviour. A staff member told us, "(The deputy manager) has put together packs for people who have specific behaviour that challenges. The way she has done this, is really, really good."

The staff we spoke with demonstrated a strong understanding of safeguarding procedures including signs and types of abuse and their role in raising a concern. A staff member told us they had raised concerns in the past, "I've reported issues to management. As soon as we report it, even on a weekend, they will act on it and make sure it goes (to the appropriate authority) straight away." Training records showed that all staff had completed safeguarding training. All of the staff we spoke with were aware of the services' whistleblowing policy and told us they could raise an issue without fear of reprimand. A staff member said, "I do believe that when I bring a problem up it gets dealt with, but I've never felt the need to whistle blow". A second staff member told us, "Everything is in confidence, we are always told we can go to the manager or the owner or the MASH team. I'd feel quite confident going to either of the managers." MASH is the acronym for Multi Agency Safeguarding Hub, the name given to the services monitoring safeguarding concerns. We saw records of referral that showed these were made quickly and to the appropriate agencies. Outcomes of investigations were recorded and any findings acted on.

Information about how to reduce risk of injury and harm was available in people's care plans. We saw that staff had completed assessments to identify and manage risk for a number of areas including trips and falls, environment and fire safety. The assessments included information for staff on how to manage risk. For example, how staff could keep a person safe when accessing the community as they were not always aware of road safety. We saw that risk assessments were kept up to date by monthly review or when a person's needs changed. Care staff we spoke with were aware of people's needs and the support they required to

reduce risk. They told us that they had enough equipment and resources to meet people's needs.

Records of accidents and incidents were kept in a central file and reviewed as part of the registered manager audit. This enabled the provider to identify any trends or concerns to help manage future risks. People told us they felt the building was clean and well maintained. A staff member said "The cleaners come in everyday, but night staff mop the floors to reduce the chance of people slipping".

The provider had taken steps to reduce preventable risks and hazards, for example regular fire and gas safety checks were carried out. We saw records that showed the provider and registered manager carried out a tour of the service to identify any maintenance issues and that regular maintenance of the building and equipment was carried out including portable electrical appliance safety and legionella checks. During our inspection, a contractor was on site carrying out repairs and general maintenance to the service. We identified a number of issues were remedied immediately.

People we spoke with said they felt enough staff were employed to meet their needs. This opinion was echoed by staff members. One member of staff told us, "We have our ups and downs like everyone when people phone in sick. But they'll (the managers) have an agency person with you in less than an hour if you need them". A second member of staff said, "Generally we are perfectly staffed. I know if things get busy we have the staff to sort it out". The deputy manager told us, "We generally try to 'over staff' to ensure we don't have to rely on agency, but we can get extra staff if needed". During our inspection we saw that extra staff were called in to provide cover as a person had suffered a fall away from the service and required additional support. We looked at the staffing rota for the months preceding our inspection and saw that the staffing levels identified by the provider were achieved or exceeded for every shift.

The provider had processes in place to ensure staff employed at Woodley House were of good character and had the necessary skills and experience to meet people's needs. People who used the service were involved in the recruitment of new staff including sitting on the interview panel for prospective employees. One person we spoke with told, "I helped (the manager) interview new people for their jobs". They told us they enjoyed being involved and felt it helped them get to know people before they were employed. We looked at the recruitment files of six members of staff and found that they contained evidence that the provider had carried out all appropriate pre-employment checks including references from previous employers, proof of identity and a current DBS Check. A Disclosure and Barring Service (DBS) check supports employers to make safer recruitment choices.

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. We saw that people received their medicine as prescribed. A staff member told us, "Meds, are always done on time. There's somebody (staff member) in each house who is meds trained to make sure people get their meds regularly". We reviewed the Medicines Administration (MAR) sheets for three people using the service. All three included relevant information to ensure staff were able to administer the medicine safely including the person's photograph, any known allergies and how they preferred to take their medicine. Staff had identified that when people were away from the service for example at a day centre on a home visit; their medicines were not always recorded as administered correctly. Staff worked with people's relatives and other service providers to produce a protocol to ensure medicines were recorded accurately. We saw that following the implantation of this recorded medicines errors fell.

Members of staff and the deputy manager told us they received regular training on the management and administration of medicines and staff had their competency regularly checked by the deputy and registered manager. Weekly and monthly medicines audits were carried out by senior staff and the deputy manager and these were reviewed by the registered manager. Where issues were identified action had been taken.

Records showed that if medicine errors had occurred correct procedures were followed and staff received additional training and support. Staff were following safe protocols for example completing stock checks of medicines to ensure they had been given when they should.

Is the service effective?

Our findings

People were supported by staff who had the skills and competency to meet their needs and received guidance and support from management.

People were cared for effectively as staff were supported to undertake training that helped them meet people's needs. We saw examples of staff using this training to support people including administering medicines and preparing food safely. Staff we spoke with told us they welcomed the training they received and felt it helped them to support people and understand their requirements. A staff member told us, "I've had loads of training, moving and handling, health and safety, medicines. The first two weeks I was here I was constantly training". Records showed that staff had access to a range of training sessions to help them develop their skills and knowledge and meet the specific needs of people they supported.

Staff told us they felt supported by the management team and were able to talk with them and discuss any issues. A staff member said, "All I have to do is sit down and ask (the registered manager) if I have any questions. She's never made me feel silly, I really feel like they help me with my role, I'm not stressed just relaxed. Management, and especially (registered manager) have been so helpful". We saw that all staff received a regular face-to-face supervision meeting with the manager which they told us they found useful. The deputy manager had carried out an audit of supervision files and identified that these were not always consistent and were held irregularly. As a result of this a new template and timetable was developed and additional staff were trained to provide supervision.

New members of staff undertook a period of induction upon commencing work at Woodley House including shadowing experienced staff and role specific training. A staff member told us, "The induction was very good, it prepared me for working here. I spent the first two weeks reading care plans and shadowing". The deputy manager told us that all staff were completing NVQ Level training and that new staff were completing the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

People were asked for their consent before staff provided support or assistance. Care plans we saw recorded that, where possible, people had signed to indicate their consent to any changes and reviews of their care.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The 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.

Staff we spoke with displayed a very good understanding of the MCA and had received training in its application. A staff member told us, "We've all had training on it (MCA) and everyone has an assessment in

their care plan they are done by (registered manager)". We saw that capacity assessments were completed for any decision that affected the person and were regularly updated. Where required staff carried out best interest decisions and recorded their rationale for doing so. For example, one person had a best interest decision in place for staff to support them taking medicines.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our visit, the service had submitted DoLS applications for all sixteen people using the service. During our inspection, a DoLS representative visited the service to monitor the conditions for an authorisation that had been approved. They told us the service compared favourably with similar services they dealt with and felt staff had a good understanding of the principals of DoLS. They told us "They've always done what I asked them to, so that's good. They are always happy to see me, even when I turn up without warning".

People told us they enjoyed the food at Woodley House and we saw that care staff supported people to maintain healthy nutrition and hydration. One person told us, "The food is nice here. I enjoy healthy eating here but my favourite food is fish, chips and mushy peas". A second person said, "The food is nice, I love lasagne, I'd have it for breakfast, dinner and tea".

We saw that people had access to drinks and snacks throughout the day and that staff were aware of any dietary requirements such as people who required a low fibre or low sugar diet. Staff told us they tried to encourage people to eat healthily but respected their wishes to choose their own meals. One staff member told us, "Most people are on a healthy eating diet and we have a list of foods that residents are allergic to and can't have". A second staff member said, "We have three choices for meals but if they don't want it we always get what they want". We saw that meals were designed with the input of people using the service and easy read menus were used to ensure people understood the choices available.

People had access to health professionals and the service was proactive in making referrals and requesting input when required. For example one person's record showed they were referred to a nutritionist following a period of weight loss. People's care records showed regular appointments with the optician, dentist, chiropodist and district nurse. Staff told us about incidents when they had requested medical support for people and told us they would not hesitate to seek help. A staff member said, "We arrange all the appointments; doctors, hospital, dentist, opticians". A second staff member said, "If we need anything at all like equipment, (management) will get it. One person needed a special hospital bed and it was here the next day". Care records showed that staff followed the guidance of health professionals where possible if the person gave consent.

Is the service caring?

Our findings

People told us they had a good relationship with care staff and felt staff treated them with care, respect and compassion. One person told us, "Everyone is friendly here". A second person said, "We get on really well with the staff, they are our friends. They take us out on activities". During our visit we observed positive interactions between staff and people living at Woodley House. A staff member told us, "I enjoy working here; you really get to love the residents".

People received a comprehensive assessment before they came to the service including recording of their preferences for male or female carer, support needs, treatment plans, capacity and dietary requirements. People's life history and past achievements were recorded to enable staff to have a good understanding of the person and what was important to them. Staff we spoke with demonstrated a good understanding of people's characters and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided.

People's religious and cultural needs were identified and staff endeavoured to meet these, for example people were supported to attend a church service. A staff member said, "Three people go to church on Sunday. We always offer to everyone. Mostly they say no but we always offer". They also told us, "(One person) loves organ music but doesn't like going to church, so on a Sunday we play them organ music and they love it".

Care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and we found that they provided staff with a very good understanding of the person, their needs and personality.

People told us that their choices were respected by staff. A person using the service told us, "I go on a Friday to choose my snacks at the co-op" and a second person said, "We have a choice in when to get up, when to go to bed, what to eat, what to wear, we get spoilt for choice. They gave me a choice for what colour to paint my room. I chose pink."

Staff we spoke with told us they aimed to provide person centred care and they respected the choices people made. A staff member told us, "We always offer people a choice for example what to wear". Staff offered people support where required but encouraged people to be independent when they could. Although the majority of people using the service required support from staff to help with their independence a number were independent and made their own decisions on how to spend their time including, shopping and trips into town. One person told us, "On a Friday one of the staff will take me shopping. I love to shop 'til I drop to make the staff jealous".

The service had robust systems to ensure people were involved in the design planning and review of their care and recording people's consent to treatment. One person told us, "I sit down and talk to the staff". During our visit we saw that staff encouraged people to be as involved as possible in making choices and decisions. For example we saw staff using picture cards to offer people choices for meals and drinks.

Care records we reviewed showed that where possible, people and their relatives were involved in the

design of their care plans and had signed these to indicate they agreed with them.

At the time of our visit one person used an independent advocate. People were offered the use of advocacy to help with decision making, when they first arrived at the service and again when DoLS applications were submitted. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and respect and their privacy was protected. One person told us, "The staff are nice, everyone is friendly". Staff had worked with people using the service to record their feelings and opinions about a number of matters including dignity and respect. Their comments were collated and displayed in a communal area to ensure all staff were aware. One comment said, "Staff respect me by talking to me. They make me drinks and treat me with respect".

During our visit we observed that staff were polite and respectful when speaking with people and always called them by their preferred name. Staff told us they always ensured people's privacy and dignity were protected when delivering personal care. For example one staff member said, "I wouldn't stand in the yard, shouting about what people have done. For personal care I make sure the doors are closed. When they need personal time we make sure they can use their rooms". A second staff member told us, "I always make sure the door is closed, curtains shut. I give them choices about having a shower, make sure they are clean, have nice clothes on".

People's confidentiality was protected as staff never discussed care and support in public areas and ensured telephone calls to or meetings with, health professionals were conducted behind closed doors. People also had the opportunity to have undisturbed private time in their bedrooms. We saw that staff respected their privacy by always knocking on doors and waiting for a response before entering. Visitors were able to come to the home at any time. A staff member told us, "Visitors can turn up when they want, 10 o'clock at night if they want. What's nice about here is when we have family events everyone turns up, they don't just interact with their own family member but everyone else as well".

Is the service responsive?

Our findings

People were involved in planning and making choices about their care and support and told us they received personalised care that was responsive to their needs. One person told us, "I sit down and talk to the staff". Staff told us that wherever possible they involved people or their relatives in reviewing their care. They told us, "We do monthly reviews of care plans. Every month I will ask some people if they want to look through their care plan. Mostly they say no but some people say yes. Everyone who has capacity has signed their care plan".

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time, for example when administering medicines. We saw that staff communicated well with each other and people using the service to ensure that everyone received the care and support they required.

Staff we spoke with had a thorough understanding of people's needs and told us they found the care plans contained useful information. A health professional commented, "They (care plans) are very good". We looked at the care plans of some people who lived at the service. All of the care plans we reviewed contained detailed information to allow staff to respond to people's needs. The care plans were kept up to date via regular reviews or when a person's needs changed. There was an effective system in place to ensure that staff were informed of changes to people's planned care; this included a handover of information between shifts, regular team meetings and electronic memos sent from the management team.

We found that where people required adjustments to be made to help maintain their independence and involvement, staff provided these. For example, staff supported people to access shops or go for walks. Staff made timely referrals to other health professionals to ensure that, when additional support or guidance was required, these could be provided quickly to help people retain their independence.

People we spoke with told us there was a wide the range of activities provided and they enjoyed taking part. One person told us, "I like the photocopying and magazines, watching the telly, activity stickers". A second person said, "I like my foot spa". Each person at the service had an allocated key worker, a named member of staff who had particular responsibilities for named people who used the service. We saw that the key worker system worked well in ensuring people received personalised care. For example, one person had a dual sensory impairment that limited their awareness of their surroundings. We saw that the person's key worker had developed an excellent understanding of their needs and had used their own time, away from Woodley House, to access and develop a range of activities and materials the person could use. We saw that the keyworker and other staff used touch and scent to assist the person to communicate and they responded positively to this particularly when taking medicines and drinks. Additionally, during our visit we observed this persons key worker contact a number of agencies to access a specific tool called a moon board that would help the person have a more stimulating environment and further communicate with staff.

We saw that staff used innovative methods and their understanding of people's needs to ensure that people maintained close contact with their families and friends. For example, one person's family lived abroad so

staff supported them to send postcards to their family. A second person had a relative living at a different care service and staff supported them to visit regularly. A third person gained comfort from visiting their parent's grave. Staff were given very detailed instructions on how to support them to do this whilst maintaining their privacy and dignity. One person enjoyed receiving telephone calls from a relative. However this was not always possible. Staff worked with the person and their relative to find a mutually convenient time and contact was maintained. All four people gained comfort from these connections. Staff noted how these helped to maintain people's mood and in some cases had reduced behaviour that other may find challenging.

All staff encouraged people to take part in activities as well as supporting them to access the local community, have trips out and take holidays including to Skegness and abroad. People were supported to visit local shops to buy food and regularly attended local pubs and community groups. Staff told us that people who used the service were well known and welcomed in the local community and they (people using the service) valued this interaction. A staff member told us, "They do something every day. We've been to the pub today, we've been to the arboretum, on holiday, out for lunch, day services, horse riding." People told us they particularly valued their trips out. Comments included; "I like to go sightseeing on a Saturday", "I like to go to (garden centre) for coffee and the pub for lunch" and "We go to the village for coffee".

People told us they would be happy to raise an issue or complaint at the service and were confident they would be listened to. We saw records of complaints received by the service. We saw that these were responded to quickly and the incident investigated thoroughly. The complainant received a full explanation regarding the findings of the investigation. Staff were aware of how to respond to complaints and the service had systems in place to deal with complaints if they arose. There was a complaints procedure in the service so that people or their relatives would know how to escalate their concerns if they needed to.

Is the service well-led?

Our findings

There was an open and transparent culture at Woodley House and people felt able to have their say on the running and development of the service. People we spoke with told us they felt the service was relaxed and they were encouraged to give their feedback about the home. One person told us, "They (staff) ask us how we are feeling, if we want to change anything. We have 'speak out' to (the name given to the residents feedback meeting) once a month". Throughout our visit, we observed that there was a relaxed atmosphere at the service and people were comfortable speaking with care staff, the registered manager and each other.

Staff we spoke with felt there was an open culture at the service and they would feel comfortable in raising issues with or asking for support from, the management team. A staff member told us, "Everything we say they take on board and say 'we'll look into implementing that'. It's quite a good team".

We saw records of staff meetings for the months preceding our visit. These showed that issues including, training, holidays and activities were discussed. Staff had the opportunity to contribute to the meeting and raise issues and these were followed up by the registered manager. Staff told us they found these meetings useful and they were able to have their say. One member of staff told us, "The good thing about team meetings here is I can come to it with a list of issues I want raised and they all will be".

People, their relatives and health care professionals had the opportunity to give feedback about the quality of the service they received. The provider had a number of ways of gathering feedback including, an annual satisfaction survey as well as regular staff and resident and relative meetings. Feedback from the surveys showed that people were generally happy with the service they received. Comments included; "I am happy with the care provided" and, "(Relative) is now very settled in the cottage. (Person) likes all the staff and the residents". People we spoke with told us they found the residents meetings useful and were happy to make suggestions and felt they were listened to.

We saw that where people made comments or suggestions these were acted on. For example One person told us, "I asked for different foods and they got them and I asked to go to the day centre". A relative requested more communication about their loved one and this was acted on. A second relative commented, "There have been some major improvements in (relatives) wellbeing. We appreciate the emails informing of milestones and appointments. These are more regular than previously".

The service had a registered manager who understood their responsibilities. Everyone we spoke with knew who the registered manager and deputy manager were and felt they were always visible and available. A staff member said, "They always check on us in the morning to make sure we have enough staff and everything is alright. They have good interaction with the residents".

Clear decision-making processes were in place and all staff were aware of their roles and responsibilities. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The quality of service people received was assessed by the management team through regular auditing of areas such as medication and care planning, environment, recruitment, infection control and health and safety. The registered manager carried out a monthly audit with the provider to identify any trends or concerns. Any incidents and accidents were reviewed in people's care plans and a central record of accidents was used to identify any patterns and learning for the service.