

# MacIntyre Care Fern Lea

## Inspection report

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### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Fern Lea on 21 January 2016.

Fern Lea is a care home for four adults with a learning disability. Although close to a busy main road the home is in a secluded semi-rural location on the outskirts of Chester. Transport is required to get to shops and other local amenities.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on leave during our visit yet the registered provider made arrangements for another registered manager within the organisation to assist us during our visit.

Our last inspection of the service took place in April 2014. At that time the registered provider had met all of our standards.

People who used the service told us that they were happy living at Fern Lea, felt safe and considered that staff cared about them. This was reinforced by observation of the care practice provided to those who could not necessarily provide us with a direct account of their experiences.

Staff explained to us what they would do to keep people safe and how they protected their rights. Staff had been provided with training and showed an understanding about safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff practice was focussed completely on the needs of people and this was delivered in a friendly yet dignified manner. People had full access to other medical services as well as advocacy when required.

There were opportunities for people to take part in group activities but they were also encouraged to develop personal interests and this was evident throughout the building and through individual discussions.

Staff protected people from the risks associated with poor nutrition and hydration as they encouraged people to eat and choose a balanced diet. Staff ensured that people were able to eat independently but with discreet supervision to ensure that this was done safely.

Records that we looked at were comprehensive and kept up to date. Support plans contained detailed information on each person and how their care and support was to be delivered. The information was regularly reviewed with the person who used the service and significant others. Care plans were presented in a format that was appropriate to the communication needs of each person. This meant that people

received personalised care in line with their wishes and preferences.

People were supported by staff who were robustly recruited, well trained and regularly supervised.. The service was run by a registered manager and registered provider who were open and transparent in their practice, responsive to the views of staff and people alike and monitored the quality of care in an objective and transparent manner.

We have made two recommendations about the standard of decoration in corridor areas and the management of medicines.

Summa

## 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 are protected from the risks of abuse through the policies and procedures that were adopted by the registered provider and the training given.

People live in a clean and hygienic environment although attention needs to be paid to some aspects of the decoration of the building.

People have the risks of harm to them minimised by up to date and relevant risk assessments.

The health and safety of people is promoted by a safe system of managing medication.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and supervision they required to meet the needs of people.

Communication between team members was good and fostered positive teamwork which provided a good outcome for people who used the service.

The rights of people are protected through the provider's knowledge of the Mental Capacity Act and other safeguards.

### Is the service caring?

Good ●

The service was caring.

People told us that they felt comfortable with the staff team and felt cared for.

Staff adopted an approach to people which was friendly, informal and linked to the preferences of individuals.

People were provided with information on what they could

expect from the service in a format that assisted their communication needs.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were very person centred, detailed and relevant to the needs of each person.

People are able to pursue their own preferred activities with staff support.

Information on how to make a complaint was in an appropriate format and demonstrated a wish for the registered provider to listen to and act upon complaints made.

### Is the service well-led?

Good ●

The service was well-led.

Staff told us they considered the registered manager to be approachable.

The registered provider had a robust system for assessing the quality of support provided and this included the views of all people involved.

The registered provider and manager met their registration responsibilities.

# Fern Lea

## **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 21 January 2016 and was unannounced.

The inspection was carried out by an Adult Social Care inspector

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at four care plans and other records such as staff recruitment files, training records, policies and procedures and complaints files. We also looked at the Provider Information Return (PIR) which the registered provider returned to us when asked. This contained information on how the registered provider maintained a good standard of care.

We checked to see if a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. No visit had yet been undertaken by Healthwatch to Fern Lea.

Prior to the inspection we contacted a number of organisations for their views on the service. These included the local authority commissioners, the safeguarding unit and the community learning disability team. All were positive about the service.

Our last inspection of the service was held in April 2014. On that occasion the registered provider was meeting all the standards that we used to assess the quality of support at that time.

During the inspection we spoke with three people who used the service. People were able to give us brief comments in relation to the support they received but we also used their responses to the staff team to make a judgement on the quality of support they received. We spoke to four members of staff one of which

included a senior member of staff. We looked at the records of all people who used the service and also records relating to the management of the service. These included quality audits, training records, and records relating to the recruitment and support of staff. We conducted a full tour of the premises. This was done to ensure that standards of hygiene and decoration were being maintained. We provided information to visitors on how they could have their say about the service and requested the views of the local learning disability team. No comments were received at the time of this report, although any subsequent feedback will be used as part of our on-going inspection process.

# Is the service safe?

## Our findings

People who used the service said that they felt safe living there and that the staff were "ok" and "alright". For those people who were not able to directly give us an account of their experiences, we observed that people appeared comfortable and relaxed with staff. We observed that people had particular things they liked to talk about (as verified by their care plans) and they were able to do this freely.

Staff demonstrated a good understanding of the types of abuse that could occur and the action they would take if needed. They felt confident that their concerns would be listened to and acted upon by the management team. Staff confirmed that they had received safeguarding training and this was confirmed through training records. All were aware of where the procedure for reporting concerns was located. In addition to this, information was on display on staff notice boards reinforcing the process for reporting abuse and the types of abuse that could occur. Staff demonstrated an awareness of the whistleblowing process for reporting concerns and the agencies they could speak to. We spoke to the Local Authority safeguarding team who had no concerns about the service. Our own records indicated that there were no safeguarding concerns either.

Care plans included risk assessments which sought to eradicate or reduce the risk of abuse that people could face. Risk assessments looked at how issues such as financial abuse could be eliminated by the actions of staff and robust systems for safeguarding people's monies. This meant that people living at Fern Lea were protected from abuse.

Risk assessments were in place in order to protect the health and safety of people and to recognise potential risks faced by them not only in the environment and in the wider community but also those risks linked to their individual needs or health conditions. Assessments were in place to recognise how individual health conditions could pose a threat to people and the action that needed to be taken in order to minimise these. People who lived at Fern Lea had a medical condition which meant that they could not be left unsupervised at certain times, for example, when being assisted to bathe. Staff were able to tell us how they ensured that this situation did not occur and the information available to them to remind them. We observed staff ensuring that supervision of people was maintained during these times. All risk assessments were up to date and were reviewed regularly. A plan for risk assessment reviews was in place for the forthcoming year. The presence of up to date and accurate risk assessments meant that people living at Fern Lea were fully protected from harm and risks present in their everyday lives. Information on how to safely evacuate people during an emergency was in place and up to date. This meant that people were kept safe.

The premises were clean and hygienic with no offensive odours present. Cleaning schedules were in place for all parts of the building. Food stored in refrigerators had been labelled and dated when opened and reminders of good practice in food hygiene were present in the kitchen area. The provider information return provided by the registered manager had identified the need for some parts of the building to be redecorated following wear and tear damage sustained by the ongoing use of wheelchairs. This redecoration had not been done and staff pointed this out to us as an issue that needed addressing. The



standard of decoration detracted from the good quality of care received by people who lived there. Such wear and tear included scrape marks to walls and door frames. A recommendation is raised in this report. Bedrooms we looked at were maintained to a good standard of decoration and reflected the individual interests of people. We noted that the fabric of an armchair in the lounge had split and that the interior padding had become exposed. This armchair had been purchased by one person and was used on a regular basis by this person. The exposing of fabric meant that this could be seen as a fire and infection control issue that could present a risk to the person who used it. Staff were aware that this needed replacing and steps had been taken to address this.

A lounge area is available to people and this was used during our visit. A conservatory is also available but we noted that this was being used as a storage area for various pieces of equipment and other items. One person told us that they wanted this to be moved and had raised this with the staff team. The staff team told us that they were aware of their concerns.

A staff rota was in place and this had been planned for the next few weeks. Staff levels consisted of three people during the day and two at night. During our visit, three people were on duty. One member of staff was supporting one person to attend medical appointments with two members of staff providing support in the home. Staff had no concerns about current staffing levels and felt that current numbers could meet the needs of people. We saw that staff provided care in a relaxed and unhurried manner with attention being paid to every last detail of people's support. Staff did tell us that there were staff vacancies within the service and that this had meant them either working more than their contracted hours or the use of relief staff from within the organisation. This was confirmed through staff rotas. The registered manager had sought to recruit new staff yet this was taking time while appropriate checks were being made.

One member of staff had been employed by the registered provider since our last visit. We looked at their recruitment process. This included appropriate checks such as references and a Disclosure and Barring Service check (known as a DBS). Checks had been made in respect of this person's past work experience and regard had been made to ensure that employment gaps, if they occur, could be accounted for. Further checks had been made on the person's physical fitness to do the job and the gathering of documents to confirm their identity. The member of staff told us that they considered the recruitment process to have been fair and thorough. The recruitment process meant that people who used the service were supported by staff who were suitable to meet their needs and had had checks to ensure that they were safe.

One person told us that they always got their medication when they needed it and that it was never missed. People who used the service relied on the staff team to manage their medication. Risk assessments were available to reflect this. Each person's medication was securely stored in a medication cabinet within their bedrooms. We looked at two cupboards. Thermometers monitored the ambient temperature of each cupboard. A monitored dosage system was used and we were able to reconcile the medication available with medication records. Medication records were appropriately signed with details of the amount of medication received and by whom. Disposal records were also available and this enabled a check on medication stocks to be monitored. Staff training certificate and staff discussions confirmed that they had received medication training and that they received an annual medication competency test to ensure that they were dealing with medication in a safe manner. Information was available in each care plan about the medication that people had been prescribed, potential side effects and how they preferred to take it.

Staff responsible for the ordering of medication told us that the pharmacy supplier had made mistakes and that there was pressure on staff to ensure that medication was also available to people. While medication was always available and people did not miss their medication, staff told us that a great deal of time was taken ensuring that the pharmacy supplier had received all the information they needed, for example,

repeat prescriptions. The staff team had approached the registered provider with their concerns and while some progress had been made, it remained that people could occasionally be at risk of not having medication available. We have raised this as a recommendation in this report.

We recommend that the registered provider attends to decorative issues within the main corridor areas so that people live in a pleasant and home-like environment

We recommend that the registered provider seeks to review the standard of provision of medication from their pharmacy supplier so that staff can be confident that repeat medications will be accurate and promote people's wellbeing.

# Is the service effective?

## Our findings

People who used the service said that they were happy with the staff team and that they knew what they were doing to meet their needs. Other people did not give a direct account of their experiences yet responded positively to staff.

Staff told us that they received regular training; This was confirmed through training records and a matrix which enabled staff to know what training they would need during any given year. Training received included health and safety topics as well as safeguarding awareness, training in conditions specific to the needs of people and the Mental Capacity . Training received was confirmed through the availability of training records and certificates. Staff told us they received regular supervision and where staff had worked in the service for a number of years, staff appraisals had been received. This meant that people who used the service were supported by a well supervised staff team who were knowledgeable about their individual needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Staff demonstrated a good working knowledge of the MCA and how this needed to be taken into account while supporting people. They confirmed that they had received training in this and were able to give an account of why it would be needed.

The registered manager had ensured that information on the MCA and associated standards were available for the staff team to refer to. This included a summary of the five principles of the act starting with the assumption that people had capacity and that the least restrictive option should be taken. Information was available suggesting that deprivation orders had been applied for and granted by the local authority with a clear timescale for review. Staff were able to give an account of what the restrictions where in practice and how they impacted on people. The information in place and staff knowledge meant that the people who used the service could have their rights respected and safety enhanced.

We observed that consent was gained from people on a regular basis during interactions with them. At all times we observed the staff team informing people how they were to be supported, providing explanations but gained their agreement to this level of support. The communication needs of people are such that staff needed to focus closely on whether people agreed or otherwise to the support they were being offered. This was enhanced by communication assessments included within care plans. These assessments provided a detailed overview of when people were agreeable to support and those instances where they did not. All communication assessments were up to date and detailed. This meant that the needs and agreement of people could be fully met by the staff team. Other methods for gaining consent included regular meetings with people who used the service either through house meetings or on a one to one basis.

We observed communication within the service between the staff team. This was done in either written or verbal form. Handover records and diaries were available to ensure that key events relevant to the needs of people took place. In addition to this, we observed that communication and teamwork between staff was effective with an emphasis on meeting the needs of individuals. Discussions with the staff team also noted that they were fully aware of any issues within the service such as health appointments and other key events. This good level of communication in turn meant that the people who used the service would have their support enhanced by positive teamwork.

We spoke to one person who had been recruited to the service since our last visit. They gave us an account of how they had been introduced into working there through the induction process. Following recruitment, they were able to receive key training in line with the needs of individuals living at Fern Lea as well as key health and safety issues. A period of staff shadowing then took place. The member of staff felt that they had been well prepared by the registered provider to take on their role. The person had started a course with Skills for Care, which on completion they would mean receipt of a nationally recognised care certificate. This is awarded to staff new to care work who complete a learning programme designed to enable them to provide safe and compassionate care.

We looked at how the nutritional needs of people were taken into consideration by the service. People we spoke to were positive about the standard of food provided. We observed that each person was given meaningful choice in what they wanted for a particular meal and this was provided to their satisfaction. This choice was provided at breakfast and lunch. The choice of preferred meals was respected at all times. A dining area was available and this was located next to the kitchen. We observed that breakfast was given once people were ready for and at a time which fitted in their preferences and routines.

Care plans did not highlight any specific dietary needs although likes and dislikes were recorded. Information suggested that attention was needed by the staff team to ensure that a health condition which was shared by most people and involved difficulties in swallowing were taken into account. Staff were able to give a detailed account of how the presentation of the meal would take this condition into account and minimise the risk of choking. We observed one person having breakfast. This person was able to eat with no assistance although discreet supervision was provided by staff to ensure that this was done safely.

One person did not want breakfast. While this wish was respected, staff did approach the person to ensure that this is what they wanted. People were encouraged to have drinks regularly. Care plans had specific and detailed accounts of how the nutritional needs of people should be met. Records were also available to monitor people's weight and what meals had consisted of. The small number of people living at Fern Lea meant that people could be provided with four different meals in line with their preferences although efforts were made to ensure that there was general agreement on what should be provided. People were encouraged to assist with weekly shopping trips and there was a good stock of food available within the kitchen. The attention paid to people's nutritional needs meant that they would remain healthy.

Our tour of the building found that the premises had been adapted to meet the mobility needs of people. The building was on one level and ramps were available to enable ease of access to and from the building. Corridors are wide enough for the use of wheelchairs and wide doorways assist in this process. Equipment was in place to enable assistance in safely transferring people. Overhead tracking hoists were available in key areas such as bedrooms and the bathroom to assist with this. Some furniture was adapted and could be adjusted to take people's posture into account. The provider information return provided to us from the registered manager outlined plans to install patio doors and a ramp for one person. This had been done. The provision of equipment and design of the building meant that people could have their mobility needs met and remain safe.

## Is the service caring?

### Our findings

People who used the service told us that they liked the staff team and thought that they looked after them well. We saw through observation that people were relaxed and comfortable with the staff team and that a positive and friendly rapport had been established.

Each care plan included a communication assessment which enabled staff to communicate with people as effectively as possible. This approach included not just those key words and phrases that people responded to but also how staff could identify non-verbal communication such as facial expressions to determine whether people were happy or otherwise in given situations. Staff adopted an approach which was centred entirely on the wishes and preferences of people and great efforts were made to ensure that people were provided with all the information they needed to make decisions in their daily lives.

We observed that some good natured banter was included within interactions and these had been built up over some time by staff who knew the character of each person as well as those things that they felt comfortable with. People who used the service had their own preferred topics of conversation. Staff ensured that people were free to talk about these and took a genuine interest in them.

Care practice demonstrated that a significant amount of relevant information was provided to people who used the service. This included one to one daily interactions such as asking people what they wanted for meals or what activities they wanted to do that day or in the future. People were asked at all times whether they were physically comfortable or wanted a drink. Other systems were in place to involve people in the running of the service through meetings with all individuals from time to time. Care plan reviews always included the individual to ensure that their views were taken into account.

Information was provided to people in a format that met their communication needs. These included documents such as care plans that had key points supported by pictures of people doing key activities as well as the complaints procedure and policies. The registered provider had used a method known as "Great Interactions" to systematically review its policies to ensure that they were transparent and could be provided in a format appropriate for each person's communication needs.

Staff told us that they fully understood the idea of protecting the rights of people through confidentiality. They stated that they had read and understood the confidentiality policy to ensure that sensitive information was not discussed beyond the service.

Staff took the privacy and dignity of individuals into account at all times. We were alerted during our visit to the fact that two people remained in their bedrooms and that any tour we would take of the building should take that into account. One person was supported in their personal hygiene needs. Bedroom doors remained closed while the person was being supported and this was also the case with the bathroom door. As staff needed to leave the bathroom and then re-enter it, they knocked on the door at all times on their return. Interactions with people were respectful and mindful of their privacy at all times. We were able to speak with people who lived at Fern Lea in private and this was facilitated by the staff team.

The support provided was mindful of the independence of individuals. While people had high dependency levels in respect of their personal care needs, we witnessed two occasions where individuals were assisted with transferring but staff ensured that the skills people had to assist were used and their use encouraged. The same level of independence was seen when people were having breakfast. Again people were encouraged to eat for themselves with staff just paying attention to ensure that there were no choking hazards.

Care plans provided evidence that the health and wellbeing of people were taken into account. Routine medical appointments were undertaken with staff support and where people needed more urgent medical attention; this was facilitated by the staff team. Care plans focussed on how people could maintain their own health and wellbeing. All people were registered with a doctor, optician and dentist and regular appointments were maintained. People we spoke with told us that they were well and could see a doctor when they needed to. We witnessed one member of staff expressing concerns to their colleague about the health of one person as they were being assisted to get up. After checking it was decided that the person was fine but may have still been a bit disorientated after waking. This demonstrated the awareness and observation skills of staff to identify anything that was out of character for people living there.

One person received visits from an advocate every other week. This person enjoyed the relationship with this person. The advocate had been invited to attend care plan reviews and was seen as a key part of this person's life as evidenced in their care plan.

## Is the service responsive?

### Our findings

People expressed positive views about the support they received and about their life at Fern Lea. People told us about activities they undertook in the wider community as well as individual events which reflected their interests. We saw that people responded positively when staff spoke to them about their interests and the plans that each person had made for trips out in the near future.

We looked at four care plans. The registered provider had adopted a system of care planning which was very person centred. Care plans focussed on how people could be kept healthy and safe. Care plans went into great detail about the routines of each person, their likes and dislikes, any relevant needs that they had in their daily lives and the qualities they had which others admired about them. All care plans were presented in an appropriate format for people to meet their communication needs and were accompanied by supporting symbols and pictures to aid their understanding. People who lived at Fern Lea had either lived there for a number of years or in the case of one person had come to live there from another service run by the registered provider. As a result, initial assessment information was no longer relevant and care plans, when reviewed, were based on the ongoing experiences that the person and their representatives had had.. Care plans were reviewed annually and this review included the person (and their views) their family or advocates and other people who were significant to them in their lives. Where care plans needed to be changed to reflect the emergence of a short term needs, this was done, again in consultation with all concerned.

We were able to identify in care plans interests that people had and nutritional needs that had to be taken into account. In respect of interests that people had, we could see that activities they had experienced or their bedrooms reflected this. For example one person followed a particular football team closely. The person enjoyed watching matches on the television and a large board with fixtures and badges relating to teams were available for them to refer to in the lounge area. This person's bedroom was decorated in a manner to reflect this interest. We saw that people had a specific nutritional need and again through discussions with staff, we were able to confirm that staff were aware of this and outlined the steps to keep people safe. This meant that care plans were active and accurate documents and as a result were centred completely on the needs of the person.

There was no set routine for activities in place yet discussions with people, observation and records suggested that any activities undertaken by people did take place regularly. These included either group activities or activities on a one to one basis. One person used a local day resource while others remained at home. Activities included practical things such as shopping for the house or trips out to places of interest or shows again which reflected the interests of people. Two people enjoyed the music of two different singers and arrangements had been made for them to go to different shows held by respective tribute acts so that the individual preferences of people could be respected. People have access to transport by the provision of a minibus for outings into the wider community.

One person's care plan indicated that they preferred their own company. We noted that this was the case

during our visit. While others enjoyed remaining in the dining area chatting to staff, this person had preferred their own personal space within the lounge. We asked staff about how potential isolation of this person was taken into consideration. They told us that they would sit and chat with the person on a regular basis but only if that person wanted this. They told us that they would be mindful of getting a balance between preventing the person feeling alone and their preferences. We saw staff during our visit going into the lounge area and including this person from time to time although this person was still able to enjoy their own personal space in peace.

A complaints procedure was available. One was designed for visitors to the service and the other for the people who lived there. This latter document had been designed in a pictorial format to assist the person on who they could talk to and how a complaint would be dealt with. This document was readily available to everyone. No complaints had been recorded since our last visit. Our records also indicated that no concerns had been received by us about the service.

As well as complaints about care practice, there was evidence that the registered manager had wished to prevent complaints from neighbours. This included notices for staff to respect the privacy of people living close by.



## Is the service well-led?

### Our findings

People we spoke with did not provide specific views on the management of the service, they had expressed a positive view of the support they otherwise received. This suggested that the service was well led in their view.

The service had a registered manager. The registered manager was not present on the day of our visit due to pre booked annual leave.

We spoke with three members of staff. All stated that they considered the registered manager was approachable and included all the staff team with the information they needed to perform their role. In turn the registered manager sought to carry out the philosophy of care followed by the registered provider. There was evidence of the registered provider giving information and support to the staff team with the aim of providing a good quality of support to people. This information included the format for person centred plans, training, supervision standards and policies and procedures. Policies and procedures had been drawn up and reviewed in line with "Great Interactions". This was a way of working devised by the registered provider with the aim of "improving staff practice, feedback and reflection with the aim of people who use the service of benefitting from staff support which is personalised for them".

The absence of the registered manager meant that staff could still contact on call managers, the senior staff within the service would be able to ensure that all the work required by the registered manager would still continue in their absence. This was confirmed through our discussions with a senior member of staff who was able to assist and explain systems within the service. Staff told us that senior staff were good and knowledgeable and would carry on the smooth running of the service in the absence of the registered manager.

The registered provider sought to maintain the quality of the service through a variety of means. Staff told us that they were able to comment annually through a staff survey on the support they received. We saw evidence that people who used the service and their representatives had the opportunity to comment on the quality of their care through a questionnaire. This was confirmed to us by one person. We saw that survey records were presented in an appropriate format and the results of all surveys were made available to the staff team. Where care practice was identified as requiring improvement, an action plan had been devised and checked with a further review date identified for the following three months to ensure positive progress.

Audits were in place for a variety of aspects of the running of the service. These included audits in respect of infection control, health and safety and risk assessment review. A planned timetable was in place to ensure that these would be completed. In addition to this, the registered provider had set up a compliance team who periodically assessed the standard of all aspects of support within the service and then provided a commentary on how it was progressing. In turn there was an expectation that the registered manager would produce an action plan where improvements were needed. The registered manager made clear information available to staff. Discussions with staff noted that they were able to instantly refer to information about training, supervision and knew the location of key procedures such as safeguarding procedures. This suggested an open and transparent way of managing which ultimately had a positive outcome for those who used the service.

Senior staff we spoke with had been informed by the registered manager of the Care Quality Commissions

(CQC) rating system and this was confirmed through discussion.

Our records suggested that where applicable, the registered manager and provider was aware of the responsibilities attached to running a registered service and notified us of those incidents that could adversely affect people's wellbeing.