

Polesworth Group Homes Limited

Polesworth Group Friary Road

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

This inspection took place on 12 May 2016 and was announced.

Friary Road provides care, support and accommodation for up to six people with a learning disability. At the time of our inspection visit, there were six people living in the home.

The service was last inspected on 7 April 2014, when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

People were comfortable with the care staff who supported them. Relatives were confident people were safe living in the home. Staff received training in how to safeguard people from abuse and were supported by the provider's safeguarding policies and procedures. Staff understood what action they should take to protect people from abuse. Risks to people's safety were identified, minimised and responsive towards individual needs. People could be supported in the least restrictive way possible that helped promote and support their independence.

People were supported with their medicines if they needed it, by staff that were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks of medicines helped ensure any potential issues were identified and action could be taken as a result.

There were enough staff to meet people's needs. The provider increased staffing levels when people's needs changed so there were extra staff to meet those needs. The provider conducted pre-employment checks prior to staff starting work to ensure their suitability to support people who stayed at the home. Staff told us they had not been able to start work until these checks had been completed.

The provider assessed people's capacity to make their own decisions if it was identified people lacked the capacity to make some or all of their own decisions. Staff and the registered manager had a good understanding of the Mental Capacity Act, and the need to seek consent from people before delivering care and support wherever possible. Where restrictions on people's liberty were in place, legal processes had been followed to ensure the restrictions were in people's 'best interests'. Applications for legal authorisation to restrict people's liberty had been sent to the relevant authorities in a timely way.

People told us staff were respectful and treated them with dignity. We observed interactions between people which confirmed this. People told us their privacy and dignity was maintained and people were supported to make choices about their day to day lives. People were supported to maintain any activities,

interests and relationships that were important to them.

People had access to health professionals whenever necessary, and we saw the care and support people received was in line with what had been recommended by health professionals. People's care records were written in a way which helped staff to deliver care that was based on each person's needs. People were involved in how their care and support was delivered, as were their relatives if people needed support from a representative to plan their care.

Relatives told us they were able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the registered manager and the provider were approachable and responsive to their ideas and suggestions. There were systems to monitor the quality of the support provided in the home. The provider ensured that recommended actions from quality assurance checks were clearly documented and acted upon by the manager as they undertook regular unannounced visits to the home.

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's needs had been assessed and risks to their safety were identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People's right to make their own decisions where possible had been protected. Where people lacked the capacity to make some decisions, records documented discussions with professionals and representatives to ensure decisions were made in people's best interests.

Where people were being deprived of their liberty, applications had been made as required to seek legal authorisation to do so. Staff understood the need to seek consent from people about how their needs should be met. People were supported by staff that were competent and trained to meet their needs effectively. People were offered a choice of meals and drinks that met their dietary needs, and received timely support from health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. Staff supported people to be as independent as they wanted to be, and showed respect for people's privacy.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been planned with theirs and their relative's involvement, and was regularly reviewed. Care was focussed on what people wanted to achieve. The service supported people to maintain hobbies, interests and activities they enjoyed. People knew how to raise complaints and were supported to do so.

Is the service well-led?

The service was well led.

People felt able to approach the management team and felt they were listened to when they did. Staff felt supported in their roles and there was a culture of openness at the home. There were quality monitoring systems for the provider to identify any areas needing improvement. Where issues had been identified, action had been taken to address them and improve the service.

Good ●

Polesworth Group Friary Road

Detailed findings

Background to this inspection

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

The inspection took place on 12 May 2016 and was announced. We gave the provider 24 hours' notice of the inspection so they had time to arrange for us to speak with people who used the service. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners, who told us they did not have any concerns. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection and saw it reflected the service being provided.

During our inspection visit, we spoke with five people who lived in the home. We spoke with two relatives following our inspection visit on the telephone. We spoke to the registered manager and four care staff.

We reviewed four people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe, and that they knew who to talk to if they did not. One person commented, "If something has upset me I will go to the staff to sort it out." Relatives agreed. One relative told us, "[Name] seems secure and seems happy. As long as [name] is happy, we are happy." We observed the interactions between people and the staff supporting them. We saw people were relaxed and comfortable around staff and responded positively when staff approached them.

People were protected from harm and potential abuse. Staff had received training to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for them to follow should they be concerned abuse had happened. Staff told us they would follow up on concerns they raised if the manager or provider had taken no action. One staff member told us, "I would go to the manager, and if I thought it was not being dealt with properly, I would go higher. My priority is that people are okay." Staff understood the different types of abuse, and knew what they should be looking for to safeguard people. One staff member said, "We have worked with people so long we notice when their behaviour changes. They could get quiet or upset." There was information on display, including contact details of the local safeguarding team, so staff knew who to contact if they had any concerns.

The registered manager understood their responsibility to refer any safeguarding matters to the local authority. They kept records of any concerns, which were detailed and timely and demonstrated the manager worked well with those responsible for investigating any safeguarding concerns. Our records showed the provider had correctly notified us when safeguarding concerns had been raised.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written for staff with guidance on how to manage identified risks, so people's health and safety was protected. These did not remove risks entirely, but indicated actions which maximised people's independence. One staff member told us, "Risk assessments here are spot on. They change if someone's needs change." Risk assessments were clearly written and regularly reviewed. More frequent reviews were completed when changes had been identified, for example, in response to changes in people's health and mobility. Staff knew about people's needs and risks associated with their care. They were able to tell us about these in detail.

Other risks, such as those linked to the premises, or activities that took place at the service, were assessed and actions agreed to minimise the risks. This helped to ensure people were safe in their environment. For example, routine safety checks were completed for the premises, these included gas checks and checks on electrical items. Records showed that when staff had reported potential risks, these had been dealt with appropriately.

Staff knew how to keep people safe in the event of a fire and were able to tell us about the emergency procedures they would follow. Fire safety equipment was tested regularly, and the effectiveness of fire drills was assessed and recorded. There were contingency plans to keep people safe if people were temporarily unable to use the building.

There were enough staff to meet people's needs. At the time of our inspection visit, we saw enough staff on duty to support people's day to day needs. Staff had time to sit and engage with people on a one to one basis, which people enjoyed. They also had time to support people to get ready for activities or groups they enjoyed attending. The registered manager told us when people's needs changed, they contacted commissioners to seek increased funding so staffing could be increased and people's needs could be met more effectively. Staff commented on this saying, "[Name] needs more support now but [registered manager] is sorting this out." The registered manager told us when the home was short of staff, for example through sickness or staff vacancies, they used staff from within the provider organisation and did not use agency staff. They told us this meant staff covering knew how the provider worked, and were familiar with the expectations of the quality of care they should be providing. They told us people living in the home were likely to have met covering staff before and that this provided consistency and reassurance for people and their relatives.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained information to check new staff were of a good character before they started work at the service. References were obtained from previous employers and checks were undertaken with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to come through before they started working in the home. The registered manager told us the provider ensured people who used its services were involved in recruiting staff. People were involved in interviewing prospective staff members, people's feedback from this process formed part of the final recruitment decision.

Along with initial training for new staff on how to administer medicines safely, existing staff received training to refresh their knowledge and skills with medicine administration. The registered manager observed them giving medicines to people to ensure they did so competently.

People told us staff supported them to take their medicines when they needed them. One person commented, "Staff help us with our tablets when it is time." Medicines were stored safely and were administered as prescribed. Where people took medicines on an 'as required' basis, information was in place for staff to follow so that the safe dosages were not exceeded.

Records showed medicines were checked at every change of staff on shift, to ensure stocks of medicines were as they should be. These checks ensured people received their prescribed medicines. MAR (Medicine Administration Record) sheets were checked monthly to ensure they had been completed correctly. These checks were used to provide assurance that medicines were managed and administered as prescribed. Records showed MAR sheets were completed in line with the provider's policies, and there were no gaps.

Is the service effective?

Our findings

People told us staff knew how to support them, and had the skills and knowledge needed to meet their needs. One person commented, "The staff are perfect. They know what to do."

Staff told us they completed an induction when they first started working at the home. This included face to face and online computer training, working alongside experienced staff and being observed in practice before they worked independently. Staff told us this had made them feel confident in their skills to support people effectively, and that they were provided with the support they needed to become familiar with their role. One relatively new staff member said, "The support here has been great. Every time I have asked a question, I have had an answer. Everyone is quite approachable." The induction training included completing the 'Care Certificate.' The Care Certificate is a nationally recognised set of expectations, which assess care staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support to people. The registered manager confirmed all staff had an induction to the service and completed induction training. They added they took a lead role within the provider organisation to develop the Care Certificate training and assessment. They said they had provided support to other managers to induct new staff according to these requirements that ensured a consistently trained staff team. .

Following induction training, staff were supported to continue to develop their skills by attending regular training to refresh their skills and knowledge. Staff attended specific training to support people with their individual and specific health needs. Staff told us the training provided was good and helped them support people effectively. One staff member told us about training they'd had to help them support people who had behaviours which might become challenging. They said, "That course was very interesting. It helped me understand how to diffuse the situation before things got out of hand."

Staff spoke knowledgeably about people who lived in the home, and were aware of what had been agreed for their care and support. Staff also felt well supported by the provider, as they were able to access training on a regular basis to ensure their knowledge and skills were up to date. One staff member told us, "We have brilliant in-house training. Everything is explained in an easy way. You realise how much things can change in two years."

A training record held by the registered manager, outlined the training each member of staff had undertaken and when. The provider had guidance which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed, and they also monitored what other training staff needed. They told us this was in response to the changing needs of people being supported, as well as discussions with staff and day to day observations of their practice.

Staff told us they attended regular one to one supervision meetings, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance from the registered manager or senior member of staff. Staff told us this helped them to develop their skills and to become more confident with their roles and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 called the Deprivation of Liberty Safeguards (DoLS).

People told us staff asked their permission before supporting them, and that staff helped them in ways they preferred. One person said, "They ask what we want and do not want." We saw people were asked for their consent before care and support was provided. Where there were concerns about people's capacity to make decisions, their capacity had been assessed to determine which decisions they could make for themselves and which decisions needed to be made in their best interests. Care records made it clear to staff what decisions people could make for themselves. People's records also showed the level of support they needed with decision-making as identified in capacity assessments, and these had been used to update care plans. The information had been used to update people's risk assessments for example. This ensured staff had the most up to date and accurate information possible to support people with making decisions and managing assessed risks.

The registered manager had made applications to the local authority for people they had identified as being deprived of their liberty. People's care records showed where this was the case. Where DoLS applications had been made, there was information in people's care plans detailing this, and for staff to use to support people in the least restrictive ways possible. The Local Authority had acknowledged receipt of these applications but had not yet visited to assess whether or not they would be authorised.

Staff told us they had received training on the MCA and DoLS, and as a result they understood their role and responsibilities. One staff member commented, "It is about treating people as individuals. Not assuming people can't make their own decisions." Staff were able to tell us whether or not they felt people had capacity to make their own decisions, and about the level of support people needed with decision making. Staff knew people's needs well, and information was shared effectively across the staff team to ensure people's needs were met.

The risks people had in relation to eating and drinking were minimised effectively. Where people were at risk of choking for example, there was information for staff on foods to be avoided, and what consistency foods needed to be prepared. Food and fluid intake was monitored and recorded in line with people's risk assessments. There was clear information for staff about how much people who were at risk, should be eating and drinking and when they should raise an alert about someone's food or fluid intake. Care records showed staff liaised closely with medical professionals where such risks had been identified, and acted on the advice they had been given.

People told us they could choose what they wanted to eat. One person said, "The food here is lovely. You can have something different if you don't like something." Lunch time was calm, relaxed and friendly and there was good clear communication between staff and people. Staff sat and ate with people which encouraged and supported them to socialise. People talked about their day, and what they would be doing later. Some people who were able to communicate, shared jokes with staff. Food was freshly cooked and smelt and looked appetising. There was a choice of drinks which were readily available to people if they wanted them.

Where people had specific health conditions, their care records included detailed information for staff about

how these should be managed. Records also included information about signs and symptoms which might indicate people needed medical attention. This included contact names and numbers for the relevant medical professionals. The provider ensured staff had training relevant to the needs of the people they supported, and had arranged specific training for staff so they could support people with different health conditions. Records showed health plans had been followed by staff, and they had supported people to get medical attention where necessary in a timely and responsive manner.

People had "hospital passports." These were records which contained important information about them, such as how they like to be addressed and what food they like, so that they could share this information with health professionals when they had hospital appointments. These contained information the person might otherwise not have remembered to share and helped protect those people from risk..

Is the service caring?

Our findings

People told us the staff were caring and respectful, and that they were able to choose the staff who worked most closely with them. One person told us, "This place is lovely. Lovely staff. [Name] is my keyworker. We had a choice of keyworker." A keyworker is a staff member who was responsible for overseeing the care and support of a particular person. Another person who had limited verbal communication commented, "I am happy here." When we asked relatives what staff did to provide a caring service, one told us, "Yes, the staff are caring. A few go the extra mile. They take people out, walks along the canal things like that. That means a lot to people." We saw people were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. People laughed and chatted with staff.

Staff told us the provider's values included a caring ethos, which was understood and promoted by the registered manager. One staff member said, "Here, it is all about the people. It is not about money or profit." When talking about what it meant to provide a caring service, comments from staff included, "We treat people as we would like to be treated. We think the world of them." "We want to make sure people are safe and happy and live as fulfilled a life as possible."

People were actively involved in deciding how their care and support should be provided, and were able to give their views on an ongoing basis. For example, where able, people had signed to say they agreed with their care plans. One person told us, "My keyworker asks me if I am OK with everything." They added, "If we aren't sure we ask the staff what we've got on our care plans." Relatives told us they were involved in developing and reviewing people's care plans if they were unable to do so themselves.

People's care records were written in a personalised way, and included information on people's likes, dislikes and preferences. Staff told us this helped them to get to know people, and gave them opportunities to use the information to engage in meaningful conversation with people.

People said they were supported to build and maintain friendships which were important to them. One person told us, "I go to stay with Mum a lot." Relatives agreed with people, telling us there were no restrictions on when they could visit people if they wanted to. They also told us staff supported people to visit their relatives if they wanted to. One relative said, "[Name] comes to stay with us regularly. We are taking [name] on holiday in the summer."

Relatives told us staff encouraged and supported people to do as much for themselves as possible. One relative told us, "They help [name] be more independent. [Name] has just come out of their shell more." Staff understood the importance of supporting people to be as independent as possible. One staff member commented, "People can and do ask to try new things. We don't want them to be dependent."

People told us their privacy and dignity was respected. One person told us, "We've got our rooms you see. We can go there." We observed staff ensuring people's dignity and privacy was respected. One person needed support with their personal care. A staff member said to the person, "Shall we just go into the bathroom?" Staff ensured people had privacy when they wanted it, and treated people as individuals. One

staff member commented, "We make time for people. We always knock on doors before we go in." Another staff member told us, "If people want to talk we make sure they are in a private space."

We saw people's personal details and records were held securely at the home. People had their own rooms, which could be locked if they wanted to. Records were filed in locked cabinets and locked storage facilities, so only authorised staff were able to access personal and sensitive information.

Is the service responsive?

Our findings

People told us they were asked what was important to them and staff respected and supported their choices. For example, they had made choices about what they wanted their rooms to look like. One person told us, "I got to choose the colours." We observed people being supported to make choices, for example about where they wanted go, and what they wanted to do.

Care plans explained people's individual likes and dislikes and how they preferred to be supported. Care plans were detailed and described individual goals and the steps they wanted to take to achieve their goals. There was also information about how staff should support them to take each step. The aim for each person was to promote their independence, with a strong emphasis on what people were able to do for themselves. Staff told us they had helped to put together people's care plans so they were knowledgeable about how best to meet people's needs.

People told us they were involved in reviewing their care plans. They also told us how staff ensured they could respond if they were having a problem. One person told us, "My keyworker asks me, 'if you were poorly, would you tell me?'" Relatives told us they were involved in helping to review people's care plans. Records showed people were at the centre of reviewing their care plans, and they were asked a range of questions to ensure care plans continued to reflect their likes, dislikes and preferences. For example, one of the questions asked of people was, "Do you like your keyworker, and do they support you to do the things you are not able to do?"

Friary Road supported a number of people who displayed behaviour which could cause themselves or others harm. Where this was the case, people's care records included detailed information about what this meant for the people concerned, how staff could support the person to communicate how they were feeling, along with practical steps staff could try to calm the situation. Daily notes staff made for people, showed they were using the tools and techniques identified to help support people, and staff spoke about these techniques in detail.

One person's care record included an 'emergency' care plan. The registered manager told us this would need to be initiated if the person's health deteriorated. The person's care plan included information for staff on what they should be looking for which might mean the person's health was deteriorating, and when the emergency care plan needed to be initiated. Staff we spoke with were familiar with this, and were able to tell us what they would do if they thought the person's health was deteriorating.

Staff spoke with us about how they responded to different people's needs. One staff member talked about the fact that people living in the home were all male. It had been identified that a number of people might benefit from interacting with male members of staff. The staff member said, "I think this (having some male staff) has been making a difference for [name]. We have been keeping [name] occupied, keeping [name] active."

People told us they were supported to take part in activities they enjoyed, and were supported and

encouraged to access their local communities if they wanted to. One person told us, "We are doing 'Midsummer Night's Dream' (at a local drama group). We've done lots of plays in the past." Another person commented, "I'm going to the pub for my birthday." We saw people were engaged in activities that had been planned in advance, and were part of their usual routines. This was clearly documented in people's care plans, which included timetables of activities they enjoyed, so staff knew what people were doing on what days.

Staff told us there was a communication book where they could record information for staff coming onto the next shift. This helped staff understand any issues or concerns before they started work and supported them in providing continuity of care.

People told us they knew how to complain. Relatives told us they had little cause to complain, but that they knew how to do so and when they did, they received an effective and timely response. One relative commented, "I would talk to the staff (if they had any concerns)." The registered manager had not received any complaints in the past 12 months. There was information on display about what people could expect and how to complain if they were not happy with anything. The information was in an 'easy read' format to help people to understand their rights. There were policies and procedures for staff to follow to ensure complaints were dealt with effectively.

Is the service well-led?

Our findings

People and relatives told us they thought the home was well managed and that Friary Road was a good service. One person told us, "I like living here. It is a lovely home." One person's relative commented, "[Name] is quite happy and contented. People there can all do their own thing and get their own choices. There is a good atmosphere."

Commenting on what they thought made the service so good, one relative said, "I know it is a good home because [relative's name] would tell us if anything was wrong." Staff agreed the registered manager was effective, one commented, "[Registered manager] does sort things out. If we tell them people need something, they make sure they get it." Staff told us support was always available if they needed it. One commented, "We are a good staff team and we will support each other." Staff told us the registered manager and the provider encouraged them to do a good job. One staff member commented, "I enjoy working here. You feel you are achieving and are valued." Talking about some of the things they did to make staff feel valued, the registered manager said, "I think it is important for people working in care to get a qualification. So, for example, we are drawing up an acknowledgement letter and a certificate for those who complete the Care Certificate."

We observed there was a homely atmosphere where people were relaxed and calm. There were open and honest discussions between people, staff and the managers, which helped people to feel valued and respected.

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people living in the home and share any concerns they might have. Staff told us they were listened to and that made them more likely to share their views. Staff told us there was an open and honest dialogue with the registered manager, which helped to ensure their concerns were aired. One staff member said, "We do say things if we don't agree with something. [Registered manager] will tell us if they are not happy with something too." They told us issues were discussed, actions were agreed and progress on actions was fed back by the registered manager.

People were invited to complete a questionnaire every year, which the provider used to assess the quality of the care provided. We saw that questionnaires included simple questions with pictures and symbols to help people understand what they were being asked. The registered manager told us staff went through these questionnaires with people. They told us if anyone indicated they were anything other than happy with an element of their care, this was followed up with people to explore ways in which the service could improve. People and relatives were also given the opportunity to meet with the provider. This gave them a chance to talk with someone other than the registered manager if they wanted to.

Records showed relatives and carers were surveyed annually to get their views on the service provided with a view to improving it. The last analysis of this feedback was dated July 2015, so the registered manager told us questionnaires were due to be sent out again soon. Relatives we spoke with told us they could not recall having been asked for their views, although they did tell us staff asked them if they had any concerns when

they visited the home. They also told us they were invited to an annual relatives meeting by the provider. One relative commented, "I do get invited. I don't tend to go but I know I could if I wanted to." The registered manager told us relatives of people being supported across the whole of the provider group were surveyed so they did not feel they could be identified by the feedback they gave. However, the registered manager acknowledged this might mean individual homes were not clear on the thoughts of relatives of the people they supported directly. They told us they would think about how they could encourage relatives to give their views on Friary Road in a less formal way.

The home was managed effectively and staff were responsive to people's changing needs. The provider analysed the staffing arrangements annually to help ensure they had the right skill mix and numbers of staff. For example, they looked at staff who had started and left the organisation (including an analysis of any information people had given on why they had left). They looked at the ages of the staff to identify any trends so that action could be taken.

The provider was looking at how it could improve the service it provided. The provider had signed up to the "Social Care Commitment." The Social Care Commitment is a national, government backed initiative, and sets out how adult social care providers should ensure people who need care and support get high quality services. The provider was in the process of looking at its own policies, procedures and processes to ensure they met the expected standards of the Social Care Commitment.

Friary Road had also been given the 'Heartbeat' award for the third time. The 'Heartbeat Award' is a scheme open to establishments catering for adults in a care environment. The award is given to successful applicants who can demonstrate that they offer healthy food choices to people, and have good food hygiene practices in their premises.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.

The registered manager monitored and audited the quality and safety of the service. This included information on monthly quality checks such as infection control audits and checks of MAR sheets, for example. It also included areas for development over the coming period, along with timescales and details of how these developments were to be achieved.

Records showed that unannounced visits from other managers within the provider organisation took place regularly, as did provider visits by directors on a monthly basis. These were to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. Records of these visits showed people were always spoken to, and that the directors undertaking the visits recorded their views as part of their feedback. The registered manager was responsible for completing these actions and had to report back to the provider once they were completed.