

# National Schizophrenia Fellowship Bath Road

## Inspection report

77-79 Bath Road  
Swindon  
Wiltshire  
SN1 4AX

Tel: 01793538074  
Website: [www.rethink.org](http://www.rethink.org)

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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 this service on 8 February 2017. This was an unannounced inspection.

Bath Road is a care home run by the National Schizophrenia Fellowship, also known as Rethink Mental Illness. Bath Road supports up to 10 people who experience a mental health crisis by providing support that meets their changing needs. At the time of inspection there were nine people living at the home.

There was not 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 service had a manager in place who had applied for registration with the Care Quality Commission.

At an inspection in December 2015 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk due to unsafe management of medicines. We also found risks to people's environment that meant people were not protected in the event of a fire. People had not received care and support that was individualised to their needs. After the inspection the provider sent us details of how they would meet their legal requirements relating to the two breaches.

At this inspection we found improvements had been made. People felt safe and were supported by staff that had the skills and knowledge to meet their needs. The service was continuing to work on recruiting to vacant posts and in the meantime took measures to ensure temporary staff were of a good standard. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

Staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicines as prescribed. There were systems in place to manage safe administration and storage of medicines.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. These were regularly reviewed and updated when needed. Staff were aware of people's needs and followed guidance to keep them safe.

People were supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager). Staff received adequate training and support to carry out their roles effectively.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA.

People were supported to maintain their health and were referred for specialist advice as required.

People were involved in decisions about their support needs. People had care plans which detailed the support they required and how the support would be provided. These were regularly reviewed and updated. Staff knew the people they cared for and what was important to them. The service recognised that further progress was needed to encourage people to engage with a variety of social activities of their choice to avoid social isolation.

The service looked for ways to continually improve the quality of the service. Ongoing feedback was sought from people to improve their care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The service had informed us of all notifiable incidents. The manager had applied to become a registered manager and had a clear plan to develop and further improve the service. Staff spoke positively about the support and leadership they received from the management team.

## 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.

Risks to people were managed and assessments were in place to manage these and keep people safe.

Medicines were managed safely and staff's competency was checked regularly.

People's safety was managed by concerns being appropriately reported and investigated. Staff had safeguarding training and understood what abuse was.

There were enough skilled staff to keep people safe. Where temporary staff were used the provider ensured these were regular and had received the necessary training to keep people safe.

### Is the service effective?

Good ●

The service was effective.

Staff were carefully selected to ensure they had the required skills and experience to meet people's needs.

Staff received relevant training and this was kept updated.

Staff felt supported and had regular meetings with management to discuss their roles and responsibilities.

Staff had good knowledge of the Mental Capacity Act and applied its principles in their day to day work.

People had access to, and were supported to attend medical support when needed.

The service was updating and improving the premises.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that cared about them and knew them well.

Staff understood the importance of treating people with dignity and respect.

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

**Good** ●

The service was responsive.

People's needs were assessed and care plans were current and reflected individual support needs. People's care was reviewed and changes made where needed.

The service was looking at ways to provide opportunities for people to take part in activities they may have an interest in.

Complaints were responded to in line with provider's policy.

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

**Good** ●

The service was well-led.

The leadership created a culture of openness that made staff and people feel included and well supported.

Staff said the management team was a positive improvement to the service.

There were systems in place to monitor the quality and safety of the service and drive improvement.

The service worked well with other professionals to ensure people had good outcomes.

# Bath 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 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 was carried out by two inspectors. The inspection took place on 8 February 2017 and was unannounced.

Before the inspection we reviewed the information we held about the service and the service provider. The provider had 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with four people and looked at two people's care records including medicine administration records (MAR). We spoke with the manager, quality assurance manager, and three care staff. We reviewed a range of records relating to the management of the home. These included two staff files, quality assurance audits, people's surveys, minutes of meetings with staff, incident reports, complaints and compliments.

# Is the service safe?

## Our findings

At an inspection on 7, 8 and 29 December 2015 we found people were at risk due to unsafe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 8 January 2017 we found improvements had been made. People received their medicines as prescribed. The provider had a medicines policy and procedures in place and there were systems in place to manage medicines safely. Weekly audits on medication had been completed.

People's medication was managed safely. Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed medicines administered from a monitored dosage system. Some people had been prescribed medicines to be administered on an 'as required' or occasional basis (PRN). We saw that guidance was provided within Medicines Administration Records (MAR) on how PRN medicines should be administered, should they require it. The provider maintained records of when these medicines were administered and the reasons for their administration, for example, if a person became very anxious and needed medication to reduce this anxiety. Staff were competent in administering medication. We saw that staff had completed medicines training and their competency in administering medication was checked regularly.

At an inspection on 7, 8 and 29 December 2015 we found risks to people's environment that meant people were not protected in the event of a fire. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 8 January 2017 we found improvements had been made. People were protected from fire risks as there were regular checks on alarms and equipment. Evacuation drills took place regularly and staff had been trained in fire safety. Each person had a Personal Evacuation Emergency Plan (PEEP). We saw one person was not always responsive to evacuating and there was information on managing this to keep the person safe.

The service had a monitoring system called 'Maintaining a Safe Environment' which included weekly bedroom checks, window restrictors and first aid box. In addition to this, staff also completed daily inspections, such as cleanliness of rooms, cleaning schedules, and water temperatures. Health and safety was reviewed by service managers. Environmental risk assessments were also in place to ensure all equipment was safe and used correctly, for example fridge temperatures and infection control. A maintenance person was employed full time to ensure that repairs were undertaken in a timely manner.

People's care plans were thorough and where risks were identified there were management plans in place to manage these risks. Risk assessments included risks associated with people's medicines. For example, a person's inhaler was running out frequently and the GP was reluctant to prescribe more. Observations were made and it was identified that the person was having more medication than needed. The risk management plan was updated to ensure that the person only took the required number of puffs and inhaled correctly to

receive the correct dosage to manage their condition. We also saw risk assessments around behaviours such as self-neglect. For example, one person was reluctant to change their clothes regularly or ensure personal care was done such as having their hair cut and shaving. We saw the control measure was for staff to prompt the person to change their clothes and encourage around personal care. We saw staff prompting this person to get dressed on the day of the inspection but they were reluctant to do so. The staff said they would suggest this throughout the day and discussed this in the staff handover meeting

People told us they felt safe. One person said, "It's alright. Yeah, safe. Nothing is dangerous at all. Staff help me with medicines". People were supported by staff that had the knowledge and skills to keep them safe. This was because staff had undergone training in areas such as safeguarding, mental health skills, first aid, health and safety and medication. Staff understood how to identify safeguarding concerns and their responsibilities to identify and report any concerns relating to abuse of vulnerable adults. Staff knew where to report to outside agencies and named the Care Quality Commission (CQC) and the local authority safeguarding team. One member of staff told us, "I did face to face safeguarding training with the local authority last year. I would raise any safeguarding as soon as possible with the local authority. Things have improved. We recognise concerns better". They went on to describe referring a person who they were concerned about regarding financial exploitation. The person had a meeting with professionals and staff were working with the person to help them manage their finances safely to avoid being exploited, alongside respecting the person's choice.

There was a whistle blowing policy in place that was available to staff. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

The provider recorded and reported accidents and incidents appropriately. Records clearly documented when incidents and accidents had occurred and what action was taken following the event. For example, we saw an incident reported after a person hurt their foot on a holiday and was taken to hospital to have it checked out. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One member of staff said, "We report any accidents or incidents to the office and complete accident forms".

Staffing levels were maintained at a safe level with use of agency staff but the manager was continuing to recruit staff to permanent contracts. In the interim, regular agency staff were supplied to ensure continuity and knowledge of people supported in the service. We saw safe staffing levels had been maintained. Staff were supported out of hours by a local on-call manager to help manage risk. The provider's senior management team also provided a national duty on call system to provide a robust level of support, care and risk management for services.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable people.



## Is the service effective?

### Our findings

People felt the staff were effective. One person said, "You do get looked after here. You can have anything to eat anytime you want". Staff were supported to improve the quality of care they delivered to people through training and supervision processes. Staff records showed they had received the provider's mandatory training on a range of subjects including mental health skills, equality and diversity, first aid, basic personal care and Mental Capacity Act (2005). Staff told us they had the training to meet people's needs. One member of staff said, "They're very good on training here. Online is all the mandatory training but they also offer additional training, such as solution focussed training which was a two day course about supporting people to build upon their strengths to make improvements they feel they want".

The Quality and Service Improvement Manager had worked closely with the service since the last inspection. This was to ensure that the improvement action plan was completed. Additional audits to monitor progress and confirm where additional training was required had taken place. For example, sessions had been delivered about the new person centred support planning process. Staff had been supported to apply this new approach and their understanding was regularly checked to ensure that completion of support planning became more robust and effective. We were told the new manager would work with the provider's learning and development team to identify specific training for staff regarding people's physical health needs. This was in recognition that people in the service had been there for some years and their needs had changed to needing more support of their physical health. For example, some people needed to attend various medical appointments due to increasing physical conditions and staff supported where necessary with ongoing communication between GPs and specialist care services. This was important where there were risks about the person disengaging from services or of self-neglect.

New staff completed an induction programme before working on their own. Staff were beginning to undertake the Care Certificate training to enable them to be more effective in their approach and have more confidence. The Care Certificate is a set of standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The provider had identified that staff had not been receiving regular supervision whilst the service had been without a manager. Supervision meetings give staff the opportunity to discuss their performance, raise concerns and identify any development needs they might have. A system had been put in place to ensure all staff were now receiving regular supervision. This included support from an experienced manager from a different service whilst the new manager was being inducted. A staff member said, "Yes. It can be whenever (supervision). I've just had one with [manager]. I can contact them whenever I need to. Another staff member said, "Supervision has been quite regular. [Name] did most recent and I've had two meetings since January. We also have group supervisions".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager and staff were knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected. We saw that all people in the service had capacity but there was recognition that at times this may change if a person's mental health deteriorated and therefore capacity at that time would need to be considered to protect the person. A member of staff explained that all people in the service had capacity but when they became unwell there might be a time when they did not have capacity and a best interest's decision would be needed to ensure they received support in hospital. Staff had a good understanding of mental capacity and how it applied to people they supported. A staff member said, "At the end of the day it's a person's choice. Even if they make a decision that's not good. You have to ensure they understand, use language they understand and discuss at the right time in the right place".

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). At the time of our inspection, no-one in the service had DoLS.

Staff told us they were aware of the importance of encouraging people to eat healthily. People were encouraged to make their own breakfast and lunch and an evening meal of choice was prepared by staff. People were encouraged to choose the meal they enjoyed and this was served at least once a week. One person who preferred vegetarian food told us, "I'm vegetarian. I always get what I want to eat. Food is alright. Nothing wrong with it". The manager said, "We've set healthy eating champions this week at the team meeting. [Staff name] is going to do a recipe book and a lot more with people about choices of food.

It was acknowledged that at times it was difficult to balance healthy eating whilst respecting people's rights to make unhealthy choices. In view of this, we were told a Health Ambassador had been invited to Bath Road and was visiting at the end of the month. This would involve having an informal chat about healthy choices, smoking cessation, walking groups and healthy diet to support a healthy mind. It was hoped support could be arranged with a team of volunteers who could work one to one, with a group in the service or out and about in the community.

People had support to promote their physical and mental health. We saw details of health professionals involved such as GP, psychiatrist, care co-ordinator, district nurse, community psychiatric nurse and chiropodist. Appropriate referrals and action had taken place when needed. For example, we saw that the manager had ensured that a person's whose mental health had deteriorated received the external support they needed.

The service was in the process of having improvements made. This included replacing all windows, replacing the two kitchens, a new laundry room being installed and bathrooms adapted to walk in shower rooms with grab rails. The service was also working on improving the garden with the use of volunteers from a banking company. Once the building work was completed, it was planned to redecorate and put new flooring in. A member of staff said "There is light at the end of the tunnel and with the renovations it's becoming more of a home for people. People will be involved with ideas to spruce it up a bit". Another member of staff said the improvements would make a big difference and said it helped both people in service and the staff's morale to see that the environment was being improved and that it helped them feel valued and hoped it would impact upon people in a positive way.

## Is the service caring?

### Our findings

People were supported by staff that had been recruited to ensure they held the values of the organisation which were hope, understanding, commitment, expertise and passion. The new manager was being supported to continue the work begun by the Quality Improvement Manager. This was to role model a caring and competent approach to people and staff and coach staff to understand the requirements of delivering support, as well as having oversight of the formal support and risk management processes. The provider was implementing the NHS Accessible Standards. These standards aim to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand and with support so they can communicate effectively with health and social care services. It was hoped this would help improve the process by which communication issues were identified with the people supported and improve how information is provided to be more accessible to all. The manager planned to strengthen links with local statutory and community services to improve the quality of support delivered by the service and ensure this becomes more comprehensive.

People had their own private rooms which they were able to lock and staff entered by invitation only. Communal areas were available to enable people to spend time with their visitors, family and friends. People were supported to have contact with their families and those important to them. We saw that one person saw their relative regularly who was welcomed in the service. A staff commented, "When [name] was in hospital we visited him after work. He was pleased to see us. We had a card signed by the residents. We chatted with him and his relative. They said 'I'm so pleased to see you both'. It's not just about the people we look after; it's about their family too".

Staff were being retrained to take a person centred approach that empowered people to be at the heart of the support planning process, setting their own goals and defining their own quality of life. Due to people's changing physical needs, dignity during personal care was essential. Staff were mindful of the need to respect people's privacy and maintain their dignity. We saw guidance on a person's support plan that when the nurse visited the care should always take place in the person's room, not the office.

People's needs were reviewed on an ongoing basis as part of embedding the new support planning process in the service which included reviewing consent to personal care. Support plans were written in a respectful manner and people had been involved in these and signed to confirm they agreed with the way their care needs would be met. There was a description of someone's religious and spiritual beliefs. There was guidance about ensuring that staff showed respect and understanding about the person's belief and not to challenge it. There were also details about how someone liked make up and perfume after they showered. This information helped to ensure that staff knew what was important to the person. Support plans also said about the importance of supporting the person if they wanted to form relationships.

We observed staff expressing an interest in people's lives. We heard them enquiring after a person's relative who was unwell and chatting with them about this. We saw staff helping a person to prepare to move to another service. We heard that a leaving party had been held at the weekend and the person had chosen what food they wanted such as cakes, and hot dogs. We saw that a leaving present and card had been

prepared and the gift had been chosen thoughtfully buying something that the person really liked. When the time came for the person to leave, the staff were emotional but also happy that the person was moving onto a service that could support their increased health needs.

We observed a handover meeting. A person had a close bereavement and it was discussed how important it was to support the person through this, being sensitive to how they were coping and offer reassurance if needed. It was also discussed that a person had agreed to be supported with an aspect of their personal care.

Confidentiality was recognised as important. People had consented to share information with GP, psychiatrist, CQC and Sequol. We also saw agreements that people agreed to for support with personal care.

Independence was encouraged. For example, encourage [name] to take the lead in booking and making future appointments. A staff member said, "It's important to understand the need to support people to go out but not to make people dependent on you. We need to encourage their dependence and that is so rewarding".

Staff understood how important choice for people was. A staff member said, "Choice is the biggest thing for me. It's no good telling someone what they need to eat or when they need to wash. It's their choice. You need to have time". They went on to say that "In the past the kitchen would have been locked. Now we say 'Go and help yourself'. A lot of people have experienced only four walls and a uniform. They're not used to being cared for by people like us who are relaxed.

## Is the service responsive?

### Our findings

At an inspection on 7, 8 and 29 December 2015 we found people had not received care and support that was individualised to their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 8 January 2017 we found improvements had been made. Support plans were person centred, up to date and detailed with outcomes and actions stated to ensure people were supported to achieve as much as they could. There was a helpful and informative one page profile which provided important information to staff about the person so they could quickly support the person effectively. The profiles provided information about the person's mental health needs but also about their interests and what was important to the person. For example, one person's profile stated the person was sociable, kind and reliable. It said what was important for the person, for example getting their money regularly and having regular haircuts.

The support plans assisted joint working with Community Psychiatric Nurses, care coordinators and the provider's staff for each person and defined roles and responsibilities of each service involved. This was important as it was recognised that people needed support both internally and externally to achieve optimum mental health. The manager was responsible for overseeing that all support plans and risk assessments were routinely monitored for quality and efficacy. These were checked against case notes, incident reports and daily observations of people's progress to achieve a more responsive approach to delivering support and care.

People's support plans were reviewed regularly. The service had developed a schedule indicating when the next planned reviews for support plans and health actions were due. This meant that people's care needs would be kept updated and consultation was made with the appropriate professionals to review people's care.

The manager was providing staff with guidance on managing people's longer term needs including housing, support and healthcare needs. The service was working towards becoming more responsive to both the needs of people presently in the service and those that may be referred to the service. The management team acknowledged that a large number of people had been living in the service for several years, having been referred into the service originally as a 'home for life'. Their needs had evolved over time and the service was working to ensure these needs could be met or whether support was needed to help them move to alternative appropriate service that would better meet their needs. For example, following a spell in hospital the service had worked with a person to consider another service where their health needs could be better supported. We heard that the manager and a care co-ordinator from the mental health team had discussed with the person and they eventually came to their own decision about the need to move elsewhere. We spoke with a mental health care co-ordinator who said, "My opinion is that they [the service] have gone over and above and supported [name] much longer than they should have. They followed all the guidelines in respect of capacity and consent when working with [name] regarding the move". Another professional said, "They've gone over and above. The hygiene has been very good. I've been liaising with

staff mostly. They know their limitations. They insisted we wrote in their communications book and have taken our advice on board. I feel welcome here and so do my colleagues".

The service had stated in their PIR that the people's engagement, involvement and participation needed to improve. We asked the manager what plans were being considered to ensure this happened. We were told there were considerations about inviting organisations such as adult education to run sessions in the home and to further explore what resources were in the community that could be accessed by people in the service. It was also hoped that Wi-Fi could be implemented so that people could use Skype and computers to keep in contact with people. Staff also expressed they would like to do more to support people with their interests. One member of staff talked about going to the local pub with a person and discussing their love of cars. They had also gone to see a tribute band which the person really enjoyed. One person we spoke with said they would enjoy watching model aeroplanes being flown as this is something they had previously enjoyed. Another person had a greenhouse in the garden and said "I've got lots to do in the garden this year".

There was information about how people could make a complaint if they needed to. This was also discussed during one to one sessions. The provider had a complaints policy in place. We looked at the complaints records and saw all complaints had been dealt with in line with the provider's policy. The service was introducing a suggestion/complaints box with pre-printed cards which people, their relatives and professionals could put their opinions on. These would be evaluated and actioned regularly. This was due to be started in March 2017.

## Is the service well-led?

### Our findings

The service had a manager in place who had applied to become the registered manager. The manager had been selected to continue the improvements that had been implemented by the provider across all the Swindon services. The manager had been at the service for two months and expressed their commitment and enthusiasm to develop and build upon the improvements already made in the service. They commented, "It's very interesting. The people are lovely and I'm really keen to make a big difference".

There had been many improvements since the last inspection. The service had been carefully monitored to ensure that people were kept safe. This had been achieved by ensuring the risks around medication were reduced and the environment was made safer by monitoring to reduce risks such as infection control and fire safety. The management team had regular meetings. For example, we saw they had discussed PRN protocols and carrying out competency assessments. We also saw ongoing discussion about continuing to improve the interaction between people in the service and staff.

The manager said they felt well supported. The service had ensured there was management and peer support. They said, "The support has been great". The manager had a clear understanding of what her role and responsibilities were and what was needed to sustain the improvements already made.

The manager knew the importance of making any changes in consultation with staff. Staff meetings were arranged on a regular basis. We saw a meeting held on 9 January 2017 which talked about the no blame culture. We saw in the minutes a record stating that a medicines audit had been completed. It stated 'Errors will happen. It's crucial that when they are found it's checked and written up. Concentration is the key to ensuring we reduce errors to a minimum'. We saw good practice from another service was shared with a suggestion to 'Slow down, focus, one person at a time, shut the door, use the communication sheet and message book'. The team had discussed how they could eradicate errors and comments included, 'Observing taking of medication then sign' and 'All staff to watch people swallow medication to avoid choking and ensure they are taken'. Another team meeting in December 2016 had discussed about training regarding risk and the key principles of working constructively with risk and developing a person led risk assessment.

Staff told us they felt supported by the management team. Staff comments included, "[Manager] is probably one of the best things that has happened. She's extremely good for direction. Any problems we do it together". Another staff member said, "[Manager] was really good and proactive about getting support for one of the people in the service. I also feel supported by her and have been told her door's always open". Another said "We're going forward. They're positive changes and it's better for the residents too".

The PIR stated that staff feedback was regular and praise was given for good practice. Staff were provided with constructive feedback, praise for good practice and under performance addressed promptly through development plans.

The office was well organised and any documents required in relation to the management or running of the

service were easily located and well presented. Policies and procedures were in place to provide a robust framework for people to work within. Internal audits had taken place on people's support, medication, health and safety, finances and health to ensure that the service was monitoring and improving where identified. The Information Governance Overview Group (IGOG) reviews all incidents, accidents, serious untoward incidents (SUIs) and complaints and provides reports and feedback for services to action.

Over the past year, the service had been using feedback from people in the service on an ongoing process. Each person had a set time when they were asked for feedback and suggestions of any improvements or changes they wanted. The service has designed a 'Family and Friends Test' postcard which all people, family and stakeholders can complete and post in a box. This information will be gathered and evaluated on a regular basis to review whether any areas of improvement are necessary. This can be both positive feedback and constructive suggestions.

The manager was responsible for ensuring effective relationships between the service and key agencies, for example the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP). AWP provide treatment and care in respect of people's mental health. The need to improve joint working and communication was acknowledged after the previous inspection. This was to ensure people were mutually supported and received responsive action.

The manager was involved in working groups within the provider's organisation and responsible for application of best practice and changes in policy within the service. This would then be cascaded into local service delivery. A registered services event run by the provider focussing on good practice was planned for Spring 2017 and staff from the service were to be nominated to attend to ensure they are aware of best practice and to enhance their learning and development. The manager told us they would also join the Swindon Care Forum to exchange information and best practice with the provider's services and learn from other local care services.

The provider had carried out a senior level restructure during 2016 which resulted in a new management structure and creation of a head of CQC post in the organisation. This position is responsible for leading the South Registered Managers team (including the Swindon Registered Manager) to develop good practice across the provider's registered services.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.