

Care Management Group Limited

Care Management Group - Smitham Downs Road

Inspection report

7 Smitham Downs Road
Purley
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2015
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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?	Requires improvement	

Overall summary

This inspection took place on 30 October and 2 November 2015. The first day of the inspection was unannounced.

7 Smitham Downs Road is owned by Care Management Group, a specialist provider of care homes for adults with learning disabilities and challenging behaviour. This

service provides accommodation and personal support for up to nine adults with learning disabilities and/or mental health needs. The property includes a self-contained flat which can accommodate two people.

We last inspected in November in 2013. At that inspection we found the service was meeting all the regulations that we assessed. There were eight people using the service when we visited.

Summary of findings

There was a registered manager in post at the time of our inspection. Since the inspection visit and the issue of the draft report the provider informed us that the registered manager had left their employment. 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.

Relatives told us they felt their family members were safe. Staff were trained and knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing were assessed and staff were competent at minimising and managing risks appropriately in order to help keep people safe from harm or injury.

The staff team had experienced a turnover of staff in the past twelve months but the service had addressed this with an ongoing recruitment programme and by appointing suitably vetted staff in the home.

The service ensured there were enough suitably skilled staff on duty to meet people's needs. Staff received training appropriate to respond to the people's support needs. Staff were regularly supported and supervised by a senior member of staff to ensure they delivered appropriate support.

Staff interacted positively, and we observed warm conversations between staff and people at the service. People had their independence promoted with support that was personalised.

People had access to their local community and could choose to participate in a variety of in-house and community based social activities. We also saw staff encouraged and supported people to be as independent as they could and wanted to be. People's records informed staff of people's hobbies, interests and described what they enjoyed doing for leisure and recreation.

Records showed people were supported regularly to attend health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had quality assurance processes to identify shortfalls and to help drive improvements. The management of the service was not as effective as it should be and required improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The service had safeguarding procedures in place, and staff were trained and knowledgeable in recognising signs of abuse. Risks posed by individuals to themselves and to others using the service were identified and managed appropriately.

People had sufficient numbers of suitably skilled staff to keep them safe. Where necessary people when going into the community were provided with one-to-one staffing to maintain their safety.

People received their medicines when they needed them, and medicines were stored securely. Recruitment procedures were robust and ensured staff were vetted staff thoroughly before they were employed.

Good



Is the service effective?

The service was effective.

Staff received an induction and were provided with the skills and knowledge they required to support people using the service.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and of the Deprivation of Liberties safeguards. There were no restrictions imposed on people who used the service.

People had access to food and drink throughout the day. Staff liaised with healthcare professionals as required to ensure people had their health needs met.

Good



Is the service caring?

The service was caring.

People were treated with respect, kindness and support was provided in a dignified manner.

People's dignity was considered and protected by staff and their rights to privacy respected.

Staff supported people to be involved in day to day decisions about their care and support. The provider produced information for people using the service in a format they could understand.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People and their relatives told us they received support that met their needs, they had personalised support plans that were regularly reviewed with them to make sure they got the right support.

People were supported to engage in a range of activities within the community to encourage social inclusion and meet people's need for stimulation and social interaction.

People knew how to complain and said they were confident any complaint would be looked into. There was an easy read guide to complaints accessible to everyone at the service.

Is the service well-led?

The service was not always well-led.

There was a lack of clear direction and leadership which impacted on staff morale and negatively affected the atmosphere at the service.

There was a turnover of staff which contributed to change of support workers, the staff team demonstrated a willingness to work towards continuous improvement of the service.

There were a number of audits to monitor the delivery of care that people received. Actions were identified for follow-up by management.

Requires improvement



Care Management Group - Smitham Downs 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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

The manager completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well

and improvements they planned to make. The PIR provided us with information about how the provider ensured the service was safe, effective, caring, responsive and well-led.

We visited the home on 30 October and 2 November 2015. Our first visit was unannounced and the inspection team consisted of an inspector and an Expert by Experience and their personal assistant.

During our inspection we spent time with and spoke with seven of the eight people who used the service. We observed the care and support provided by the staff. We spoke with four members of staff and the registered manager and the deputy manager. We also contacted three people's relatives and received feedback from three social workers. We looked at three people's care records and other records relating to the management of the home. These included five staff files, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring reports and medicine records.

Is the service safe?

Our findings

People told us they felt safe using the service because the environment was safely maintained and they had staff available to respond to their needs twenty four hours a day.

People were protected from the risk of abuse. Staff had completed relevant training in safeguarding and knew the procedures for reporting any concerns or escalating concerns. Handovers were thorough and took place between shifts. The handovers referred to how people were feeling and behaving and any incidents that had occurred. Staff knew the action to take in the event of concerns about harm to people. Staff felt able and confident of telling senior staff about any concerns and of them taking appropriate action to prevent harm. The registered manager had made relevant reports promptly to the local authority and cooperated with their enquiries and investigations.

The service had Information displayed in the home that included the safeguarding telephone number and whistleblowing contact details. There was a process to record all incidents that occurred at the service. The service maintained records of accidents and incidents. The manager liaised with people's social workers and other healthcare professionals as required after any incident at the service. A relative told us, "Staff always respond quickly when I contact them and will let me know if my family member is unwell."

People found there were sufficient numbers of staff to meet people's needs. People commented on the number of staff changes experienced in 2015. Staffing levels had been increased from three to four staff on duty during the day. There were two waking night staff on duty. These were considered appropriate to the needs of people who used the service. The deputy manager told us the number of staff on shift was adjusted according to people's needs and the activities they were undertaking. Two of the people went out independently every day. We observed people were attending other services and individuals who required more assistance received one to one support. Staff were available to accompany people to appointments and activities run by other organisations, we observed a staff member supported a person with attending an early morning health appointment. There was some confusion about one to one support and as this was not reflected accurately in the staff rota, the manager acknowledged the

additional hours should be clear on the staff rotas. One person told us they were unhappy because they had to wait to go to the gym later in the morning rather than the time they had chosen to go. Staff told us they tried to accommodate people's wishes and routines were in most cases organised accordingly. We observed the person was supported to go to their gym later in the day.

Care records demonstrated plans were in place to manage the risks identified in order to minimise the risk of harm. For example, plans included maintaining a person's safety in the community when crossing a road and using public transport. There were also procedures and safe practices promoted around supporting a person at risk of seizures when bathing or using showering facilities. A seizure mattress was used by a person to help them manage this safely.

We saw information about how to support people who may behave in a way that put themselves or others at risk of being physically harmed. Each person had a positive behaviour support plan. The plan was updated regularly which enabled staff to support a person appropriately. Staff we spoke with were knowledgeable about potential triggers for people's behaviours. They showed insight and understanding of each person's behaviour patterns and how people communicated when they were upset or angry. The plan was kept updated which enabled staff to support a person appropriately. We noted that some months ago this issue was identified by the area manager through quality audits. Staff when working on areas to drive up quality in the service had discussed ways of introducing more positive risk taking for people and enable more independence, they told of ways they planned to take this forward on a day to day basis. People and their relatives told us staff helped promote people's independence and enabled people to be as safe as possible. A family member described how the service had worked well with their relative and they were now able to travel independently. Where risks changed we noted that risk assessments were updated and further guidance was provided to staff.

Medicines were stored and administered safely. The provider had an up to date procedure for the safe management of medicine which provided guidance and support for staff to undertake their responsibilities. Information about the different types of medicines and their expiry dates was available to staff. Staff administering medicines were trained and assessed as competent in

Is the service safe?

administering medicines. Two people were taking their own medicines, and there was a process in place to support them do this safely. Staff completed medicine administration record (MAR) charts for each person they administered medicines to. We saw these records were up to date and there were no gaps in the signatures for administration. This confirmed that people received their medicines as prescribed. The supplying pharmacist had completed a full medication audit in September 2015, there were no recommendations made from this audit. People using the service had individual medicine cabinets in their rooms. Medicine was mainly dispensed in a 'monitored dosage' (blister packed) system but some medicines were supplied in their original packaging. We saw that the temperatures for stored medicines were checked and recorded daily by staff. There was a separate facility for storing controlled drugs. At the time of our inspection there was one person using the service who was prescribed a controlled medicine on an as required basis. There was a separate controlled drugs book which two staff signed each time they checked the quantity of medication.

There were arrangements to deal with emergencies and reduce risks to people. Staff knew what to do in response to

a medical emergency and received first aid training so they could support people safely in an emergency. First aid kits were available that were regularly checked. There was information and guidance for staff in relation to contingency planning and actions and each person had their own personal evacuation plan (PEEP). There was always a manager present or on call for support or advice if required and contact numbers were displayed for easy access. There were health and safety checks made of the premises and equipment. Audits were completed quarterly to ensure these procedures were followed.

People were supported by staff whose suitability for their roles was checked through safe recruitment processes. We viewed the staff records for five new staff members. Appointments to posts were made dependent on receiving suitable references and checks to make sure they were suitable to work in a social care environment. The records seen confirmed there were safe and effective recruitment and selection processes in place which helped ensure that people were protected from the risk of being cared for by unsuitable staff.

Is the service effective?

Our findings

Staff were helped develop the skills and expertise needed to effectively meet people's needs. They received on-going training and regular management supervision. The service experienced a turnover of permanent staff recently but had recruited a number of new support workers to the team. Staff on duty told us they felt well trained to do their jobs. One member of staff said, "I've only been here a short time, but the training is very good." There were two staff vacancies on the team. An agency supplied a regular member of staff to cover a vacant post. The person was experienced and familiar with people using the service.

Induction processes were in place to support new staff. This gave staff the opportunity to get to know the people using the service and their needs before working unsupervised. New staff confirmed with us they had an induction to enable them learn how to support people effectively. They confirmed they had the induction; it included shadowing experienced staff, support sessions, reading and training. They told of being well supported throughout this process. Two new members of staff told us they enjoyed working at the service and were eager to increase their learning and knowledge. We observed a new member of staff was completing an induction in the home and reading up on policies and procedures; however we observed they received little support from management when we were present.

Staff received appropriate professional development. We checked three individual staff files and discussed training and development with the staff and the deputy manager. The provider had a training department with a comprehensive training programme for staff. A data base system highlighted when refresher training was due for each staff member. This was evidenced by an electronic training record which was up to date and showed what training had taken place and what was scheduled and what was overdue. This meant that staff training was planned and arranged effectively so that staff kept their knowledge and expertise up to date as well as learning new skills. Mandatory courses included moving and handling, safeguarding, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, fire safety, safe handling of medicines, infection control, food hygiene and first aid. Other records showed that staff had received the training they needed to support people and meet their specific

needs. This had included learning about autism, diabetes, epilepsy and mental health awareness. Staff had also completed relevant training on how to respond to challenging behaviour. This training was refreshed each year as a minimum. Records showed that staff were supported in their jobs through regular supervision and yearly appraisals of their performance.

There was a planner displayed which showed that staff received supervision every six weeks. This meant that staff were able to regularly discuss their practice and professional development as well as identify any learning or development needs. Staff we spoke with confirmed they met regularly with a manager and were confident to raise any concerns. We saw that staff were kept informed about changes to people's needs and wellbeing as well as day to day issues about the home. Staff shared information through a communication book, using daily shift plans and in handovers. Staff told of regular team meetings, mostly monthly and we saw records to support this which also recorded all attendees. At monthly meetings people's care needs were discussed and staff were updated about organisational information.

The registered manager and deputy manager had a clear understanding of the code of practice for the Mental Capacity Act 2005 which protects people who may not be able to make particular decisions for themselves. The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards provide a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager understood their responsibility for making sure staff considered the least restrictive options when supporting people and ensured people's liberty was not unduly restricted. They confirmed that none of the people using the service had their liberty restricted. For example, each person had a front door key and were able to leave when they wanted and could open the door for visitors. There were easy read guides about mental capacity available for staff and people at the service for ease of reference.

Care records showed that best interests meetings were arranged with families and or professionals where a person lacked capacity for a specific decision and these were recorded so it was clear what decisions had been reached in their best interests. Support workers demonstrated an

Is the service effective?

understanding and had received training on MCA. They promoted people's rights to make choices and decisions as seen in their interactions with them and in people's support plans. Some people we talked to acknowledged they needed support in the community as they felt vulnerable, they asked support workers to support them attend appointments and activities. None of the people using the service had their liberties restricted.

People's nutritional needs were identified, assessed and plans made, where needed, to support their needs. People told us they were encouraged to be as independent as possible in relation to their eating and drinking needs. One person said, "I do my own shopping but staff support me twice a week to cook a healthy meal." People's support plans detailed what aspects of these tasks each person could manage so that their life skills were developed. We saw there were prompts for healthy menu planning in the resident's meeting; a recent resident's meeting had included discussion on healthy eating. People's weight was monitored to identify any unplanned increase or decrease. There were two people who use the service who stated the food was of good quality and there was a selection of meals which were present on a varied timetable. The mealtimes were relaxed and the staff working at the service were observed to support people to prepare meals. There was also time available for people to buy the ingredients and prepare meals which were integral to their cultural needs and expressed wishes.

People's health needs were recognised and assessed. One person commented, "Staff helped me make my appointment today to have my blood test." Records we reviewed included routine checks with other professionals such as the optician, dentist, GP and consultant. There were up to date health action plans to inform staff about people's healthcare needs such as epilepsy and diabetes. Charts were used to record incidents such as seizures and a person had an epilepsy monitor in place to help them manage their condition. People said they saw their doctor if needed and met with other professionals such as the community nurse. One mental health professional told us, "The service has supported the person I placed there very well and I have no concerns regarding, staff or their communication with me." One person told us, "If I am feeling unwell, staff will arrange an appointment." We saw evidence that staff had made timely referrals for health and social care support when they identified concerns. Records were maintained of healthcare professional appointments, staff were kept updated about any changes in people's health and treatment. For example, one person was prescribed a new medicine for a recent health condition; this information was shared in handover sessions and in communication records. Each person also had a hospital passport that accompanied them to hospital. This was a valuable aid to give hospital staff a clear understanding of the person's needs when there were communication issues. A health professional told us that the staff at the service worked closely with them in identifying any changes that might require further appointments.

Is the service caring?

Our findings

People who use the services were supported by kind and attentive staff. We saw that support workers showed patience and professionalism and gave appropriate encouragement when supporting the people who use the services. Staff understood CMG's core values which included: shared responsibility, dignity and respect. People told us that staff always respected their privacy and that they chose when to spend time alone or with others in the house. People told us they had keys for the front door. We observed that staff were supportive and encouraged them to be independent. Staff gave examples of how they were respectful of people's needs such as giving individuals their own space and knocking on the bedroom door before being invited in.

We saw examples of how staff respected people's choices. A person who chose to remain in bed and rest until later in the morning had requested a cup of tea, a member of staff responded by serving the person the drink requested. We saw that staff knocked on the bedroom doors before being invited in. We also observed how they responded appropriately to a person who indicated they wished to be alone in one of the lounges. People told us staff did not enter their rooms unless they were invited. One person who used the service said, "It is important for staff to listen and understand my reasons for wanting to do things. This would help us get along."

Support plans implemented were individually centred, to reflect the person's needs, preferences and diversity, these plans were developed with the individual or those acting on their behalf. People were assigned a keyworker and had monthly key working sessions, where staff explained to them about the support they received, activities, safeguarding or cultural request. As a result of staff changes people have experienced changes to the keyworkers, and individual choices of key workers have not been considered. One person told us they would like to have been consulted about their choice of keyworker as their previous keyworker had left months ago.

The service had a confidentiality, respecting dignity, and human rights policy and procedure in place. Staff had been provided with training and had built up a good rapport and used effective communication skills with people and their families. New staff members continued to develop these.

We saw the communication with family and friends was recorded on family contact sheet. We received concerns from one relative of difficulties they encountered with communication; they found that a staff member's spoken English was not clear.

There were also holistic therapies taking place at the time of the inspection, by someone who was employed to offer aromatherapy. This was a positive aspect of the service and the two people who engaged in this activity discussed the relaxation and the opportunity to talk that this provided. There was also a practical example seen of the support which was offered to a person using the service who enjoyed shopping for games.

Individual support plans took into account people's choices, diverse needs and wishes. The care received by the people using the service was responsive and personal to individual and cultural needs. This was supported by the quote from one person who used the service who stated: "I like to cook for myself and go to the local market as there are different stalls. I am going to go shopping as I like to cook meals which are from my past. This week I am going to make dumplings." The people who used the service told us staff supported their engagement in activities, but this could have been more personalised to reflect individual skills and strengths. The view shared by one person using the service was, "I am cared for here, but it is the small things, like understanding what areas I need help with. We are not all the same and do not have the same needs."

The staff who worked at the service were aware of individual needs and preferences and this was clearly evidenced through the time of the inspection, with people's interests and views being facilitated. It was also evidenced in ensuring people's interests were respected. This was highlighted in one specific example where a person using the service had a birthday and had a T-shirt made with James Bond on it, as they were a fan of the film series. Staff told us, and records evidenced people were supported and encouraged to keep in contact with their relatives and friends. We heard of special events, such as birthdays, these were celebrated, and families and friends were invited. From our discussions with staff we could see they were welcoming and supportive to relatives who visited. There were examples given by two people using the service of getting support from staff to visit family members.

Is the service responsive?

Our findings

One person's relatives told us their family member had grown in confidence since being at the home. They were more confident and enjoyed going out. Another relative told us they were very happy with the progress their sibling was making.

Staff were knowledgeable about people's needs and the support they required. People's needs were assessed and care was planned and delivered in line with their individual care plan. We looked at the care records for three people using the service. An informative needs assessment was available for each person, there were also care records to show that they had received appropriate support, and informed staff how to support the person to achieve their goals. Each care plan contained a personal profile and information about people's physical and mental health, family networks and preferred routines and interests. A relative said their family member's key worker was, "A good communicator and offered excellent support". Records showed that care needs were reviewed every six months, and more frequently where there had been any changes to people's care or support needs.

Daily records gave a good account of a person's daily experiences, activities, health and wellbeing and any other significant issues. This helped staff to monitor and respond appropriately to meet people's needs. People's support plans clearly identified what the person was able to do for themselves and what support they required from staff. We received negative comments from two people; they expressed the view that on occasions staff did not acknowledge how much they could do for themselves. There was information maintained in people's care records as to how their individual needs, such as those relating to a mental health diagnosis, should be met. We saw from records of the service responding appropriately, for example, a consultation took place with psychiatrists in response to deterioration in a person's mental health needs. Daily monitoring records were maintained to ensure people's particular needs were met, for example, in regards to following their interests and monitoring of particular behaviour displayed.

The people who use the service told us they were supported to maintain their hobbies and interests through community options. This was evidenced during the inspection with people using the service accessing local

education, community centres and accessing local gyms, shopping provision, as well as cinemas. There was one person using the service who discussed that they had recently been on a short holiday break to Hastings which they enjoyed. A person told us they received a responsive service, they said, "I like the aromatherapy here, it makes me feel relaxed and it is something different." People said they were supported to do the things they liked to do, including listening to music, going to a day centre and cooking. One person said that staff had arranged for them to help with the gardening, and they enjoyed being outdoors.

We reviewed some of the activity timetables which people had created with their key workers. These reflected a range of activities based upon personal choices and interests. During our inspection some people went out to the gym, one person was at college, and other people spent time in the home doing activities of their choice. One person told us they were going to the cinema during our second visit. A family member told us their relative did not always participate in events but staff did not explore any other options. A social worker told us they felt staff could be more pro active in helping people with pursuing further their interests. We observed that staff supported people to be independent and involved them in areas of daily living such as keeping their home clean and tidy.

People told us they were able to express their views. People told us there were monthly meetings to discuss issues or put forward their ideas, and we saw records of the issues discussed. One person told us, "We have regular meetings; staff ask about how things are and if there any changes we would like." People told us they felt involved in their care and support and were asked for their opinions. They told us that they could choose how to spend their time. We saw that staff respected people's choices such as joining in or declining activities. A relative commented of engagement and participation offered. They said staff did not explore why a person declined to participate in an activity or if they were encouraged or offered an alternative option. When we spoke with staff about this they told us of they found difficulty found in balancing the rights of the person and their refusal to engage in activities. Further training could benefit staff in improving their understanding of providing suitable stimulation and recreational activities to prevent the person becoming demotivated.

Is the service responsive?

There was a complaints policy and a pictorial complaints and easy read leaflet for ease of reference for people. The provider took account of complaints and comments to improve the service. Complaints were monitored as a part of the provider's quality assurance system. A relative told us they had raised some issues about their family member's care and these were currently being looked into, but they said they were similar to those raised earlier in the year. We

saw records to support this. People said they would speak to the manager or deputy if they needed to complain about anything. One person told us, "I don't have a problem, but would tell the manager if I did." Relatives told us they had confidence that any issues they raised would be addressed. One relative said, "No complaints. I ask the manager, she deals with it."

Is the service well-led?

Our findings

People who used the service and staff members told us there were some aspects in the running of the service they were not fully satisfied with. An external social care professional also reported on aspects of the management that were not always satisfactory. The registered manager was absent frequently for short periods in recent months and this had contributed to a lack of leadership in the home. On the first day of the inspection the registered manager was absent, and there was no management presence for two hours. Although people and their relatives knew who the registered manager was and found her approachable the lack of her availability had contributed some shortfalls in the management of the service.

Daily communication records showed there was a higher rate of staff absenteeism recently in the team, there was no information available to show how this was addressed by the manager. Staff covered extra hours and agency staff were used to manage this to avoid disrupting the service. We saw from communication records that information on appointments with professionals was not always followed up in a timely manner. A social care professional told us of one issue that arose in recent months which showed a lack of clear communication with management. Morale was affected in the staff team and staff told us that staff absences were affecting the service. We noted too that records of monthly key working sessions were inconsistent. We saw that planning of staff rotas and events needed to improve to ensure people with one to one support hours had this information clearly displayed on staff rotas. We saw that on one occasion this support was not organised correctly. A person became agitated as the support worker was unavailable to assist them to attend their activity as it was incorrectly scheduled for the time agreed. We saw from other records of team meetings that people went on a holiday to the coast but that it had been poorly planned. These issues highlighted that the management of the service required improvement.

We were told by people who used the service they were asked for their views about their care and support and they were acted on. There were monthly meetings for people

using the service where they discussed the activities they wanted to do and other issues as needed. People told us they felt involved in how the service was run and that their views were respected. Staff worked well as a team to meet people's care and support needs. During our inspection, we saw examples of good team work where staff supported each other to make sure people using the service did not wait long for support or attention.

The home manager completed a monthly audit of various aspects of the home. The information was then uploaded and viewed and assessed by the regional manager to ensure that quality checks were being maintained and upheld. These included things like support plans, and risk assessments as well as environmental and maintenance checks.

We saw that the regional manager also carried out regular quarterly audits in order to assess and monitor the quality of the services, and that ensured people were safe and that appropriate care was being provided. These audits looked at areas such as medication administration, health and safety, environmental standards and infection control. We saw that the quarterly quality audit was based on the essential standards set by the Care Quality Commission and considered the experiences and outcomes for people using the service. From the audit findings action plans had been created for the manager and staff to implement in the service. We noted that where shortfalls were identified actions were taken within reasonable timescales to address them.

The provider took account of complaints and comments to improve the service. Complaints were monitored as a part of the provider's quality assurance system. We saw records to support this. The manager told us that feedback from the staff survey had resulted in the provider holding quarterly regional meetings for staff as they had requested "more of a say." We looked at the provider's system for monitoring incidents. Detailed records were being maintained of any accidents and incidents in the home. There were arrangements in place to review and analyse incidents. As required by law, our records show that the service had kept us promptly informed of any reportable events.