

Voyage 1 Limited

Voyage 1 Limited -13 Hutton Avenue

Inspection report

13 Hutton Avenue
Hartlepool
Cleveland
TS26 9PW
Tel: 01429 854294
Website: www.voyagecare.com

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12 January 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?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

The inspection took place on 9 and 15 December 2014 and 12 January 2015. This was an unannounced inspection on day one, and announced on the other two days. We last inspected the service in July 2014. At that inspection we found the home was meeting all of the regulations that we inspected.

13 Hutton Avenue provides residential care for up to nine people with learning and/or physical disabilities. At the time of our inspection there were eight people living at the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Relatives told us they were confident their family member lived in a safe environment. One relative told us, "My relative is very safe here, there have been no issues." Another relative told us, "100% confident with this place, much better than where they used to be."

People lived in a clean, tidy and homely environment, with bedrooms tailored to people's specific needs, likes and dislikes.

One person told us, "[Name of staff member] gives me my medicine." Relatives told us their family member received their medicine on time and no issues were reported to us. Staff at the home were trained to administer medicines to people safely and securely.

Staff we spoke with had a good understanding of safeguarding procedures. They also knew how to report any concerns they had and would not be frightened to do that. The provider had procedures in place to monitor and investigate any safeguarding matters.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. The registered manager had also made DoLS applications to the local authority.

Staff had a good understanding of how to manage people's behaviours that challenged the service and had individualised strategies to help them manage.

Relatives and staff all told us they felt there were enough staff to meet people's needs, although it was busy at times. The registered manager monitored staffing levels to ensure enough trained staff were available at all times. The provider had systems in place for the recruitment of all staff at the home, including suitability for the post, full history, references and security checks. The registered manager had a programme of staff training in place and monitored this to ensure all staff were kept up to date with any training needs.

The registered manager told us any maintenance work was done by the provider upon request. The provider also had emergency procedures in place for staff to follow and staff knew how to access this information and how to use it.

People told us they enjoyed the food that was prepared at the home. We saw people helping in the preparation. We found people received nutritious meals, snacks and refreshments throughout the day.

People were respected and treated with dignity, compassion, warmth and kindness. People and their relatives that we spoke with highlighted the quality of care provided by staff at the home. One relative told us, "Staff discuss my daughter's needs with us as a family." And "If my [name] is unwell they are very quick to let me know and to get the GP."

People were treated as individuals and monitored so any changes in their needs were identified and procedures put in place to address that change. People's records were regularly reviewed and discussed with the person where possible and their relatives and best interest decisions made if necessary.

We saw activities taking place within the home and records of outside activities, although these were not always recorded. One relative told us, "My [family member] has a better social life than me, staff ensure that my [family member] goes out on trips." Another relative said, "The staff organise trips out for everyone, [name] enjoys them."

There had been no complaints since the last scheduled inspection. Information on how to complain was available to people at the home and to relatives and visitors alike. The registered manager explained what she would do if a complaint was made and said, "We take anything like that [complaints or concerns] very seriously." One relative told us, "If I had to complain I would see the manager she is very approachable."

People were regularly asked their views on the home and about their care, both verbally and in pictorial format. The majority of relatives confirmed they were asked their views, during visits, reviews of care or annual service reviews. One person confirmed they had completed a review when showed the form. A relative told us, "Staff are always asking our views though."

Summary of findings

The registered manager and the operational manager monitored the quality of the service through a wide variety of audits and checks within the home. We saw

when an issue had been identified the registered manager had put measures in place to deal with the problem and the operational manager monitored these in-house checks for completeness.

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.

Suitable recruitment processes were in place. The registered manager ensured staffing levels were maintained at a level that effectively met people's care needs.

Staff knew about safeguarding procedures and would be able to respond if required. They also knew how to report any concerns they had.

Staff explained how they would deal with emergencies and how to protect people in their care, which meant they were well prepared.

Medicines were stored, administered and recorded in a safe manner.

Good



Is the service effective?

The service was effective.

Staff were experienced and suitably trained and supported by the registered manager.

People and their relatives told us food and drink at the home was plentiful and of good quality. Staff were aware of people's special dietary requirements and these were catered for.

The registered manager was knowledgeable about Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications.

Good



Is the service caring?

The service was caring.

Staff recognised people as individuals and this was acknowledged by relatives we spoke with.

People were treated with dignity and respect.

Staff were able to communicate with the people they cared for because they knew them well and had tailored plans to support this.

Good



Is the service responsive?

The service was not always responsive.

Person centred care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed and people and relatives told us they were included.

Activity plans were in place for people based on what they liked to do, but we found not all activities were recorded.

Requires Improvement



Summary of findings

There were procedures in place to allow people to speak up and share their feelings and complain if they wanted to. One person told us they would tell a particular member of staff. Relatives were confident any complaints would be addressed.

Is the service well-led?

The service was well-led.

Everyone we spoke with was positive about the home and the staff. Health professionals told us the home was well regarded.

Quality assurance systems and audits were in place and completed by both the registered manager and the operational manager. These helped to maintain standards across the home.

Good



Voyage 1 Limited -13 Hutton Avenue

Detailed findings

Background to this inspection

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

This inspection took place over three days and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by two adult social care inspectors.

We carried out this inspection because of concerns we had received. On the first day of inspection we arrived early in order to check night shift procedures.

We reviewed other information we held about the home, including the notifications we had received from the provider. Prior to the inspection we spoke with the local authority safeguarding team, the infection control lead and the local Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the

views of the public about health and social care services. We did not receive any information of concern from these organisations. We spoke with three healthcare professionals and they had no concerns about the home and said its reputation was good within the Hartlepool area.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service and three family members. Due to their complex needs not all people were able to share their views about the service but we did spend time with them all. We spoke with the registered manager, two nurses and eight members of care staff. We observed how staff interacted with people and looked at a range of records which included the care records for five of the eight people who used the service, medication records for five people and recruitment records for three staff. We also looked at records in relation to health and safety, maintenance, duty rotas, menu's and the management of the home.

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "Yes, they [staff] are nice to me." One relative said, "My relative is very safe here, there have been no issues." Another said, "The support worker knows how ill my relative is and understands their needs." Another relative said, "I am over the moon about the care that [name] receives, I know [name] is happy and safe".

On arrival at the home, staff answered the secure door with caution as they would not normally expect visitors at that time. We were asked for our identity and once confirmed, asked to sign in the visitor book. That meant staff were aware of security measures and appropriate procedures to follow.

We asked staff about safeguarding procedures. One staff member told us, "If we saw anything that was out of the ordinary, we would report it. It's our duty to do that." Another staff member said, "We have received training on safeguarding." We saw there was a safeguarding policy available for staff to follow which detailed the action to take if abuse was suspected. We saw information available regarding the local authority procedures staff would follow regarding safeguarding concerns. One relative told us, "The staff take safeguarding very seriously." That meant people were better protected because staff were trained and understood their responsibilities; and there were systems and procedures in place to guide them.

We saw the provider had a whistleblowing policy in place to support staff to raise concerns about the delivery of care. All staff told us they could speak to the registered manager if they were worried about anything. Staff said they had never had to raise any whistleblowing issues at the home. That demonstrated staff had the knowledge and understanding to take action if they were concerned about the safety of people living at the home.

The registered manager told us people's needs were assessed to determine dependency levels and thus staffing needs. Staff told us they felt there were enough staff at the home to deliver care. One of the nurses told us, "I think there is enough staff." The relatives we spoke with thought there were enough staff. One relative told us, "Yes, there is enough staff from what I have seen." Another relative told us, "I have noticed a few staff changes, people leaving; but the new ones all seem ok." We checked four weeks of

recent rota's and these appeared to be appropriate to ensure the needs of the people living at the home were met. We noted nurse sleep overs had been taking place in recent weeks and this was to provide cover at night should the need arise, while the registered manager recruited to a vacant nurse position.

Medicines at the home were safely managed. We observed the administration of medicines to three people by the nurse in charge, including with the correct use of a Percutaneous Endoscopic Gastroscopy (PEG). A PEG is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach. We saw correct procedures were followed, including hand hygiene. Medicines were stored safely and within a separate locked room, including additional security inside the room for controlled drugs that were administered to people who lived at the home. Some items of medicine were stored in a fridge within the medicine room. We saw these types of medicines were correctly labelled and dated when they had been opened as shelf life was limited.

When we looked at the Medicine Administration Records (MAR), we found all entries were completed and any gaps had a full explanation of why that was. MAR's are records of people's prescribed medicine and when it has been administered. We also saw any unused medicines were stored ready for collection by the pharmacist, although we were told this was overdue. We noted these were not in tamper proof containers. Nurses had a separate communication book in the medicine room, which they used to pass over relevant information when the shift changed.

Staff had received appropriate training and we saw records to confirm that. Staff had also received an administration of medicines competency assessment and these were in the process of being reviewed.

We saw the premises was well maintained and there were regular checks on systems and equipment, for example electricity and vehicles. We saw a new boiler had been installed recently and records showed regular visits from the provider's maintenance team. The registered manager told us she walked around the building every day and identified any issues that needed addressing. We saw regular checks had been carried out within the home; such as fire systems, fire equipment and emergency lighting. All small electrical items had been subject to a portable

Is the service safe?

appliance test (PAT). The services vehicle had a current MOT certificate and service history. An MOT certificate confirms a vehicle has been checked at an authorised garage to ensure it meets road safety and environmental standards. That meant appropriate procedures were followed to check the safety of the premises and vehicle and ensure on-going repairs and maintenance was up to date.

We saw a downstairs toilet which adjoined the office was used as a storage area for staff coats and personal belongings. The area was not big enough to adequately store items as we found belongings on the floor and piled on top of each other. The manager told us they would address this immediately and relocate the staff storage area to a more suitable place.

Staff were able to explain the correct procedure if a fire broke out at the home and what their response would be. We saw a 'grab bag' available at the service. The bag contained details of evacuation plans of individuals which would be used by emergency services to support their safe removal from the home. It also contained procedures staff would follow in the event of an emergency and details of where to relocate should the need arise. We saw fire drills had been completed and recorded.

Risk assessments had been completed for general issues within the home. We saw infection control, food hygiene and blood borne virus risk assessments for example. We also saw individually tailored risk assessments for people living at Hutton Avenue. These had been completed after potential risks had been identified during the care planning process. We saw all risk assessments were regularly

reviewed. Staff told us, "We reviewed [name] risk assessment because of the recent accident they had." We confirmed the information had been updated and reviewed as indicated by the staff member. That meant any possible risks were identified and procedures put in place and regularly reviewed to minimise possible harm to people living at the home.

We saw records of accident and incident reporting. This information was then transferred on to the providers IT system, which showed trends and was easily monitored by senior staff. We saw where accidents or incidents had occurred, staff had taken appropriate action.

Staff personnel files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made and notes from an interview process. We saw references had been taken up, with one from the staff member's previous employer, and Disclosure and Barring Service (DBS) checks had been made. The registered manager said their central office dealt with DBS checks and updated the home when checks had been completed. The manager confirmed staff were all up to date. That verified the registered provider had appropriate recruitment and vetting processes in place. The registered provider had a policy and procedure for dealing with any disciplinary issues at the home. We noted nurse PIN numbers had been regularly checked. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN.

Is the service effective?

Our findings

Relatives told us staff seemed to have the right skills to work with their family member. One relative told us, “The key worker understands [name], she is wonderful”. Another relative told us, “They all seem to know what they’re doing.” One member staff told us, “When we start, there is induction training and shadowing of experienced staff. We have to look through people’s files so that we know all about them and go through all the policies and procedures.”

The registered manager told us there had been a new nurse appointed and they would be going through their induction period. We looked through staff records and saw staff had received suitable induction and specific training to support them in their role at the home. We saw hard copies of training records and viewed the online training recording system which highlighted when staff training needed to be renewed. We saw training in, for example; person centred planning, safeguarding, nutrition, moving and handling and fire safety. One member of staff told us, “We recently had training on the hoist. We took turns in being moved, this let us know how people feel when they are getting moved.”

Staff told us they had regular supervision and annual appraisals. They told us they had supervision approximately every two months. All of the staff we spoke with told us they felt supported by their line manager and said they could go at any time to talk things through. One member of staff told us, “We have supervision, but we are talking all the time.” We saw appraisals had been completed for members of staff.

Team meetings were held to discuss a range of issues and gave staff additional support, although we noted there appeared to be no pattern to when the meetings were organised. We saw meetings had been held in September for key workers, and November the whole team. We discussed this with the manager and they told us in the future meetings would be booked in advance and more regularly.

Information contained in people’s records indicated some consideration had been given to people’s mental capacity and their right and ability to make their own choices, under the Mental Capacity Act (2005) (MCA). We spoke with the registered manager about the MCA in relation to

Deprivation of Liberty Safeguards (DoLS). Staff were aware of the MCA and understood about supporting people to make choices and decisions. CQC monitors the operation of DoLS and reports on what we find. DoLS are part of the MCA. The manager had made two DoLS applications after discussion with relatives and healthcare professionals at the time of our inspection, with further applications pending. We confirmed staff had received appropriate training. That meant the provider was complying with their legal requirements.

Staff told us when there had been any issues of behaviour that challenged the service; they would record the circumstances and learn from any factors which may have led to it happening.

People choose what they wanted to eat. We asked staff how people were able to choose meals if they had difficulty verbally communicating. One person told us one of their favourite foods was chicken and also told us they liked chocolate cake, which we saw had been included on menus. We observed two meal times at the home. People appeared happy and relaxed as they sat around the dining room table and ate their meal. A number of people were supported by staff. The support was done in a way which encouraged people to help themselves if possible. We saw menus on display and these showed a range of different foods were available to people. We noted from people’s records their likes and dislikes had been taken into account when the menu’s had been produced. One day cheese toasties and salad was one option chosen by some people while Ravioli had been chosen by another person.

We saw fresh, frozen and tinned food kept within the kitchen area. Food was labelled and stored appropriately, with regular temperature and storage checks being completed by staff. We saw there had been a recorded incident involving Clingfilm. To safeguard people within the home, the registered manager had made the decision to use an alternative way to protect food. Risk assessments had been updated and when we looked in the kitchen area there was no cling film in use at all but other means of protecting food. All staff completed training in nutrition awareness and food hygiene.

The registered manager explained to us the improvements made in food consumption by one person who lived at the home. They told us no food was taken by mouth when they first came to live at Hutton Avenue and all food was taken via a PEG. They told us all meals were now via mouth

Is the service effective?

because of the perseverance of staff and healthcare professionals to bring about effective change for the person. One staff member told us, “We are proud of the progress they [person] have made.” We confirmed information by looking at records and from observing a meal at tea time. We saw from records other healthcare professionals had been involved when additional nutritional support was required for people who lived at the home. That meant staff were aware of individual’s special dietary requirements and worked with other teams to support them.

Healthcare professional visits were recorded and we confirmed with staff other support would always be called upon if people required it. We noted seven people out of the eight had received flu vaccinations and a best interest decision had been made to determine if it was required.

The premises had been adapted for wheelchair users and for those who used other mobility aids. The lift, garden, corridors and rooms were all accessible. The homes design offered open airy rooms with space for people to wander and have private areas if required, other than in their bedrooms. One relative told us, “There is plenty of space, they don’t feel hemmed in.” Another relative told us, “There is two lounges, big dining room, huge conservatory and a massive garden. It’s lovely.” We saw people being moved about the home in their wheelchairs with ease.

Is the service caring?

Our findings

Staff recognised people as individuals. We heard staff explaining, encouraging and taking time to explain again if required. Staff were knowledgeable about people when we asked them. They were able to tell us what people liked to do, about their background and family and also about their health and support needs. One staff member said, “Everyone is individual, they are all so very different.” One staff member explained one person was keen to show us their musical skills and with their help we were able to better communicate with the person because they knew them so well.

People were relaxed in the presence of all staff. We observed caring, positive and warm conversations taking place and staff were not always aware we were in the vicinity. That meant staff were not acting like that for our benefit but were going about their work in a naturally positive way to support and care for people.

We saw how staff were observant to people’s changing moods and responded appropriately. For example, one person had become upset and staff immediately reassured the person and calmed them down almost instantly. During our observations we saw extensive positive interaction between people and the staff working at the home.

Relatives told us, “The staff are lovely, they know everyone by their names even family members, really caring.” Another relative told us, “The staff look after [name] so well, when they were in hospital they stayed with [name] so they were comfortable.”

Staff showed an understanding of the need to encourage people to be involved. We observed staff encouraging one person to help with lunch arrangements as they appeared keen to be included and staff recognised that. We heard one staff member asking, “How do you feel about helping us.” The person responded positively and started to help set the dining room table. Staff told us, “It’s important to encourage and motivate people.”

People’s privacy and dignity was maintained by staff at the home. We saw staff closing bedroom doors when they were about to support people with personal care. We heard and saw staff knocking on bedroom doors before they entered and calling through to check if anyone was inside. One member of staff told us, “I am always mindful of people’s dignity, I would not like to be treated badly so make sure people here aren’t.”

The registered manager told us they bought fresh flowers for the home every Monday because she cared about trying to make the home a ‘proper home from home’.

Is the service responsive?

Our findings

People were supported in a person centred way, which meant staff tailored support to the individuals and not as a group of people living together under one roof. We saw detailed records identifying people's individual needs and how staff would support the person to achieve that. Full assessments were in place with risk plans to support these. Health records, included information on weight, any screening people had (cervical screening for example), seizures and input from various professionals. One relative told us, "My [family member] is always happy and receives one to one care." Another relative told us, "Staff understand [name], they know what works and what does not."

There was a relationship map which portrayed family members or other people of particular importance to the person in a visual way. When we asked one member of staff about the document, they told us it helped them to understand who was important to people.

People's care was regularly reviewed involving people, staff, family and professionals. That ensured people were cared for and supported in a way which was personalised to their individual need. We noted when people's needs changed before a review was due, for example when an accident had occurred; their care records also showed this had been reviewed for any possible changes which may have been required. Relatives told us they felt involved in their family members care and had issues explained to them. Comments from relatives included, "They keep you informed about things. They always chat to you straight away." Although one relative told us, "Staff let me know if [name] is unwell or has an accident but general things I don't get to know".

We saw people making choices during the inspection. One person told staff they wanted a particular item for lunch. We saw another person making themselves a drink in the kitchen. One person told us they liked to play with a karaoke machine and chose to get the machine out of a cupboard to use. Staff told us some people were able to tell them what they wanted, but with other people the staff used different ways of communicating. One staff member told us, "[Name] smiles or laughs when we show them food to choose, that how we know they like it." Another staff member said, "For some people we use gestures or facial expressions and for others we use pictures." We also saw people and their relatives had provided staff with

information about the activities they preferred to do. One relative told us "[name] enjoys all their food and likes plenty of it, they let staff know if they wished for something else".

One person told us about a party they had been to very recently. They told us it had been good. We asked the staff about that. Staff told us the whole staff team, people and some of their relatives had their Christmas party at a local venue. One staff member told us, "It was great, people really enjoyed themselves." And "Carols were sung, it was lovely."

We saw people participated in a range of activities, including; swimming, life skills classes, going to the gym, shopping, attending a specially adapted centre with ball pool and sensory equipment, cycle club and cinema. One person had a number of certificates and awards for sport and we were told by staff they were very proud of all their achievements.

Within the building, we saw staff supporting people to use the sensory room which was equipped with lights and sound equipment. One staff member told us, "They [person] use this room regularly." We checked activity records and found entries at other times for the use of the room recorded.

The home had the use of a vehicle to take people out into the community. We saw people being taken to appointments and shopping on the day of the inspection. On the day of the inspection all of the people, apart from one person who was not well, participated in some form of activity. We saw people helping with lunch and setting the dinner table. Some of the comments from relatives when we asked about activities at the home were; "[Name] has a better social life then me; staff ensure that [name] goes out on trips."; "I demonstrated a hand massage technique that [name] likes and they now use that for [name]."; "[Name] goes on plenty of trips out, [name] has been to the beach, Middlesbrough and the Metro Centre, and they [staff] ensure they are always well cared for". We found activities were not always recorded in people's records, even though this had been discussed with staff through team meetings and supervision, and the manager acknowledged that was the case. That meant it was difficult for the provider to fully demonstrate they were fully responsive to the needs of people in their care as information was missing from people's records regarding activities they had undertaken.

Is the service responsive?

During the inspection one person had a fall at the home. Staff responded appropriately which included calling paramedics to check the person. We discussed this incident with the registered manager. They told us the person was reluctant to go to accident and emergency departments and could become distressed. They had discussed these concerns and decided it was in the person's best interests to call paramedics rather than cause additional distress to the individual.

We asked one person if something was wrong or they were upset would they tell someone. They said they would tell a particular staff member whom they told us they liked. Relatives told us they knew how to complain and would have no hesitation in doing so. They told us they would know if something was upsetting their relative. One relative told us, "If I had to complain I would see the manager, she

is very approachable." Another told us, "[Name] would let me know if they were unhappy, they have never told be about anything that is wrong". The complaints procedure was available in different formats within the home, pictorial and typed. We noted no complaints had been received since the last inspection and when we asked the registered manager about the process, they knew how to handle them appropriately.

One relative told us when their family member came to live at the home, the staff had made the transition between services very straightforward and easy for them and their family member. They told us, "The staff were good at putting everyone at ease. They were very good at settling [name] in." And "It could have been a nightmare, but it was not." That meant staff were skilled at ensuring people transferred between services with ease.

Is the service well-led?

Our findings

At the time of the inspection the service had a registered manager, nursing and care staff. Many of whom had worked for the provider for a number of years. There was a clear structure in place and all staff when questioned knew who was in charge on a day to day basis, including when the registered manager was not available.

There was a poster in the staff office explaining how to access policies and procedures. There was also a staff hand book available. That meant staff had information to refer to in order to support them in their role.

The atmosphere in the home was relaxed and it was noted all staff were supportive of each other and clearly had positive working relationships including with the nursing staff and the registered manager. Staff told us they enjoyed working at the home. It was evident from staff conversations the quality of life for people who lived at the home was important.

Relatives told us they felt the home was well run, homely and the registered manager kept a close eye on the running of the home and the standard of care. We noted the registered manager was visible throughout our inspection of the home. One relative said, "The manager always takes time to chat with us." Another relative told us they had spoken with the operational manager a number of times.

Meetings for people living at the home took place. The last meeting was before Christmas and a variety of issues had been discussed. Activities, days out, maintenance, décor, cleaning and menus were some of the items on the agenda. We also saw surveys were sent out annually to relatives and these were due to go out soon. We asked two people about the 'house meetings' but they chose not to respond. We showed one person a pictorial survey they had completed. They confirmed they had done this.

Surveys were completed with all people and their relatives. One relative told us, "I believe we completed something like that not too long ago, cannot really remember." And "Staff are always asking our views though." Another relative told us they had not received any surveys to complete. The manager confirmed all relatives had been sent a survey, but not all had chosen to return them. The majority of the relatives we spoke with said the provider and the registered manager asked them their views on the running of the home.

We saw both weekly and monthly audits of medicines taking place, with monthly audits being the new practice since November 2014. Any issues identified had been actioned. The registered manager ensured a variety of other quality assurance checks were in place and completed, including; environmental, infection control and fire safety. We saw the operational manager completed quarterly audits which checked support plans, health safety and medicines. They recorded comments on action that needed to be taken, who should take it and when it should be completed by. The operational manager site visits also included audits of complaints, accident and incident reporting, fire log books and action taken with regard to any outstanding training.

The registered manager had informed the CQC of any significant incidents or events within suitable timescales. This meant we could confirm suitable actions had been taken.

We spoke with three health care professionals and they all told us the home had a good reputation in the Hartlepool area and they had no concerns.