LMB Hillcrest Home Limited

Hillcrest Residential Home

Inspection report

12 Hill Top Road
Leeds
West Yorkshire
LS12 3SG

Tel: 01132639002

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 23 February 2016.

At the last inspection in October 2014 we found the provider had breached two regulations associated with the Health and Social Care Act 2008. This was in relation to staffing and the management of medicines.

We told the provider they needed to take action and we received a report in March 2015 setting out the action they would take to meet the regulations. At this inspection we found improvements had been made with regard to these breaches.

Hillcrest is situated in the Armley suburb of Leeds. It is a detached, period property which has been adapted to provide accommodation, without nursing, for nineteen older people.

There was 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 and associated Regulations about how the service is run.

People told us they felt safe at the home and that overall there were enough staff to meet their needs. Recruitment was underway to ensure the home was fully staffed. Staff showed a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. There were systems in place to record accidents and incidents and monitor for any patterns or trends.

We saw the home was overall, clean, tidy and homely. However, a feature stained glass window on the staircase in the home posed a potential risk to people as this did not have any safety guard in place.

Overall, people were now protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines safely. People told us they got the support they needed with meals and healthcare.

Staff training and support provided staff with the knowledge and skills to support people and meet their needs well. Staff were trained in the principles of the MCA and could describe how people were supported to make decisions; and where people did not have the capacity; decisions were made in their best interests.

People were happy living at the home and felt well cared for. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Some people's relatives thought activity in the home could be improved upon.

There were systems in place to ensure complaints and concerns were fully investigated. People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity

for learning and improvement.

People were not put at risk because systems for monitoring quality were in place. However, the records of these systems were not yet fully embedded in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The premises were homely and well maintained. We did however, note a feature stain glass window had no guard in place to protect from any risks a fall against it may pose.

There were overall, appropriate arrangements for the safe handling and management of medicines, however, some medication care plans needed to be updated.

There were overall, sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough and remained on-going to ensure the home was fully staffed and able to meet its planned rotas.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had the right skills, competencies and knowledge.

People had plenty to eat and enjoyed the food in the home. People received good support that made sure their healthcare needs were met.

Legal safeguards were followed to ensure people's rights were protected.

Is the service caring?

Good

The service was caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Good

The service was overall responsive to people's needs.

Some people's relatives thought activity in the home could be improved upon.

The care and support people received was based on an assessment of their individual needs.

Systems were in place to respond to any concerns and complaints raised.

Is the service well-led?

Good

The service was well- led.

People who used the service and staff spoke positively about the management team. They told us the home was well led.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement.

The provider had systems in place to monitor the quality of the service but needed to make sure the records fully reflected this.

Hillcrest Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 23 February 2016 and was unannounced.

At the time of our inspection there were 16 people living at the service. During our visit we spoke with nine people who used the service, five relatives, one visiting health professional and five members of staff which included the manager and deputy manager. We spent some time looking at documents and records related to people's care and the management of the service. We looked at six people's care plans and six people's medication records.

The inspection was carried out by one adult social care inspector, a specialist advisor in dementia and nursing and an expert-by-experience who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider 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 also reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of the service in August 2015, we found medication practice was not consistently safe and there were not sufficient numbers of staff to meet people's health and welfare needs. This was a breach of Regulation 13 (Management of medicine); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds to Regulation 12 (Safe care and treatment of The Health and Social Care Act 2008) (Regulated Activities) Regulations 2014) and Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing, which corresponds to Regulation 18, (Staffing) of The Health and Social Care Act 2008) (Regulated Activities) Regulations 2014. At this inspection in February 2016 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 12 and 18 described above.

Medicine storage was safe. Medications were stored in a locked trolley, tethered to the wall. The trolley was clean and tidy and was fit for use. There were no out of date or inappropriately stored medications in the trolley. Controlled drugs (medicines which are more liable to misuse and therefore need close monitoring) were stored securely. Registers were in place to record the handling of controlled drugs and these were in order. The home did not have a dedicated medication fridge; however, medications needing to be refrigerated were kept in a lockable box within the kitchen fridge. Fridge temperatures were checked twice daily and recorded appropriately to ensure medicines were stored at the correct temperature.

The home used a system called ' Bio cycle' for the administration of medications. This system offered pre-measured dose medications in colour-coded boxes for each person on a 28-day cycle. We reviewed the medication administration records (MARs) for six people who used the service. We saw there were no gaps on the MARs we looked at which meant people had received their medication as prescribed. MAR sheets gave details of any allergies people may have had and included a photograph of people for identification purposes.

We found for two people there were care plans in place which indicated their medication was prescribed as a variable dose. We discussed this with the registered manager and deputy manager and they said they did not have their medication prescribed in this way anymore. They agreed to remove the old care plans and implement new ones detailing how the medication was now prescribed. We also found two people were prescribed topical medications but did not have a topical medication administration record in place. We were told they would have one at the next delivery of medication and the MAR chart was being used to record administration of topical medications until then. We saw this to be the case, which demonstrated topical medications were administered as prescribed.

We observed the lunch time administration of medication. All people were witnessed to take their medication before MARs were signed and were asked if they had any pain. We were told if a person stated they had pain it was written on their PRN (as and when necessary) medication care plan, which was kept with the MARs, and a record of any pain relief given was documented. During our observations an error in medication administration occurred. This was identified by the staff member and appropriate action was taken which included contact with the person's GP and the home's pharmacist.

The registered manager told us in their action plan that all staff who administered medication had received refresher medication training to make sure their practice was current. Records we looked at confirmed this. There were systems in place to ensure annual competency checks of medication administration.

The home carried out various audits for their medications. We saw regular medication stock counts were completed and controlled drugs were checked daily. There was a daily 'mini' audit which included a check of the MARs, medication counts, dates of opening on topical medications and any actions needed were documented. The home's policy did not identify the frequency of medication audits. The registered manager and deputy manager said they were the only staff who carried out these audits and knew what was due and when. They agreed this needed to be included in their policy to ensure a fully effective system of audit.

In the PIR the registered manager said, 'Staffing has been increased over a 7 day period and staff are deployed on to shifts to ensure the correct skill mix.' The registered manager told us they planned to increase staffing levels from the hours of 3pm – 7pm daily when they were fully staffed. Rota records we looked at showed most days the staffing levels had been increased with a third staff member now on duty during these hours. Staff we spoke with said there were now enough staff to meet people's needs, and they did not have concerns about staffing levels. Comments included; "Staffing is a lot better, have more time to spend with residents" and "We can definitely see the improvements with the 3-7pm cover, have more time with people, don't have to rush." The registered manager said they still needed to recruit one more part time staff member to ensure this level of staffing was available every day.

People who used the service said they felt safe in the home and no negative comments were made regarding promptness of staff or response to room call bells at night. One person's relative commented there was possibly not enough staff at times. Our observations showed there were times when communal rooms were left unsupervised and when we asked if staff had time to spend in the lounge with people, a person who used the service said, "They don't seem to have the time." Another person who used the service and two relatives told us they had no concerns and there were enough staff in the home. The registered manager said they continued to monitor staffing levels and told us what they did to increase staff flexibly if people's needs indicated this.

There were systems in place to make sure equipment was maintained and serviced as required. We carried out an inspection of the premises and equipment used in the home. We saw the home was overall, clean, tidy and homely. We noted on the main staircase there was a large stained glass window. There was no guard or protection on this window and a risk that if a person fell against it, this window would not be secure. We discussed this with the registered manager who agreed to look in to what could be done to ensure the safety of this feature window.

Staff were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. They were familiar with the home's whistle blowing policy. Staff had received training in the safeguarding of vulnerable adults.

Appropriate recruitment checks were undertaken before staff began work. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. We looked at the recruitment process for the three most recently recruited members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including records of Disclosure and Barring Service (DBS) checks. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people.

Risks to people who used the service were appropriately assessed. We saw risk assessments for areas such as moving and handling, weight, nutrition, falls and pressure ulcers. These gave instructions to staff to enable them to support people safely. The registered manager said these were completed on admission and only if risks were identified or became apparent would they be reviewed. Staff showed a good awareness of the hazards people who used the service faced and were able to describe the management plans in place to minimise the risk of harm such as making sure people had the correct walking aids or encouraging those who could use the stairs to do so safely.

We saw there were systems in place to record accidents and incidents and monitor for any patterns or trends. It was clear from the accident records we looked at of the actions taken to prevent re-occurrence.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. We looked at training records which showed staff had completed a range of mandatory training courses including; moving and handling, first aid, fire training, equality and diversity and dementia awareness. The training records we looked at showed most staff were up to date with their required training. If updates were needed they had been identified and the registered manager said they were booked to ensure staff's practice remained up to date. Staff had also completed additional training in other areas to enable them to meet the needs of people who used the service. This included; pressure care and diabetes.

Staff we spoke with told us they received thorough training which prepared them well for their role. They said their induction had been good and had given them the confidence they needed in their role. One staff member said they could get access to any training they wanted and only had to ask and it would be provided. Staff said they received good support, with regular one to one supervision meetings where they could discuss their job, receive feedback on how they carried out their job and identify any training needs they had. Records we looked at showed staff received regular supervision and an annual appraisal. One staff member said, "We have an appraisal every year, that's how I got to do my NVQ (National Vocational Training)." The registered manager said they had regular supervision meetings with the provider. They said they found these useful, supportive and an opportunity to discuss any training needs. However, only one of these meetings had been documented and the registered manager had not yet had an appraisal. The registered manager said they were aware their appraisal was overdue and would ensure their supervisions were documented in the future after discussion with the provider.

People had access to healthcare services when they needed them. We saw records in the care records of people who used the service which showed they had regular contact with healthcare professionals such as GP's, opticians and audiologists. People said the home did not hesitate to request a GP visit when needed and that the GP visited promptly. One relative told us how the registered manager had assisted in obtaining emergency appointments and another said liaison between GP, care home, and hospital had been well-managed in the case of their family member and a recent hospital admission. A visiting health professional said the staff in the home were always helpful when they visited.

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked where they wanted to spend time, what they would like to eat and what activity they would like to be involved in. We saw people were asked for their consent before any care interventions took place. People were given time to consider options. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Care records showed information regarding people's capacity to make decisions. There were various consent forms in use. These included; 'consent to enter a resident's room', 'express wish to be involved in

annual care plan meeting', 'consent to photographs', 'consent to specific treatments for example, blood glucose monitoring' and 'agreement to the administration of medication'. We saw in most of the records we looked at the consent forms had been signed by people who used the service. We saw one person had said they did not wish to be involved in annual care plan meetings and this was documented so their wishes could be respected.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that a number of DoLS applications had been made to the local authority and these were being monitored to ensure their authorisation.

Staff told us they had received MCA training and were able to give us an overview of the key requirements of the MCA. Care records confirmed that, where necessary, assessment had been undertaken of people's capacity to make particular decisions. These showed people's families were involved in the best interest decision making process.

We observed the lunch time meal in the home. Food looked tasty and smelt appetising. Portions appeared generous. Different options were offered; there was a choice of two main courses and desserts. Food was served promptly and people who used the service said it was hot. People were also complimentary about the food in the home. A relative said they thought the meals were of a good standard. People could choose to have their meal in the dining room, the lounge or their own room. We noted that the dining room tables seemed low in height and may not suit the needs of all people who used the service as people may have to bend over the low height or not be able to get their legs under the table comfortably. We discussed this with the registered manager who said there were 'feet' available for the tables and they would make sure they were used in the future. Medications were given whilst people were still eating their lunch and their meal was interrupted for this to happen. We did not see any evidence people had been asked if this was satisfactory or their preference. The registered manager said they would consider this with the people who used the service and make any changes if necessary.

We saw there was a regular supply of drinks for people, which included hot beverages and juice. In the PIR the registered manager said, 'We promote health through a good nutritious diet and fluid intake, monitoring and reviewing risks of low weight through the care plan.' People who used the service were consulted about menus in the home. We saw minutes of 'residents meetings' which showed how this was discussed. A person who lived at the home said; "They will make you what you want."

Good

Is the service caring?

Our findings

We saw positive interaction throughout our visit and people who used the service appeared happy and comfortable with the staff. Staff's behaviour was kind and thoughtful and staff were respectful of people's expressed opinions and wishes. We saw any assistance given such as assistance with mobilising was done carefully and in an unhurried manner. People who used the service enjoyed the relaxed, friendly communication from staff.
People were complimentary about the staff. Their comments included; "Staff are very nice" and "They'll do anything you ask." People said they felt they were known to the staff as individuals as they had a consistent staff team who knew them well. Relatives were also complimentary about the staff and home. Two relatives told us their family member was very well looked after and all the staff liked their family member; enjoying a laugh and a joke with them. Another relative said; "Staff are friendly; [name of key worker] is lovely; my [family member] always seems happy here." Observed interactions between staff and relatives indicated good and trusting relationships between them. Relatives said that they felt welcome at the home and enjoyed access to visit whenever they liked.

People looked well cared for, which is achieved through good standards of care. Staff were confident people received a good standard of care and said they were trained to provide this. Staff demonstrated a good knowledge of people's individual care needs, including any challenges and difficulties people may face. Staff spoke warmly and fondly of people who used the service. It was clear they had good relationships with people.

Staff we spoke with gave examples of how they ensured people's privacy and dignity were respected. They described how they always knocked on people's doors before entering them and said they did not discuss private matters with others who used the service or relatives. Staff could describe ways in which they would respect an individual's choices and support their independence. One staff member described how they would act if a person wanted to do something that they felt was not safe. They said how she would talk things through and give them information and support their needs to ensure their understanding.
Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people with personal care.

Staff were trained in privacy, dignity and respect during their induction. The registered manager said they and the deputy manager worked alongside staff to ensure this was always put in to practice. One staff member had been appointed Dignity Champion in the home and had undertaken training to enable them to do this. The registered manager said the Dignity Champion would be expected to demonstrate good practice and challenge any bad practice with regards to respecting people's dignity at all times.

People who used the service that we spoke with were unable to tell us of their involvement in care planning. Relatives of people who used the service said they felt fully involved in all aspects of their family member's care and were kept well informed of any changes to needs. Care records showed there was regular contact with people's relatives to ensure their involvement. One relative said, "Generally, good level of involvement in decisions regarding [family member's] care needs." We saw notes had been made of people's

involvement but the care plans we looked at were not signed individually by people who used the service to fully show this.

The registered manager told us one person who lived in the home currently had an advocate. They were aware of how to support people to access the local advocacy service and this information was available in the home.

Good

Is the service responsive?

Our findings

At our last inspection of the service we found the activity on offer to people was limited and did not fully meet people's needs. The registered manager agreed to review the activity programme in place. At this inspection, we were told activities now took place daily; usually between 3pm and 7pm in one of the lounges in the home. Records we looked at showed activity included; net ball, skittles, manicures, reminiscence, watching television, making cards and dominoes. We also saw an entertainer visited the home once every six weeks. We observed there were, however, times when people received little stimulation and when this was offered it did not always seem to suit people's needs. For example, newspapers given to people who did not wish to read them or the television switched to a programme which no-one had chosen to watch.

Records we looked at showed people rarely left the home for an outing or walk out. People told us the last outings had been at Christmas but did not express any opinion on whether they would like to go out more. One relative said "I wish there was more going on." Two other relatives said their family member enjoyed the activity on offer in the home. We looked at the results of the provider's annual survey undertaken at the home in November 2015. We saw a high degree of satisfaction was expressed with social activity; people had rated this good or excellent. However, one relative had commented; 'It would be nice if there were a few more things for [family member] to do in the home.' The registered manager said they had purchased new activity equipment and introduced new activities such as the net ball game. They also said they used the outdoor space of the home in the warmer months and organised more activity out of the home such as trips to the local shops.

Staff we spoke with said they felt activity on offer to people at the home had increased and they had more time in the afternoons to organise this. They said a number of people did not wish to participate and this was documented. Records showed this to be the case. Staff spoke of how they encouraged people to get involved but respected their wishes if they didn't want to. They were aware of activities that were popular and tried to encourage these. Staff said a number of people who lived in the home liked to keep themselves to themselves or just have a chat.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care.

We looked at the care plans for five people who used the service. They contained relevant details of people's preferences, routines and information about people's health and support needs such as mobility, communication, interests, independence, continence and personal care. There was some evidence of personalisation and individualisation of care plans. However they were at times generic and vague, for example 'Ensure [name of person] gains benefit from medication as needed'. This did not give specific guidance to staff. Care plans were reviewed at least monthly and staff told us they were updated whenever people's needs changed. .

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people, people's preferences and routines. Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. Our observations showed staff clearly had good knowledge of people's individual needs and were responsive to them.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. People who used the service that we spoke with said they did not have any cause for complaint. There was no knowledge of a formal complaints process but all indicated they would approach the registered manager in the first instance. A relative told us the service was responsive to any concerns raised.

No formal complaints had been received in the last year. We saw information on how to complain was on display in the home. The provider's survey indicated all people who returned a questionnaire knew how to complain. Staff said if there were any issues or concerns raised they were kept informed of them and the outcome of any investigation into them to ensure no re-occurrence.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of care and support staff. A person who used the service told us; "I think this place is well run". The registered manager said they ensured staff shared the vision and values of the home by promoting an honest and open culture. They said they did this by leading by example, ensuring good communication and being clear on expectations. They said, "I never ask anyone to do anything I wouldn't do."

People who used the service, their relatives and other stakeholders such as health professionals were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires out to gain this feedback. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in November 2015 and these showed a high degree of satisfaction with the service with people rating the home good or excellent in all areas. This included; room comfort, quality of care, décor, staff response to requests, choice of meals and cleanliness. Comments included; They are very quick and sort things out straight away, best home ever', 'Top class' and 'Very friendly'.

The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. We saw the results of the survey were available in the main entrance of the home.

The home also maintained a comments book for people to leave feedback at any time. This was on display in the entrance of the home so was easily accessible to people. The registered manager said they looked at this regularly to see if any new comments or suggestions had been made. Recent comments included; 'The staff are great, pleased she is with you', 'Lovely kind staff, we struck gold when we found Hillcrest' and 'Staff help make [name of relative] feel much less confused.' Health professionals had also commented on the service. One said, 'I am always impressed by the care and attention given to residents.'

Staff spoke highly of the management team and spoke of how much they enjoyed their job. Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. One staff member said, "The manager is lovely, it's a good organisation, family place and there is no talking behind back." All staff we spoke with were positive about the management and leadership of the home and felt senior staff were approachable.

Staff and the manager told us the provider visited the home several times per week. They said they spoke with staff, people who used the service and relatives for any feedback on the service and quality of care during these visits. Staff also said the provider usually attended staff meetings and they felt they listened to staff's ideas and suggestions about the service. The provider did not complete a record of their visit each time they attended the home. We saw three recent visit records which did not clearly identify what had been reviewed and there was no action plan to show if any shortfalls had been identified. The registered manager said they had regular meetings with the provider to discuss the service. They acknowledged the records

needed to be more detailed to fully show the effectiveness of how they monitored the home.

Audits on care plans were completed by the registered manager. They did this on an individual basis with staff during supervision meetings. We looked at records and saw this was documented on staff's supervision record. However, the name of the person whose care plan was audited was not documented. This system of audit would be more effective if recorded in full detail. The registered manager agreed with our observation.

Out of hours spot checks were completed by the registered manager. An early morning spot check had been completed on the day of our visit. A record of these were maintained showing any findings. Staff confirmed regular checks on the home and their performance took place. One said, "[Name of manager] is very keen we do a good job and provide a good service; it's all about the residents, as it should be."

We looked at premises audits and saw rooms were checked monthly. It was unclear if they were checked for anything other than cleanliness as the records did not make this clear. All actions identified were related to cleanliness, for example dust and the action of re-cleaning to be done. The registered manager told us these audits included safety checks and mattress checks.

The registered manager had introduced a new weekly audit system that had been initiated in the last three months. This was currently in development stage and was not fully embedded in the service. The registered manager said they intended to use this approach to ensure a rolling programme of audits and a better record of what was checked would be maintained.