Saffronland Homes 3 Limited

Bonhomie House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Bonhomie House is a residential care home providing personal and nursing care to up to 78 people. The service provides support to people with physical disabilities, brain injury, mental health needs, complex needs and for people who experience periods of anxiety or distress . At the time of our inspection there were 62 people using the service.

People's experience of using this service and what we found
Improvements had been made in respect of the safe management of medicines, the environment and governance and the provider was no longer in breach of regulation. People were safeguarded from abuse by staff trained to protect them. People felt safe at the service and regular servicing and maintenance ensured the premises were safe. Recruitment was safely completed, and agency staff were used to maintain safe staffing levels. Medicines were safely managed, and improvements had been made since we last inspected. We were assured the provider maintained good infection prevention and control standards and government guidance was followed both in IPC and around visiting the service.

Peoples care records contained extensive plans to ensure they received the care they needed in a way they were happy with. Staff completed an induction on commencing in post and completed additional and refresher training to ensure they were familiar with current good practice. Kitchen staff were responsive to people's needs and wishes and prepared meals people enjoyed. The premises was currently undergoing a full refurbishment. People were supported to remain active and as independent as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were a wide range of plans addressing aspects of people's health and well-being and daily activities. People were supported to access the local community and where possible and safe to do so they were encouraged to engage independently. The service was managed in a positive way and staff could access the management team when needed as they had an open-door policy. The provider understood their responsibilities under the duty of candour and informed CQC of significant events in the service. Regular meetings and surveys ensured the provider maintained good communications with staff, people and relatives. Meetings were held with staff and the senior management team and relatives were involved in the newly implemented key working system.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 11 February 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

Why we inspected
The inspection was prompted in part due to concerns received about leadership, care provision and culture within the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Bonhomie House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of 2 inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Bonhomie House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at information we held about the service including notifications they had made to us about important events.

Why we inspected
We received information of concern relating to the management and the culture of the home and the quality

of care provided. During our last inspection we identified a breach of regulation. During this inspection we used this information of concern to assist our inspection and to check the provider was no longer in breach.

During the inspection
We spoke with 7 people and 8 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, the training manager, the chief operating officer and the clinical lead. We used 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 reviewed a range of records. This included 8 people's care records and 10 people's medication records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, clinical and care audits and feedback questionnaires.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives provided mixed feedback about the providers safeguarding processes and how they protected people from the possibility of abuse. Comments included, "Yes, they are safe living there", "Yes, they are always safe where they are" and "We find out about incidents after they have happened and then only when we spot something ourselves relating to our relative." We spoke with the registered manager about this concern amongst others and we were satisfied with the actions taken and how they investigated and reported the incidents.
- Records demonstrated accidents and incidents of possible abuse were investigated and reported to the local authority and CQC as required. For example, an incident took place in October 2022 which resulted in one person having a seizure. Another incident took place in September 2022 which resulted in self-injury. Records viewed demonstrated both incidents were investigated and reported to the Care Quality Commission and the local authority safeguarding team. Care plans and risk assessments were reviewed and updated as a result of the incidents. Actions relating to these incidents were ongoing.
- Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

Assessing risk, safety monitoring and management

- Risks were clearly assessed and appropriate plans to reduce these risks for people were in place. These were developed based on individual needs and provided a good level of guidance for staff. This included a variety of areas such as skin integrity, continence and malnutrition.
- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor for these and the action to take to reduce these risks, meaning that the risk to people was minimised.
- Equipment such as hoists, call bells and fire safety equipment were serviced and checked regularly.
- There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heatwaves, flood, fire or loss of services. This also included information about evacuating the premises, alternative accommodation and important telephone numbers. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the premises in an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

● The registered manager employed a diverse workforce and was passionate about promoting equality in the service. The provider had obtained a license to recruit staff from abroad via a Home Office Sponsorship Scheme. For staff recruited as part of the Home Office Sponsorship Scheme, an overseas criminal record check had been undertaken and then a Disclosure and Barring Service (DBS) check were also completed once the staff member was settled in the United Kingdom. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of 2 employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. All staff were subject to a DBS check. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register. Staff who were employed from overseas had the appropriate documentation and authorisation to work in the UK.

● There were enough skilled staff deployed to support people and meet their needs. The registered manager said, "We have 19 residents in bungalows and 43 residents in the main house. We have 3 registered nurses and 1 care practitioner, 9 carers in the house, 3 domestic staff in the house, 3 kitchen staff in the house and 16 carers in the bungalows. There are 3 care staff on each floor, 1 nurse for the bungalows and 2 for the house. We have a dependency tool and we have enough staff at the moment." Rotas viewed reflected this.

● During the day we observed staff providing care and one-to-one support at different times. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. Comments from people, relatives and staff included, "We have enough staff here, if people want to go out we can support them with that and if they want to do any activities we make that happen", "I think there is enough staff, there seems to be enough of them around" and "I don't have any concerns about staffing levels."

Using medicines safely

● At the last inspection we identified controlled drugs were not always stored appropriately and prn 'as required' protocols were not always detailed. At this inspection we found improvements had been made and previous issues had been rectified.

● People could be confident that medicines were managed safely and administered by competent staff who had access to appropriate guidance and information.

● Medicines were stored securely. The temperature of the medicine's storage was checked daily to ensure medicines were stored at the correct temperature. Medicines that required extra control by law, were stored securely and regularly checked.

● Medicines had pharmacy labels and were in date. They were kept in suitable quantities without large excesses. Bottles and creams were dated when they were opened to ensure they were not used past their expiration time.
● Accurate records were maintained of medicines received into the service, administered and disposed of. Medicine administration records (MAR) were completed as required.
● Where medicines were prescribed to be administered on an 'as required' basis, clear protocols to guide staff about the use of this were in place. Staff ensured medicines were reviewed with people's GP's on a regular basis. The clinical lead monitored the usage of medicines for mental health conditions and behaviours to ensure this was effective and still required.
● Staff told us they received training in medicines administration and that their competence was assessed on an annual basis, in line with national guidance.

Preventing and controlling infection
● At the last inspection we identified poor maintenance and decoration which could have resulted in the possible spread of infection. At this inspection we found improvements had been made. In various areas of the service new flooring had been laid, particularly in communal areas. Whilst there were a number of bedroom carpets that required updating, the provider was actively making the changes during our inspection. We were satisfied with the providers maintenance action plan and we were told changes to the environment were ongoing.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● The registered manager told us there were a number of areas they wanted to improve upon within the service. They said, "There are things we are not great at. When it comes to active alcoholism, we need to get better and our training needs to get better." A relative said, "I don't think it is safe because other residents were coming into (relatives name) room with cans of alcohol and giving him more alcohol than is usual. This amount of alcohol mixed with his medicines and health conditions and his lack of mental capacity made this a volatile situation." The registered manager provided us with evidence which demonstrated staff had been placed on additional training to support their knowledge and skills in respect of supporting people with substance misuse.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- As reported in the safe domain, the service was in the process of renovation with new flooring being laid and redecoration throughout. The environment was spacious which allowed people to access facilities as required.
- The Chief Operating Officer explained their plans to develop the service to ensure the environment was suitable and fit for purpose. They said, "I can absolutely assure you; we are working on getting these carpets sorted out because it's not good enough." After our meeting they emailed us photographs showing some of the additional changes they had made since our inspection visit. We were satisfied with their progress and were assured action was being taken. Environmental audits and actions plans were in place and were being monitored and driven by the senior management team. The registered manager said, "Every week on a Friday we get an email from the estates manager telling us what jobs are being completed in the next week. Total requests to date I have sent them 264 jobs and they have completed 46% so far" and "Now we are using these smart sheet systems you can see that's good governance. We are finding it, and we are fixing it. We have never actually had anything like that before. From my point of view, it's a huge weight of my mind. It's not left anymore; it's checked every week."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were completed before people moved to the service. These identified people's needs and the choices they had made about the care and support they wished to receive.
- Staff delivered care and support in line with best practice guidelines; for example, they used nationally recognised tools for assessing the risk of skin breakdown and the risk of malnutrition and planned care to reduce any risks for people.

Staff support: induction, training, skills and experience

- All new staff were subject to completing the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager said, "They (Nurses) have just done their medication competency with (clinical lead). I have asked for venue puncture, catheter care, phlebotomy and PEG training and this is all getting organised" and "In the past, I kept asking for it and it didn't happen. Since (Chief Operating Officer) joined, he said just book it, it's such a breath of fresh air." Supervision monitoring records demonstrated care staff and nursing staff had supervisions every 2 months. The registered manager said, "We are currently doing

their appraisals and we are currently doing a new competency programme."
● The Chief Operating Officer commented, "We have signed up to (product) to provide our new eLearning platform. This will commence in January 2023 as we port over current training information. This new system will provide eLearning modules, eCompetencies to demonstrate staff knowledge as well as allowing the training stats to be reviewed by the senior management team by Face-to-Face Training, eLearning Modules and Service Specific Training as well as each home individually and down to a single staff member. It also allows us to set face to face training, webinars and store company policies on a virtual 'bookshelf' which tracks what policies have been read by staff and when they read it."

Supporting people to eat and drink enough to maintain a balanced diet
● People were protected from risks of poor nutrition, dehydration and swallowing problems. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
● A Malnutrition Universal Screening Tool (MUST) and Waterlow scores were regularly reviewed. Any person who had weight loss was monitored with a food and fluid which was put in place for a period of three days to review intake. Several were in place; however, one residents' weight had been incorrectly entered and therefore clinical lead had not been alerted.
● Staff were knowledgeable about people's differing dietary requirements. Kitchen staff were kept informed of people's needs, likes and dislikes.
● Throughout the inspection, we observed that people were offered drinks and snacks regularly. Where people were supported to eat, this was done in a relaxed and encouraging manner.

Supporting people to live healthier lives, access healthcare services and working with other agencies to provide consistent, effective, timely care.
● Records confirmed people were supported to access external healthcare support. The registered manager said, "Our GP comes around every Thursday and does a walk around. We work with the SaLT team for (person), she has a physio too. We have a Huntington's Disease nurse who supports us with 3 people, and we have 6 or 7 people see the community psychiatric nurses. We also get support from the seclusion team around alcohol." There was clear evidence in people's care records of professional involvement, including Speech and Language Therapy (SALT), GP, Mental Health Services, Chiropody, Dentist and Opticians.

Ensuring consent to care and treatment in line with law and guidance
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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
● Staff were observed seeking consent from people before providing any care or treatment.
● Mental capacity assessments had been carried out where required and best interests' decisions made, involving people's relevant representatives.
● Applications for DoLS had been submitted to the supervisory body responsible for assessing and

approving these. At the time of our inspection, 16 people were currently subject to DoLS and 13 people were waiting to be reassessed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● During our inspection we observed people being treated respectfully and found staff to be responsive to people's needs. Comments from people included, "They do treat me with respect yes, when I need help with personal care they make sure I am happy to have it" and "I like the staff here, they try their best to make sure I am happy."

Supporting people to express their views and be involved in making decisions about their care

● The registered manager had recently implemented new documentation which gave families and friends the opportunity to share details which were then used to support care planning. A new key working system had been implemented and had proven to be successful for people living in the bungalows. The staff were extremely complimentary about the system and told us the meetings with relatives really helped build positive relationships. A member of staff said, "We all got together and reviewed the care plans, it was really good and I am pleased it's working so well." The registered manager told us the keyworker system had been successful and said, "Now that it's working well in the bungalows, we are starting to introduce it in the house. It will take time but it's working well."

Respecting and promoting people's privacy, dignity and independence

● The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was evidence that people's preferences and choices regarding some of these characteristics had been explored with people and had been documented in their care plans. We saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this.

● Staff were observed to engage very positively with residents and visitors. They demonstrated good knowledge of the people, their likes and dislikes. Information in care records relating to people's life stories were used to ensure staff take a holistic view of the person.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Care records were detailed and accurately reflected people's needs. These records were regularly reviewed with involvement from people and their family members. Information in care plans was person centred and contained strategies for assisting staff to deliver care in respect of moving and handling, pressure area care, mental health needs, personal care and medication. Guidance for staff included, "When (person) is anxious, please do not raise your voice", "(Person) prefers her medication to be administered in a pot, (person) will take a sip of drink with each tablet" and "Listen to what I am saying and repeat it back but adding noting extra."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were recognised, and action taken to support these. The provider ensured people with hearing or visual impairments had access to information in formats suitable to their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The registered manager told us people regularly accessed the community and were encouraged to utilise local amenities.

● Appropriate arrangements had been put in place to ensure people's cultural needs were being met.

Improving care quality in response to complaints or concerns

● The provider had effective arrangements in place for receiving, investigating and responding to complaints. On 19 October 2022 we asked the provider to respond to concerns which were raised to us anonymously. The complaint referenced poor management, possible abuse, a lack of staff morale, a lack of dignity and respect and poor responses from the provider. In response the complaint, the chief operating officer conducted a thorough investigation and found the allegations to be unsubstantiated. A 'Meet the leadership' meeting was held on 2 November 2022 where staff had the opportunity to raise any concerns and give feedback. Feedback from the staff was generally positive and well attended.

End of life care and support

● At the time of our inspection nobody was receiving end of life care and support. The registered manager said they would access advice and guidance from the local authority, the CCG and from the hospice should the requirement arise.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we identified concerns in relation to good governance. We issued a breach of regulation 17 of the HSCA. At this inspection we found improvements had been made and the provider is no longer in breach of regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our previous inspection the provider had recruited a new chief operating officer and a new area manager. Governance systems were significantly more organised and more effective at driving improvement. The training and compliance manager said, "Everything is so much more organised now and everyone knows what their jobs are" and "What (chief operating officer) has done is ask what tools do you need to do your job. We have reviewed our whistleblowing, there is now a QR code around the home and when you take a picture of it, it then takes them to a link so they can report any concerns straight away." The registered manager said, "We have weekly meetings to review what jobs need to be done and we work together really well. There is a lot to work to do but we are going in the right direction."
- The management team had effective oversight of the service. When we asked questions about the service they replied promptly with in-depth responses. This demonstrated a thorough knowledge and understanding of the challenges the service faced as well as the positives.
- Quality audits and development plans drove improvement in relation to incidents and accidents, health and safety, infection control, supervisions, appraisals, training, safeguarding and medication. The registered manager was confident when describing the quality audit tools and was clear in what their responsibilities were. There were a number of ongoing actions that were being monitored effectively. The Chief Operating Officer, commented, "The senior management team meet with home managers weekly to review service development plans and actions closed /outstanding actions and to provide any additional support that the managers may need." We found this to be accurate. The registered manager said, "(Training manager) done an unannounced audit in August. I had 60 odd actions from it. They were divided into red, to be done in 7 days, amber was 6 weeks, yellow in 2 to 3 months. We are checked on this weekly, my quality meeting is tomorrow."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager said, "We always try to make it as least restrictive; we try to give people quality of life. Records demonstrated people had accessed the snooker cubs, snooker and went shopping. One person was supported to attend a hairdresser's appointment which required significant risk assessment. The

registered manager said, "Staff spoke with the hair salon, they arranged the appointment with her on her own, they done a skin test 48 hours before, everything was pre planned. It was the first time she had her hair done in 10 years." The service did employ external staff to provide activities. However, a number of relatives felt the activities in the service could be improved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and relatives were provided with sufficient opportunity to be involved in the development of the service. For example, the newly introduced key working systems allowed relatives to attend care reviews in a more meaningful way. Questionnaires and information sharing documents were also sent to relatives to provide opportunities to improve services.

Continuous learning, improving care and working in partnership with others

● The management team were open and honest about the areas of the service that required improvement. The chief operations officer commented, "A new audit has been introduced which is more robust than previous audits. These are conducted twice yearly by our Training and Compliance Manager and twice yearly by our Area Manager giving us a quarterly audit in all homes, with interim additional audits as required", "Each home has an SDP (service development plan) to collate actions created form Audits, CQC Inspections, Local Authority Inspections, H&S Audits, team Meetings etc. This provides the managers a clear view of actions and the ability to demonstrate action closures in a set timescale. Red Actions 7 days, Amber actions 6 weeks, Yellow actions 12 weeks."