

# Stroud & District Homes Foundation Limited

## The Gables

### 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

The inspection took place on 29, 30 and 31 March 2016. This was an unannounced inspection. The service was last inspected in April 2015. There were two breaches of regulations at that time. A significant safeguarding event had occurred a couple of days prior to the last inspection but this had not been reported. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Daily care records for the people receiving community services did not reflect an accurate account of the activities they completed during 1:1 time with staff. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At the time of this inspection we saw evidence of safeguarding incidents being reported. People's daily notes provided an accurate account of the activities they completed. The service was meeting legal requirements at the time of this inspection.

The Gables is registered to provide accommodation for up to five people in the care home and also provides a personal care service (domiciliary care) to 20 people who live in three shared houses (supported living arrangements). The three supported living houses are Barn Lodge and Stonehaven on the same site as The Gables in Stroud and Cotswold Grange in nearby Stonehouse. For the purposes of this report we have referred to the personal care service as the community service and used The Gables when referring to the care home. Both services care for people who have a learning disability...

There are two registered managers in post, one for The Gables and one for the community service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines.

Risk assessments were implemented and reflected current level of risk.

People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. This included meetings with staff members and other health and social care professionals.

People were supported to access and attend a range of activities. People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence.

People's needs were regularly assessed and care plans provided guidance to staff on how people were to be supported. The planning of people's care, treatment and support was personalised to reflect people's

preferences and personalities.

The staff at the home had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLs). These safeguards aim to protect people from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

Where people lacked capacity, best interests meetings had taken place involving other professionals ensuring decisions were made in peoples' best interests.

The staff recruitment process was robust to ensure the staff employed would have the skills to support people. Staff were knowledgeable about people. They had received suitable training to support people safely enabling them to respond to their care and support needs.

The service maintained daily records of how people's support needs were met. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded. We saw that the service took time to work with and understand people's individual way of communicating so that the service staff could respond appropriately to the person.

Regular audits of the service were being carried out in the community service. The residential service had recently implemented a new audits system which were due to be completed shortly after the inspection.

## 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 ●

People received their medicines safely as prescribed by their GP.

Risk assessments had been completed to reflect current risk to people.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

There were safe and effective recruitment systems in place.

Staffing levels were sufficient; people received high levels of support with a member of staff being allocated to support them.

### Is the service effective?

Good ●

The service was effective

People had access to healthcare professionals and details of these visits were recorded.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People and relevant professionals were involved in planning their nutritional needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

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

**Good** ●

The service was responsive.

People and their families were involved in the planning of their care and support.

Each person had their own detailed care plan.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

The service had a robust complaints procedure.

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

**Good** ●

Regular audits of the service were being undertaken.

The views of people living at The Gables and their relatives were taken into account to improve the service.

The registered manager and senior staff were approachable.

Quality and safety monitoring systems were in place.

# The Gables

## 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 was an unannounced inspection which was completed on 29, 30 and 31 March 2016. The inspection was completed by an adult social care inspector. The previous inspection was completed in April 2015; there were two breaches of regulation.

Before the inspection, we asked the provider to complete 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted eight health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from mental health services, local authority and the GP practice.

During the inspection we looked at six people's records and those relating to the running of the home and the community service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with members of staff and the registered managers of the services. We spent time observing and speaking with people living at The Gables and the community service.

Following the inspection, we contacted six relatives by telephone about their experience of the care and support people received at The Gables and the community service.

# Is the service safe?

## Our findings

People told us they felt safe living at The Gables. One person told us, "I feel safe here" and "All of the staff are good and friendly". Another person said "I feel safe here and the staff are friendly and caring". We observed people were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff that supported them. We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided. Relatives told us they felt their relative was safe and comfortable in the home and had good relationships with the staff. One family member stated "I feel my sister is safe at the home". Another person stated "I feel my daughter is safe there and the staff have appropriate skills to care for her".

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency rechecked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained.

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. For example, one person had diabetes and there were clear risk assessments which detailed how the risks associated to this condition were to be managed. There was evidence in the risk assessments of staff liaising with other health professionals to identify and manage risk.

There was sufficient staff supporting people living in The Gables. This was confirmed in conversations with staff and the rotas. Both the residential and community services had a registered manager and deputy manager in post. Staff told us if people had activities outside of the home this would be reflected in an increased number of staff on shift for that particular time. Some people required two staff for their care and this was clearly detailed in care plans. Relatives commented on how they felt the home was sufficiently staffed. One relative commented "There are always enough staff on duty".

In order to ensure there were sufficient staff working in the home the registered manager informed us she determined staffing levels by individual levels of needs and what activities were on during each shift. These were then assessed together to judge the number of staff needed across the home. . Staffing levels in the community service were determined by assessing people's care needs along with the level of funding available. The registered managers of both services informed us that they operate an on-call system and also have bank staff available to cover shifts in emergencies. Staff also informed us they are happy to swap shifts to support colleagues.

The registered managers understood their responsibilities to ensure suitable staff were employed in The Gables and the community service. We looked at the recruitment records of the last three staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers

as part of the process to ensure staff were suitable and of good character. Before an individual was allowed to commence work in the home, a 'cleared to work' form had to be completed by the head office. This was done to ensure all of the relevant checks had been completed and the relevant documents which were required were seen.

The service had a staff disciplinary procedure in place. The deputy manager of The Gables informed us of how this had previously been used to address a staff disciplinary issue. This shows the service had the relevant procedures in place to manage disciplinary issues with staff to ensure people using the service were kept safe.

The provider had implemented a robust safeguarding procedure across both services. Staff were aware of their roles and responsibilities when identifying and raising safeguarding concerns. The staff felt confident to report safeguarding concerns to the registered managers. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. All staff had received training in safeguarding. Safeguarding issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring. The community service had implemented a 'Helping hand system'. This enabled each person to identify five staff members they could approach if they had any concerns.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation.

Staff told us there was a quick response to maintenance and repairs. The provider has employed a person who works across the whole organisation three days a week. The registered manager informed us a request is sent to them the start of the year requesting a maintenance plan. Once the plan is completed, the provider will arrange the work to be completed. The staff completed daily premises checks to identify any issues which are then reported to the head office. Records are kept of all issues requiring work. This record details what is required, when it was reported, the level of urgency, when it is due to be completed and when the work was actually completed. When looking at the reports there was evidence of prompt responses to maintenance requests.

The premises were clean and tidy and free from odour, cleaning was the responsibility of all staff during their shifts. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with told us the home was clean.

Staff showed a good awareness in respect of food hygiene practices. Different types of foods were kept on different shelves in the fridge and freezer. For example, there were separate shelves for vegetables and meats. Food was clearly dated when put into the fridge. We were shown records of the temperatures for the fridges and freezers which are taken daily. We were also shown records of food temperatures being taken for all meals before they were served to people.

## Is the service effective?

### Our findings

Staff from The Gables and the community service had received regular supervision. The registered managers informed us supervision occurred every 6-8 weeks. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and felt they could discuss any issues with the registered managers who was always available. Staff told us they felt they did not have to wait for their supervision to discuss any issues with the registered manager. There was evidence staff received annual appraisals. Where staff had not received a recent appraisal, a date for an appraisal had been identified by the management.

Staff had completed an induction when they first started working in The Gables and the community service. This was a mixture of shadowing more experienced staff and training. This training may be from outside trainers in addition to completing a range of e-learning and reading policies and procedures.

The registered manager told us new staff members would have shadow shifts for at least two weeks when they first started working at the home. These shifts allow a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. These shifts would be at different times of day and night to ensure staff had experience of working all shifts required. In addition to this, the registered manager told us each new member of staff was given an induction pack which included key information such as policies, what training needed to be completed and records of shadow shifts. Each item had to be signed off by the registered manager before a person was considered as having completed their induction.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions. The registered managers informed us staff had access to e-learning.

The registered managers used a matrix which clearly detailed what training courses had been completed by each staff member and what was also outstanding. The matrix also enabled the registered managers to track when staff required refresher training courses to update their knowledge.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty

Safeguards (DoLS). Everyone living at The Gables had assessments regarding their capacity to make decisions. The registered manager and staff in the home demonstrated a clear understanding of the DoLS procedures. The registered manager had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented in the care plans. When speaking to family members, they told us they felt involved in best interest decisions.

It was evident from talking with staff at both services, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. For example, we observed a staff member talking with one person about what they would like to have for tea that day. From talking with staff and observing their interaction with people it was evident that they respected the wishes of people using the service. For example, we observed one staff member if they would like to join in a communal activity or stay in their room. The person expressed their wish to remain in their room and this was respected by the staff member. From our observations and discussions with staff it was evident they knew the needs and preferences of the people using the service. When speaking with one staff member regarding the person for whom she was the keyworker. We were given a detailed account of the person's daily routine as well as their likes and dislikes.

The registered managers informed us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service.

The registered managers informed us they used evidence from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. One example of this was the use of relevant professionals to minimise the risk of a service user aggravating a spinal condition by laying on the floor. Where there had been input from other professional, this was recorded clearly in the care files of people.

Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. Staff members at The Gables and the community service informed us that they plan menus on a weekly basis and consult the people as to what they would like during the week.

Meals were flexible and if people wanted something different to what was on the menu they could chose this. This was confirmed to us by the staff and the registered manager. One person we spoke with stated, "The food is good". One relative told us, "The food is of good quality and there is always enough to eat". Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required.

People had access to a GP, dentist and other health professionals. The outcome from these appointments were recorded and were also reflected within the people's care files.

The Gables and two of the supported living houses were situated close to the centre of Stroud. The other supported living house was situated in Stonehouse. The properties were suitable for the people that were accommodated and where adaptations were required these were made. We felt the needs of people had been taken into account when decorating the hallways and communal areas in The Gables. The people living in the community services had a tenancy agreement and received support from staff in their own homes.

Each bedroom was decorated to individual preferences and the registered manager informed us that the

people had choice as to how they wanted to decorate their room. Relatives told us that people were able to decorate their room as they wanted and they were also involved in this process.

There was parking available to visitors and staff at The Gables, there was sufficient secure garden space at all of the properties which people could access if they wanted to.

## Is the service caring?

### Our findings

Staff at The Gables and the community service treated people with understanding, kindness, respect and dignity. For example, Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering a person's bedroom.

When speaking with staff at The Gables and community service they were clear in their understanding of privacy and informed us they always knock and seek permission before entering a person's room. Staff also informed us they ensure doors are closed when providing personal care. This demonstrated staff were conscious of maintaining people's privacy and dignity.

It was evident from speaking with staff and observing their interactions with people that they were aware of people's needs and were able to manage any behaviour that may challenge as a result of their condition. Where required, people had detailed behaviour management plans which were regularly reviewed by mental health professionals.

There was a genuine sense of fondness and respect between the staff and the people using the service. We saw people laughing and joking with staff. The staff we spoke with informed us it was imperative people were happy at The Gables. Relatives we spoke with informed us they felt the staff were caring. People used statements such as "The staff are very helpful" and "The staff are caring" to describe the staff at The Gables. One professional stated, "The staff are always polite and appear to be caring".

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people. For example, where people had limited levels of verbal communication it was evident the staff understood their communication style and used pictures and photographs where required. Staff were observed using touch as a form of communication and also to put people at ease when speaking to them. Staff evidently knew people well and had built positive relationships. Family members we spoke with stated they felt the staff knew their relative's needs well and were able to respond accordingly. Family members we spoke with informed us they felt their relative was happy at The Gables.

Staff talked about people in a positive way. Staff showed a person centred approach to the people they were supporting. For example we observed staff discussing with people what they would like to do during the day. Family members we spoke with informed us they felt their relatives were treated as individuals who had their own needs.

People looked well cared for. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. One relative described the staff as 'excellent'. Another relative stated "The staff are very pleasant and caring and this has made my daughter very settled. My daughter is very happy". Relatives told us the staff listen and respond to people appropriately. Relatives told us the staff would try their best to fulfil any requests they have. We observed staff working with people at their pace and

activities were tailored to the individual needs of people.

We observed positive staff interactions and people were engaged. One example of this was during the morning when there was one staff member present in The Gables. However, the staff focussed on all of the people present to ensure they did not feel left out. Staff were observed joking with people and having positive interactions.

People's preferences in relation to support with personal care was clearly recorded and people were encouraged to maintain their independence. This was clearly detailed in the care plans. People were able to have privacy if they wanted to. People we spoke with told us they could spend time in their room if they wanted to.

Staff told us people were offered a choice on a daily basis in respect of how they wanted their support. This was observed throughout the inspection. For example, staff were observed asking people at meal times if they wanted help before supporting them.

People were given the information and explanations they need, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. Care records included information about how people could be involved in making decisions. Relatives informed us they felt people had choice and were treated with dignity and respect. One relative informed us staff always tried to involve people in decision making processes.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Relatives told us they were able to visit when they wanted to and there had never been any restrictions on visiting.

End of life care plans had been prepared with input from people and their families. Relatives informed us they had been involved and felt they were listened to when they had made any suggestions.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. We saw that each person had a support plan. The service had a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Each care file also had a page detailing people's likes and dislikes at the front of the file so it was easy for staff to identify individual preferences.

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered managers that staff would also read the daily notes for each person. The daily notes detailed and contained information such as what activities people had engaged in, their nutritional intake and also their general well-being so that the staff working the next shift were well prepared.

The Gables and community service had a robust process for ensuring changes were recorded in people's files. Each person was allocated a keyworker. This was a named member of staff who was responsible for ensuring care plans were up to date and reflected the current level of need for the person. There was evidence regular reviews of care plans were being carried out. Staff informed us care reviews were carried out at least every three months. Professionals who visited the service stated they felt staff responded well to people's needs and were proactive in managing changing needs. Relatives told us they felt the home responded well to people's needs. For example, two people in The Gables had recently begun to wake at night. The registered manager informed us how they had worked closely with the local authority to identify the support required for these people and as a result they had now implemented waking nights in the home.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. The people we spoke with indicated that they were happy living in The Gables and with the staff that supported them. Throughout the inspection, we observed positive interactions between people and staff. Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable. Relatives complimented the staff about how they were responding to people and the relationships that had been built with staff. Comments such as "Excellent", "Very caring" and "Enthusiastic" were used by relatives to describe the staff across both services.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The provider also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs at The Gables and community service.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file

contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. Activities included swimming, going out to local shops and each person also had at least one holiday per year. Each person had their own activities timetable detailing what they were doing during the week. In addition to activities outside of the home, we observed staff sitting with people and engaging with them when they were back at The Gables. For example, we observed staff in The Gables sitting with people and doing artwork.

Relatives stated activities were suitable for people and there were sufficient activities taking place. Relatives felt people had choices of activities and were able to do things they enjoyed and were happy at the home. One relative stated, "There are enough activities". Another relative stated "She is always busy and has a very active life".

Relatives confirmed they knew how to complain but did not have any concerns. They told us they had confidence in the registered managers to respond promptly to any concerns or suggestions that were made. People told us they felt the registered managers were always available if they had concerns. Professionals we spoke with stated they felt confident their concerns were listened to and actions were taken accordingly.

Complaints were managed well and there was evidence of learning from issues raised by people. For example, a complaint had been received from a relative relating to the wrong type of clothing for the specific time of year being offered to a person. Following this, the person's care plans had been updated to inform staff as to how they could offer this person choice but also ensure the clothing offered reflected the weather. Staff we spoke with informed us how they would now give a choice of different clothing suited to colder weather to ensure the clothing was appropriate but they were still offering choice.

## Is the service well-led?

### Our findings

There was an experienced registered manager working at both services. The registered manager at The Gables had been working at the home for four years and the registered manager for the community service had been in post for five years. Staff spoke positively about the management style of the registered managers. A member of staff told us they felt supported by the registered manager. Staff told us they felt they could discuss any concerns they had with the managers. A staff member who had started recently stated "The manager is brilliant and has really helped me since I started". Staff informed us there was an open culture within the home and the registered manager listened to them. Staff informed us they used team meetings to raise issues and make suggestions relating to the day to day practice. The registered managers stated they felt team meetings were very important as they allowed the staff team to identify good practice as well as areas for improvement. The registered managers informed us staff meetings occurred every three months.

The staff described the registered managers as 'being a part of the team' and 'very hands on'. We observed this during the inspection when the managers for both services were regularly attending to matters of care throughout the day. Staff told us if there were any staffing issues, the managers would support the care staff in their daily tasks. Relatives of people living at the home supported this stating they felt the managers were involved in day to day matters at the service. Relatives used term such as 'caring', 'open and honest' and 'excellent' to describe the managers. During the inspection, the enthusiasm of the managers was evident and we felt this had a positive effect on the morale and enthusiasm of the wider staff team. Staff we spoke with told us they felt morale amongst staff was good and this was down to good leadership from the management team.

We discussed the value base of the service with the registered managers and staff. It was clear there was a strong value base around providing person centred care to people using the service. The registered manager and staff told us they involved relatives where relevant. Staff were clear on the aims of the service which was to provide people with care and support that was individualised. The emphasis was that The Gables was the home of the people living there. Staff and relatives commented how the all of the properties had a homely feel.

Regular audits of the service were taking place in both services. The registered manager of the community service was able to provide us with detailed action plans which aimed to address issues identified as part of the audit process. For example, shortcomings were identified when auditing people's finances. As a result a new system of auditing people's finances was implemented to minimise the risk of potential financial abuse. The registered manager of the residential service informed us she was in the process of completing an action plan based on the outcome of the audits she had recently completed.

The registered manager of The Gables informed us they had recently sent out surveys to relatives for feedback regarding the service. They informed us how the information from these would be used to develop the action plan along with information obtained from the annual audits. The community service had received positive feedback from relatives through the survey process. Relatives we spoke with felt they could

discuss issues with the managers who they felt were approachable, committed to providing person centred care and willing to listen to feedback about the service. Relatives informed us they felt the service was well managed.

The registered managers had a clear contingency plan to manage the services in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered managers were able to outline plans for short and long term unexpected absences. For example, the provider had implemented an on call system to cover for unexpected staff absences. The registered managers also detailed how the deputy managers would cover for them in their absence.

From looking at the accident and incident reports, we found the registered managers were reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.