Scope

Oakleigh Lodge

Inspection report

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Date of inspection visit:
09 March 2017

Date of publication:
05 April 2017

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

We carried out an unannounced inspection of the service on 9 March 2017.

Oakleigh Lodge provides accommodation and personal care for up to three people living with a learning disability, physical disability and complex healthcare needs. At the time of our inspection there were three people living at the service.

Oakleigh Lodge is required to have 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 2008 and associated Regulations about how the service is run. At the time of the inspection a registered manager was in post.

People received a safe service. Staff were aware of their responsibilities to protect people from avoidable harm. Staff received adult safeguarding training and had information available about how to respond to a safeguarding concern.

Risks to people's needs had been assessed. Staff had information available about how to meet people's needs, including action required to reduce and manage known risks. These were reviewed on regular basis. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. The internal and external environment and equipment used were monitored and maintained.

Concerns were raised by some relatives about the competency and skills of some staff. Action was in place to support staff to gain the required knowledge, skills and competency to meet people's needs effectively. Safe recruitment practices meant as far as possible only suitable staff were employed.

People received their medicines as prescribed; some concerns were identified with the management of medicines. This was in relation to medicines prescribed as and when required and the use of body maps for the administration of topical creams.

Staff received a detailed and supportive induction, a comprehensive training programme and ongoing support. The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. Staff had a good understanding and awareness of meeting people's healthcare needs. People received a choice of meals and independence was promoted. Where people required support with eating and drinking this was provided appropriately and in a caring and dignified manner. People's healthcare needs had been assessed and were regularly monitored. The provider worked with healthcare professionals to ensure they provided an effective and responsive service.

People were supported by kind, caring and compassionate staff that were knowledgeable about people's individual needs and what was important to them. Staff respected people's privacy and dignity. People had access to an independent advocate that visited them.

People had a detailed pre-assessment of their needs completed and a transition plan before they moved to the service that met their individual needs. One relative's experience of communication and involvement with staff of how their family member received care and support was not consistent.

People's individual interests and hobbies were known and understood by staff but opportunities for people to access and participate in new activities were limited. The provider's complaints policy was available for people's relatives and advocate to use if required.

The provider sought feedback from relatives, advocates, professionals and staff as part of their internal quality and assurance procedures.

The provider had systems and processes in place that monitored quality and safety. The provider was meeting their regulatory requirements.

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.

Staff understood what action they needed to take to keep people safe and action was taken to reduce personal risks to people's health and welfare.

People were supported by a sufficient number of staff but feedback about competency and skill of some staff was raised as an issue. Safe staff recruitment checks and procedures were in place.

People received their prescribed medicines and these were managed safely. No protocols were in place for as required medicines that required them. Body charts were not used for the use of topical creams.

Is the service effective?

Good

The service was effective.

Staff received an appropriate and supportive induction, comprehensive training and opportunities to review their work.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received appropriate support to ensure they were eating and drinking healthily.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate. They understood people's needs and communicated effectively with them. Choices and involvement of people with their care were promoted as fully as possible.

People's privacy and dignity were maintained and staff showed respect towards the people they supported.

People were supported by an independent advocate that visited them.

Is the service responsive?

Good

The service was responsive.

People had an assessment and transition plan before they moved to the service.

Involvement and communication with relatives was not consistent. Opportunities for meaningful activities could be improved upon.

There was a complaints policy and procedure available to people's relatives and advocates.

Is the service well-led?

Good

The service was well-led.

Internal and external audits and checks were in place to monitor quality and safety. The provider was meeting their regulatory requirements.

Systems were in place to gain feedback about people's experiences of the service.

Oakleigh Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 9 March 2017 and was unannounced. The inspection team consisted of one inspector.

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 plan to make. We reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the commissioners of the service, healthcare professionals and Healthwatch to obtain their views about the care provided at the service. We received feedback from the local authority who commissioned the service for people and four external healthcare professionals.

Due to people's communication needs we were unable to speak with them directly about their experience of the care and support they received. We therefore used observations to help us understand their experience.

During the inspection we spoke with the registered manager, team leader and two support workers. We looked at the relevant parts of the care records of three people, four staff recruitment files and other records relating to the management of the service. This included medicines management, staff training and the systems in place to monitor quality and safety.

After the inspection we spoke with three relatives for their feedback about how the service met their family member's needs. We also spoke with an area manager who was the provider's representative.

Good

Is the service safe?

Our findings

People received a safe service that protected them from avoidable harm. Relatives were confident that their family member was supported by staff to remain safe. One relative said, "I have no concerns about safety, risk assessments are understood by staff, equipment that's required is in place and safe and staff are professional about safety aspects."

Staff told us how they ensured people's safety. They were clear about their responsibilities in protecting people from abuse and risks associated to their needs including the environment. Staff also told they had attended adult safeguarding training. One staff member told us, "We follow policies, one person is different to another, we never leave people alone but respect personal space, there is a balance between safety and privacy and not putting unnecessary restrictions on people."

We saw the provider had a safeguarding policy and procedure available for staff. Information was available for people, visitors and staff advising of the contact details of external agencies to contact to report a safeguarding concern if required. The staff training plan confirmed staff had completed adult safeguarding training. Whilst there had been no requirement for safeguarding referrals to be made to the local authority safeguarding team or CQC, the registered manager gave examples of when they would make a safeguarding alert. This told us that people could be assured appropriate action would be taken if required to protect their safety.

Risks to people's needs had been assessed and risk plans were in place that provided staff with detailed information of how to manage and reduce known risks. A relative told us that their family member had complex health needs that increased risks to their safety and well-being. This relative said, "[Name of relative] has very complex needs, it's no mean feat caring for them, I would rate them [staff] as excellent in terms of safety."

Staff told us that they had detailed information that was kept updated as needs changed to ensure people's safety. Staff gave examples of some people's risks associated to their health and physical needs. Staff showed they had a good understanding and knowledge of what people's needs were and that their role and responsibility was to support people safely. Staff told us that people's relatives and the provider's clinical team were involved in the development and review where required, of risk plans. We found people's risk plans were detailed and covered a variety of individual needs. This included skin care, managing epilepsy, use of specialist equipment, medicines and managing people's healthcare needs.

Risks associated to the environment had been assessed and maintenance work and servicing of equipment were carried out. People had personal emergency evacuation plans in place that provided staff with information of people's support needs in an emergency. This was to enable staff to evacuate people in a safe and timely manner.

Accidents and incidents were recorded and reviewed by the registered manager to ensure staff had taken effective and responsive action. Consideration was also given of any required action to reduce further

reoccurrence. The registered manager was required to report to senior managers each month what accidents and incidents had occurred. This was to enable senior managers to review and have oversight of occurrences within the service. This told us that there were good systems in place that monitored people's safety.

Relatives were confident that there were sufficient staff available but two relatives raised concerns about the competency, experience and skills of newer staff. One relative said, "I know it's been difficult to recruit the right calibre of staff but there is an issue with quality, quantity and consistency of skilled staff. This is putting experienced staff under pressure."

Staff spoken with also raised some concerns about the impact of newer staff not being fully trained and confident in meeting people's complex needs. One staff member told us, "People are not in danger but the additional tasks we have to do and level of experience and confidence of some staff is impacting on people's opportunities with activities. We've discussed this at team meetings."

We discussed staff's competency with the registered manager. They told us that they were fully aware of the current situation. New staff had been appointed and they were in the process of completing their training and competency checks. The registered manager said, "Due to the complexity of people's needs, staff can't rush their training, plans are in place to develop staff skills." The registered manager also told us how people's dependency needs were assessed and how other tools were used to determine staffing levels. They said that staffing levels were flexible and gave examples of when staffing had increased such as meeting health appointments and attending specific activities. The staff rota confirmed what we were told.

On the day of our inspection, one person remained at home with one care staff member and an agency care staff member. One person was at school and another person was visiting their family. We concluded that on the day of our inspection there were sufficient staff on duty.

Safe staff recruitment and selection processes were in place. Staff told us they had supplied references and undergone checks including criminal records before they started work at the service. We checked that nursing staff employed were registered with the Nursing and Midwifery Council to confirm they were safe to practice. Records confirmed staff had been recruited safely and nursing staff were registered appropriately.

People received their medicines safely and as prescribed by their GP. Relatives were confident that medicines were administered and managed safely. One relative told us, "[Name of relative] has a complex medicine regime which staff manage very well."

We found that information available for staff about how people preferred to take their medicines was detailed and informative. Our checks on the storage of medicines including the medicine policy found they reflected current professional guidance. However, medicines prescribed to be administered as and when required, such as pain relief, did not have a protocol that advised staff of the administration requirements. This is important information to ensure people are not put at risk of receiving too much medicine. Body maps were not used to inform staff where topical creams should be applied. This meant there was a risk that without clear instruction creams may not have been applied appropriatly. The registered manager said that a recent audit completed by a representative of the provider had identified these issues and plans were in place to respond to these requirements. Records confirmed what we were told. Also an up to date British National Formulary (BNF) was required. This is a reference book that contains a wide spectrum of information, advice and details about many medicines available on the UK National Health Service (NHS).

Records confirmed that staff responsible for administering medicines had received appropriate training and

competency checks. Staff also told us about the training they had received. Audit systems were in place to monitor medicines management and these were found to be up to date.

We checked the medicine administration records that confirmed people had received their medicines as prescribed.

Good

Is the service effective?

Our findings

Relatives spoke positively of how experienced staff knew their family member's needs and that these staff were knowledgeable and competent. Relatives acknowledged that whilst they had concerns about new staff not currently having the required skills, experience and competency for some aspects of care they felt confident this would improve.

Staff told us about the induction, training and support they received. Staff said that they felt the induction and training opportunities were very comprehensive. One staff member said, "New staff have a two week induction and a minimum of two weeks shadowing of experienced staff. The training is very good, we get face to face training and competency assessments to complete and some training is on-line."

We looked at staff training records and certificates and spoke with the registered manager about staff training and support. Records confirmed that staff received appropriate training to meet people's needs. Some people had complex health conditions and training was provided in areas such as, epilepsy, suction, eating and drinking, gastrostomy and tracheostomy. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines. Staff also told us they received opportunities to review their work and discuss their training and development needs. Records confirmed what we were told.

We observed staff to be organised and communicated effectively with each other. There were systems in place to ensure staff were kept up to date about people's needs such as face to face handover meetings, and the use of a communication book and diary.

Some relatives were positive that they felt involved and consulted about their family member's needs, whilst others felt this was an area of concern for them. One relative gave examples of not being informed about health appointments and outcomes and changes in their family member's needs. The registered manager told us that whilst there were systems in place to support good communication; this was an area that required further improvement in particular regarding communication with relatives. They said that this had recently been addressed with staff and that they had plans in place to discuss this issue at the next staff meeting.

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.

Where people lacked mental capacity to consent to specific decisions about their care and support, appropriate assessments and best interest decisions had been made in line with this legislation. For example one person had a monitor in their room that alerted staff if assistance was required. Where people had restrictions on their freedom and liberty, DoLS applications had been submitted to the supervisory body for assessment.

Staff understood the importance of allowing people to make their own decisions where possible. One staff member said, "We assume capacity, it's important to consider individual wishes. We have multi-disciplinary meetings that make decisions of what's in the person's best interest." Records confirmed staff had received MCA and DoLS training.

Relatives were positive that their family member's food preferences and needs were understood by staff and met. One relative told us, "[Name of relative] is supported with their nutritional needs. The food looks sufficient what I've seen and I know their weight is stable." Another relative said, "They [relative] regularly eat out, they like their food, it's important to them."

The registered manager told us that staff developed weekly menus that were based on people's known preferences. They said they promoted choice as fully as possible. We saw examples of this when a person was supported with their breakfast. A choice of cereals and drinks were given. Staff gave examples of how people were supported with any dietary requirement in respect of their religious or cultural beliefs. Some people required fortified foods to support their calorific intake and records confirmed this was provided. Staff had undertaken a food hygiene training course to enable them to support people effectively and safely in the provision of meals.

People required assistance with eating and drinking and we observed staff provided appropriate support, giving explanation and were unhurried and patient. This contributed to a relaxed meal time experience.

Where people had been identified as being at risk of choking or concerns had been identified about food intake, referrals had been made to gain the input and advice of GPs and/or dieticians. Staff worked closely with dieticians to manage people's needs and support plans provided staff with detailed information. People's weights were monitored and action was taken when concerns were identified.

Relatives were positive that their family member's health needs were assessed and monitored. Feedback from healthcare professionals were positive in how effectively people's healthcare needs were met. One healthcare professional said, "I cannot praise them [staff] highly enough for their level of training and expertise." Another healthcare professional told us, "[Name of person] has very complex health needs. I find the staff provide a very high level of care, monitoring and managing their needs. I believe that this has enhanced my client's fragile health."

Staff spoken with were very knowledgeable about people's healthcare needs. Care records confirmed what we were told. People's health needs were closely monitored and staff supported them to attend hospital outpatient appointments to maintain good health. Staff worked closely with healthcare professionals and followed recommendations made. This told us that people could be assured their health needs were known and understood by staff.

The environment was appropriate to meet the needs of people who used the service. Ceiling track hoists were in place, a specialist bath and beds, including specific stand aids and seating were available and being used. The external garden was being developed to make it more wheelchair accessible. We saw new paving was being put down and the registered manager told us of the plans to develop a sensory garden with

raised flower beds and sensory equipment.

Good

Is the service caring?

Our findings

Relatives described staff as having a caring, kind and compassionate approach. One relative said, "I think the staff are really caring, I'm impressed in the level of care provided." Another relative told us, "The staff have [name of relative's] enjoyment at heart and they try to enrich their life." They added, "The care at night is outstanding, very consistent, the staff are highly skilled." A third relative said, "The core staff team are very caring, really good and I trust them."

We received positive feedback from external healthcare professionals about staff's caring attitude. One healthcare professional told us, "They were very caring and compassionate with the patient that I visited and it was clear at the time that they have very good relationships with their residents." Another healthcare professional said, "They interact with and include the service user and parents when they attend appointments and appear to have a good relationship with the service user. They recognise verbal responses (the person in mind does not have language) and behaviours in clinic and respond appropriately. They are enquiring and ask sensible questions on behalf of the patient." A third healthcare professional added, "Staff are helpful and seem to genuinely care about their residents."

Staff spoken with were knowledgeable about the people they cared for, demonstrating a good understanding of their needs, preferences and what was important to them. Staff showed a commitment in wanting to provide the best care they could for people. One staff member said, "I love my job and supporting the people in our care."

We observed the interactions of staff with a person who used the service. Staff were seen to be polite and respectful, warm and friendly. The person was included in decisions and discussions as fully as possible. There was good humour and the person was relaxed within the company of staff, demonstrating their comfort and relaxation with big smiles.

People's care records showed that people's religious and cultural needs had been assessed and planned for. Staff showed a good understanding of these needs and how they supported people with their beliefs and needs in their daily life. Information such as people's likes and dislikes were recorded in people's support plans. Information recorded was detailed and informative providing staff with a good understanding of what was important to people.

People who used the service did not use verbal communication to express their needs but used facial expression, eye gazing, body language, gestures and behaviours. People's different communication methods were recorded to enable staff to understand their needs to enable positive support and communication. We observed staff responded well to a person's communication, interpreting what the person wanted. They observed the person's reactions when choices were offered with food and drinks and activities. They then acted upon the person's choice and provided support to pursue the activity. One person used an electronic eye gaze communication system, their relative told us they felt they did not get sufficient time to practice with it. We informed the registered manager who agreed to discuss this with staff.

Relatives gave a mixed response with regard to how much the staff communicated with and involved them. For some relatives this was clearly a concern. We discussed this with the registered manager and with a representative of the provider. They agreed to take action to improve communication and involvement where required.

The provider used an independent advocacy service that provided an advocate that regularly visited people. This was provided as an additional method to ensure people received a service that was based on their individual needs. A new advocate had recently started to visit people, the registered manager said they were still getting to know people but they had a valuable role in acting on behalf of people who used the service. We saw records that confirmed visits had taken place. The registered manager said that they were intending to use the advocate in people's review meetings as an independent voice for people. Feedback from an external healthcare professional was positive on how staff advocated on behalf of people during health appointments. This professional said, "The service is client centred and staff advocate for the client very well."

Relatives and external healthcare professionals told us that staff treated people with dignity and respect. One relative said, "The level of dignity and respect shown towards [name of relative] is fantastic."

Staff gave examples of how they respected people's privacy when providing personal care. They said that whilst people required close observation due to the high level of dependency needs, they tried to ensure they respected people's personal space.

We observed staff to show great respect towards the people they supported; staff were sensitive and discreet when supporting a person with personal care and other one to one support needs. People's personal information was stored securely and staff were aware of the provider's confidentiality policy. This told us that people's dignity and privacy were respected and maintained.

Good

Is the service responsive?

Our findings

Relatives told us that their family member had a good pre-assessment completed and transition plan when they moved to the service. One relative said, "We and the school were very involved in the pre-assessment and transition plan. On the whole it went smoothly, there was an issue and delay with a piece of equipment but it's in place now."

A pre-assessment of a person's needs prior to moving to a service is important to ensure people's needs are known and understood to ensure they can be met. We found pre-assessment records were detailed. This information was then used to develop support plans that provided staff with information and guidance of what people's needs were and how these should be met. For example, people had support plans for a variety of needs such as how their health and medical needs should be met, therapies provided, equipment in place and what people's individual routines were. Information about people's interests and hobbies were also recorded for staff, to enable them to support people with these.

Relatives gave mixed feedback about how they were involved in opportunities to discuss and review their family member's care and support. One relative said, "Communication is good, I feel a part of the team and we have regular discussions, I feel very involved." Another relative told us, "Our experience of communication and involvement is poor. We have not been invited to meetings to review and discuss [name of relative's] care, we have had to initiate and request meetings." We discussed the feedback we received with the registered manager and provider's representative. The registered manager acknowledged that communication with relatives needed to be improved upon and that they were planning to arrange review meetings with relatives.

Feedback from external healthcare professionals showed that staff provided a responsive and personalised service. Comments included, "They [staff] have not missed any appointments and always bring all the relevant information with them to clinic. They follow treatment plans and have also completed tasks I have asked between appointments. They are able to provide detailed reports in clinic and have always appeared to have good knowledge and understanding of the respective service user."

We saw feedback in the comments book from a healthcare professional that was dated January 2017. They praised the staff for managing a person's ill health that resulted in them not having to be hospitalised. The healthcare professional said, "You have done an excellent job managing [name of person's] daily chest physiotherapy."

The provider employed healthcare therapists that supported the care staff in assessments, and in the development and review of healthcare support plans. They also provided direct therapy to individuals. We were aware that the provider was reviewing this resource. A relative spoke very highly of this support. They told us, "Therapists are highly skilled staff that are paramount in the health and well-being of [name of relative]." The registered manager told us that there was a consultation in process about the suggested changes within the service.

We received a mixed response from relatives about how their family member was supported with opportunities to participate in activities. One relative said, "[Name of relative] loves loud music, they have been to concerts, the cinema and they like going out, they are a sociable person and staff support them with things they like doing." Two relatives felt activities could be better. One relative told us, "People spend too much time in the service sitting watching the television and listening to music, sometimes a lack of a driver impacts on what people can do." Another relative said, "The programme of activities could be much better. They [relative] go to the shops, library and a theatre group that we found. [Name of relative] likes trains, we got a rail card but they have only been once. There is no formal planning of activities."

The registered manager said that community activities would improve as new staff developed their competency in meetings people's needs. They also said that they were aware that some staff required direction and encouragement to be creative and active in supporting people to explore and try new activities.

People had a keyworker. This is a member of staff that has additional responsibility for a named person. A healthcare professional told us that they found a person's keyworker was organised in terms of organising and coordinating appointments around care and ensuring communication between health professionals, family members and care workers.

A relative told us how staff had recently arranged a birthday celebration for their relative. This relative said, "The party was fantastic, it was wonderful, it was a themed party and everyone got dressed up and had fun." We saw photographs of people enjoying themselves.

Staff told us that they would like to support people more in regular opportunities of community activities. One staff member said they were unsure of what was available to access and that they needed better direction and support from the management team. Staff gave examples of community activities people had participated in such as music concerts, theatre and cinema trips, meals out, shopping and going to parks. Records confirmed what we were told. Within the service people had the use of a multi-sensory room with equipment that provided stimulation through the use of tactile and sensory equipment used for interaction or calming. The registered manager showed us memory boxes that were being developed with people. These contained items associated with an activity the person had participated in such as photographs of activities and events, birthday cards and activity tickets to stimulate conversation with people.

The provider's complaints policy and procedure was available, whilst this was in an easy read format people who used the service were reliant on their relatives or advocate to raise any complaints on their behalf. Relatives told us that they knew how to make a complaint and would do so if required.

Staff were aware of the provider's complaints procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. We looked at the provider's complaints policy and procedure which was detailed and informative. No complaints had been received in the last 12 months.

Good

Is the service well-led?

Our findings

Relatives understood that new staff required sufficient time to develop their skills and competency. However, they felt at present the lack of staff's expertise was impacting negatively on the core group of experienced staff, and the opportunities for people to be supported with stimulating and meaningful activities.

Communication and involvement of relatives was identified to be inconsistent. We were given examples of significant information that had not been shared and discussed with relatives. This is particularly important due to level of needs of people using the service, who were totally reliant on others for all their needs.

We shared relatives' concerns with the registered manager and provider's representative who agreed to explore these concerns further. We found the registered manager to be knowledgeable about people's individual needs and open about the areas that required improvement. We saw from staff meeting records that the registered manager had discussed with staff the importance of good communication and what their expectation of staff was in meetings people's needs.

Staff described the registered manager as approachable and supportive but felt they could provide more direction in where to source more exciting activities. One staff member said, "I enjoy my job but feel staff need more structure and direction."

Feedback from external healthcare professionals was positive about the service. One healthcare professional said, "My interactions with the team at Oakleigh Lodge have been positive to date." Another healthcare professional told us, "Staff have always been able to answer my queries and provide detailed information, suggesting good knowledge and understanding of the service user. I feel confident in working with the staff team."

There was a system of audits and processes in place that continually checked on quality and safety. We found these had been completed in areas such as health and safety, medicines, accidents and support plans. This was to ensure that the service complied with legislative requirements and promoted best practice. The registered manager was required to submit regular audits to senior managers within the organisation, this was to enable them to have continued overview of how the service was managing and improving areas of quality and safety.

Records showed that an audit had recently been completed by the quality team within the organisation. This showed some areas of improvement had been identified with regard the management of medicines and documentation in people's care records. Whilst this had been picked up and had been added to the services continuous improvement plan, it told us that the internal checks and audits that the registered manager was responsible for had not identified these issues.

As part of the provider's internal quality and assurance procedures surveys were sent to people, relatives, advocate, professionals and staff on an annual basis. Feedback was analysed and any action identified was

added to the service's continuous improvement plan. We saw this improvement plan included feedback received about suggested improvements to the garden which we saw had commenced.

Staff told us that regular staff meetings were arranged. One staff member said they felt able to voice their concerns and make suggestions. Staff meeting records confirmed there were clear discussions about the role and responsibility of staff and the work required to continually improve the service. Where improvements were identified an action plan was in place that stated who was responsible with timescales for completion.

The conditions of registration with CQC were met. The service had a registered manager in place. The registered manager was supported by a team leader and area manager and quality team within the organisation. Providers are required by law to notify us of certain events in the service. Whilst we had not received any information the registered manager demonstrated they were aware of what CQC were required to be informed about.

A whistleblowing policy was in place. A 'whistleblower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.