Avocet Trust

Coxwold & Priory

Inspection report

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Date of inspection visit:
14 November 2016
15 November 2016

Date of publication:
12 December 2016

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

Coxwold and Priory consists of three individual houses and a bungalow situated in the west of the City of Hull, it is registered to provide care and accommodation for up to six people with a learning disability, physical disability or autistic spectrum disorder.

The inspection took place on 14 and 15 November 2016 and was announced. At this inspection, we found there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The majority of people who used the service had complex needs and were unable to tell us about their experiences. We relied on our observations of care and our discussions with staff, relatives and professionals involved.

We found staff were recruited in a safe way. Appropriate checks were in place before new staff started work and they received a comprehensive induction. Staff received training in how to safeguard people from the risk of harm and abuse. They knew what to do if they had concerns and there were policies and procedures in place to guide them when reporting issues of potential abuse.

Safe systems were in place for the administration, storage and recording of people's medicines.

The registered manager ensured staff had a clear understanding of people's support needs, whilst recognising their individual qualities and attributes. Staff were positive about the support they received from the registered manager.

Records showed people had assessments of their needs and support plans were produced. These showed people and their relatives had been consulted and involved in this process. We observed people received care that was person-centred and care plans provided staff with information about how to support people in line with their personal wishes and preferences.

People told us they liked the meals provided and were offered support to prepare their own meals when they wished to do this. Staff supported people with their nutritional and health needs. Staff liaised with healthcare professionals, on people's behalf, if they required support in accessing their GP or other professionals involved in their care.

Risk assessments were completed to guide staff in how to minimise risks and potential harm during activities of daily living. Staff took steps to minimise risks to people's health and wellbeing without taking away people's rights to make decisions.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support, and what to do if people lacked capacity to agree to it.

We saw people were supported to make choices about aspects of their lives when they were able to. Staff were clear about how they supported people to do this and in discussions they provided examples.

There was a complaints procedure in place that was available in a suitable format, enabling people who used the service to access this information if needed.

People told us staff treated them with respect and were kind and caring. Staff demonstrated they understood how to promote people's independence, whilst respecting their privacy and dignity. Staff also supported people to maintain relationships with their families and friends.

We found the environment was accessible and safe for people. Equipment used in the home was regularly serviced.

There was a system of audits and checks in place to identify shortfalls within the service and to rectify them so the quality of care could be maintained and improved. This had proved effective, for example in the development of recording information in a person-centred way.

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 were recruited safely and employed in sufficient numbers in order to meet people's assessed needs.

Where positive issues identified in disclosure and barring checks were made, records of discussions with people and risk management plans were seen to have been put in place.

Staff knew how to safeguard people from the risk of abuse and harm and who to contact if they had any concerns.

People's medicines were managed safely by staff that had been trained.

People were protected from the risk of avoidable harm because the registered provider had systems in place to manage risks.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received essential training in how to effectively meet their needs.

People had their health and nutritional needs met and received treatment from a range of health care professionals in the community when required.

People were supported to make choices about day to day living. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and took appropriate action to ensure people's rights were upheld.

Is the service caring?

Good

The service was caring.

People who used the service told us they were treated in a kind and caring manner and were encouraged to be independent. Their privacy and dignity was respected.

Staff had developed good relationships with people who used the service. We observed staff approach to be kind and caring towards people.

People were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and plans of care were developed so that staff had the information they needed to provide person-centred care.

People were able to raise concerns and complaints and arrangements were in place to manage these appropriately.

Is the service well-led?

Good

The service was well-led.

There was a quality assurance system in place that consisted of obtaining people's views and completing audits, checks and developing action plans to address shortfalls.

People had the opportunity to give feedback on the care and support delivered.

Coxwold & Priory

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 registered provider was 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 announced inspection took place on 14 and 15 November 2016 and was carried out by two adult social care inspectors. The service was last inspected on 22 October 2014 and 13 August 2013 and found to be compliant in all outcomes assessed at the time of the inspection.

Prior to the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed. Information we held about the service was reviewed and we contacted the local authority's contracts monitoring and safeguarding teams. Where any issues had been identified by these parties, we included them within our inspection.

A tour of each of the four locations was completed and we spent time observing care. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to talk with us.

During our inspection, we spoke with the registered manager, one senior carer, three care staff, one person who used the service and four relatives following our inspection visit. We looked at the care files for four people who used the service, which included support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff.

We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We also looked at a selection of other documents relating to the management and running of the service. These included five staff recruitment files, supervision and training records, the staff rota, menus, minutes of meetings with staff and those with people who used the service, complaints, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

People who used the service they told us, "Yes I do feel safe and the staff are lovely." One person described to us how they had been supported when they had raised a concern about a staff member. This had been investigated quickly and appropriate action taken to address their concerns. They told us, "If I am worried about anything I can go to staff and they will help me to sort it out, so I don't have to worry."

Relatives told us, "I have complete trust in them and the staff know him really well. It's like a family. He is always happy to go back after visits and I have no concerns about his safety." Another relative told us, "Any concerns about anything and the staff will ring us and tell us...I have absolutely no concerns about their safety."

We observed people were confident, relaxed and happy in the company of peers and staff. Staff were seen to be caring and respectful of the people they supported and were able to observe people easily within the service without intruding upon their personal space.

During the inspection, we observed people who used the service were comfortable in the presence of staff and did not hesitate to go to them or the registered manager for support or assistance. One person was seen to approach staff and place the staff members hand on their head. The staff member told us the person had been unwell and this gesture indicated they wanted staff to stroke their head. We saw the staff member obliged and the person sat, enjoying the interaction before drifting off to sleep.

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. The registered provider had policies and procedures in place to guide staff on what they must do if they witnessed or suspected any incident of abuse. Staff had completed safeguarding training; in discussions, they described the different types of abuse and the signs and symptoms that would alert them to concerns. They knew how to record issues and report concerns to their line manager. Staff we spoke with told us they felt confident approaching the registered manager or any of the other senior staff and they felt they would be taken seriously One staff member told us, "Because we work with people so closely, we know them really well and are able to pick up on any changes quickly, which may indicate things aren't right. If they are not 'themselves' we would look at what the problem may be. In any situations like this we will share our concerns with senior staff and monitor the situation closely."

Discussions with the registered manager and staff confirmed that where safeguarding concerns had been identified, they had been appropriately referred to the local authority's safeguarding adults team and fully investigated. We reviewed the safeguarding incidents records that had occurred at the service, this confirmed appropriate referrals had been made when required.

Regular audits were completed, which ensured the safety of the people living at each of the four locations. For example, regular fire safety checks and checks of the environment were completed to ensure people lived in a safe environment. Each of the people who used the service had personal evacuation plans in place in the event of an emergency. We saw certificates and documentation to confirm the building was safely

maintained.

Risk assessments were in place to support people to maintain their independence and to minimise risks. These had been developed with the input from the person, professionals and staff. Records showed risks were well managed through individual risk assessments that identified the potential risk and provided staff with information to help them avoid or reduce risks.

We saw risk assessments included plans for supporting people when they became distressed or anxious and detailed circumstances that may trigger these behaviours and ways to avoid or reduce these. Discussions with the registered manager and staff confirmed that restraint was not used within the service. Records confirmed that low level interventions and distraction techniques were effective in diffusing incidents of behaviours that were challenging to the service and others.

We checked the recruitment files for five staff members. The registered manager described the staff recruitment process, which consisted of shortlisting from application forms, checking gaps in employment, selection by interview process, obtaining references and completing checks with the disclosure and barring service (DBS). They told us staff were unable to start work until all employment checks had been completed. This helped to ensure only suitable staff were employed to work with people who could potentially be vulnerable to exploitation. Staff we spoke with confirmed this process had been followed when they had been recruited.

Where a positive (DBS) disclosure was made, an interview was held with senior management and an assessment made of any potential risks to people who used the service before a decision was made as to whether the applicant would be appointed. Records of decisions made in such situations and safety measures introduced to monitor their performance were maintained.

The registered manager showed us the staff rota's for each of the locations within the service and explained how staff were allocated for each shift, dependent on people's individual needs. This included additional staffing hours to support people when accessing the community. This was reflected in the staff rota. Staff we spoke with confirmed additional staff were provided when required. The registered manager explained that although funding had been recently reviewed, risk assessments had been completed following this and staffing levels were being funded by the registered provider, to ensure people's safety was maintained..

Medicines were administered as prescribed. We saw the recording was accurate and medicines were checked in and out of the building as required. Regular audits were undertaken to ensure the correct procedures were followed. Medicines were kept securely and stored appropriately. Individual protocols were in place for the use of 'as and when required' medicines such as paracetamol.

Records showed staff received regular training with regard to the safe handling and administration of medicines. We looked at the records maintained for people's medicines and saw that the registered provider completed risk assessments and care plans, which included how people preferred to take their medicine. During our observations of the administration of medicines, we saw people's preferences for the way they wished to take their medication was respected and implemented.

Staff we spoke with told us they were provided with personal protective equipment (PPE) including gloves and aprons. We observed staff using the correct PPE during our observations. This showed us that the registered provider was taking steps to ensure good hygiene practice, reducing the risk of infection or cross contamination.

We saw the upstairs toilet in 9a Coxwold did not have paper towels available, which did not promote good infection control prevention. When we spoke with the registered manager, they told us the toilet was only used occasionally by staff as other facilities were available in the service. They offered us assurances a hand towel dispenser and paper towels would be put in place. Confirmation of receipt of the order was received during the inspection.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. The registered manager recorded and analysed information about accidents and incidents within the service. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.

Good

Is the service effective?

Our findings

People who used the service told us, "I like [Names of two support workers], they are the best. There is only one I didn't like as much and they have moved now" and "The staff are really good and help me to talk things through when I start to get anxious." People also told us they liked the meals provided and were involved in planning menus, shopping for ingredients for meals and the preparation of meals.

Relatives we spoke with told us they considered staff to have a good understanding of their family member's needs and had the skills and abilities to meet them. Comments included, "They know him so well and he has settled quickly into the service. He is supported by a consistent team with all the things he needs." Another told us, "They are very good at letting us know what is going on." When asked about the food provided in the service, relatives told us, "The meals are very good and she is given the time she needs to eat them at her own pace. At a previous placement, she was rushed and they would take her plate away before she had finished, so she lost weight. It is not like that here. She has put weight on and enjoys a well-balanced healthy diet."

We saw people's nutritional needs were assessed and kept under review and a good range of fresh fruit, food and drink supplies were available throughout the service. People were involved in the development of the menu through regular house meetings and menus were displayed in pictorial format.

Staff we spoke with had a good understanding of people's preferences for food and their dietary requirements and were able to provide examples of how they supported people to promote healthy eating. We saw there was a range of charts completed by staff so they could monitor people's needs and contact health professionals quickly when required. These included food and fluid intake, weights, seizure activity and bowel management charts.

During the inspection, we observed a mealtime and saw that people had a choice of where they wanted to take their meal and choices of what they would like to eat. We saw staff gave people options. For example, we observed staff showing people different food options and asking them what they would like. We saw they waited until the person made their choice by touching the item they wanted. The staff member checked again with the person it was what they wanted before sitting down with them to support them with eating their meal.

We saw the healthcare needs of people who used the service were met. Appropriate timely referrals had been made to health professionals for assessment, treatment and advice when required. These included GP's, epilepsy liaison nurses, dentists, emergency care practitioners and speech and language therapists. Records indicated people saw consultants via outpatient's appointments, accompanied by staff and had annual health checks.

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).

The registered manager had acted appropriately and assessed all six people who used the service as meeting the criteria for DoLS. They had made applications to the local authority for DoLS, but only two people had had these assessed and authorised at the time of our inspection. The registered manager showed us emails they had submitted to the local authority to enquire if there had been any further progress with the applications. They told us they would continue to follow these up.

Staff we spoke with they told us they had completed training in the MCA and were aware of the legislation. They were able to provide examples and demonstrate their understanding clearly and how they would apply this in practice. An example was given about a situation where a person required medical investigations and was unable to consent to this, so a best interests meeting had been held with all involved professionals in order to discuss this further.

We looked at staff training records and saw staff had access to a range of training the registered provider considered to be essential and service specific. This included equality and diversity, MCA and DoLS, autism awareness, MAPPA (management of actual or potential aggression), medication, epilepsy, food hygiene and infection control. Staff were also either working towards or had completed an NVQ (National Vocational Qualification in Health and Social Care).

Staff confirmed they received regular supervision including appraisals to review their performance and identify any further training needs. They told us they felt fully supported by the registered manager and senior staff. Staff we spoke with described how they had completed an in depth induction, which included training on a variety of topics including safeguarding, medication and care planning. Following the successful completion of this, they then were involved in shadowing experienced staff in the service and completed a work based induction booklet. Additional more specialist training was made available to staff during this time including, epilepsy and autism awareness.

The staff we spoke with confirmed they attended both face to face and e-learning to maintain their skills. Staff told us they felt their training was relevant and covered what they needed to know. They told us they were supported through regular supervision, which were used to discuss a number of topics including changes in practice, changes in people's needs, care plans, rotas and training.

Staff understood people's preferred routines and the way they liked their care and support to be delivered. Staff described in detail how they supported people in line with their assessed needs and their preferences. We saw staff communicated with people effectively and used different ways of enhancing communication. For example offering people objects to choose from and confirming their choice with them. This approach supported staff to create meaningful interactions with the people they were supporting.

Care records contained clear guidance for staff on how to support people with their communication and to engage with this. This supported people to make day to day choices relating to how they wanted to spend their time, activities, meals and about their care and support.

Bedrooms were personalised and people who used the service had been involved in choosing their own colour schemes and decoration for their rooms. One person we spoke with was keen to show us their newly

decorated bedroom. They told us they had spent time shopping with staff to get ideas for the room and how they would furnish it and were delighted with the end result.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and liked living at the service. They told us staff respected their privacy and they had meetings to talk about their care.

Relatives told us they considered their family member was well cared for by staff. Comments included, "They not only do a fantastic job with them, they support us too." Another relative told us, "If someone had told me six months ago he would be living in his own house and had made friends, I would never have believed it. I went on holiday and didn't worry, because I know he is in safe hands." and "They know him inside out and I know he is well cared for. He is always smart and clean shaven, but most of all he is happy."

During the inspection, we used the SOFI tool which allows us to spend time observing what is happening in the service and helps us to record how people spend their time, the type of support received and if they had positive experiences. We spent time in different areas of the service and we observed staff interacted positively and sensitively towards the people who used the service. We observed people going out of the service to engage in different activities including going out for lunch and a game of bingo.

People were seen to approach staff with confidence; they indicated when they wanted their company, for example when they wanted a drink, and when they wanted to be on their own and staff were seen to respect these choices. Staff were sensitive when caring for people with limited verbal communication skills. People were given time to respond to the information they had been given or any request made of them, in a caring and patient manner.

Staff responded quickly to requests from people who used the service. Throughout the two days of the inspection there was a calm and comfortable atmosphere within the service. Staff told us they viewed the service as the person's home and respected their privacy, always knocking on doors and waiting to be asked to enter. During our observations, we saw people were always asked for their consent before any care tasks were undertaken. The four care plans we reviewed also contained the person's or their representative's written consent to each section of their care plan.

During discussion with staff, they confirmed they read care plans and information was shared with them in a number of ways including a daily handover, communication records and staff meetings. Staff spoke about the needs of each individual and demonstrated a good understanding of their current needs, previous history, what they needed support with, what they may need encouragement to do and how they communicated and expressed their wishes. Staff told us that care plans provided them with sufficient information about people.

We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences. Staff told us that people who used the service were supported on shopping trips to enable them to make their own purchases of clothing and personal items.

Staff described to us the importance of maintaining family relationships and how they supported and

enabled this. For example, supporting people with home visits and to purchase gifts and cards for special occasions.

Each of the houses we visited had photographs of people's families on display. Staff told us how some people who used the service would start gesturing at the photographs when family visits were due. Staff could then reassure them when their relatives were visiting.

Good

Is the service responsive?

Our findings

People who used the service told us, "The staff help me to know what is going on and help me to write things down. They help me to organise things like appointments and remind me when they are due, so I don't have to worry." and "I know what is in my care plan and why it is there, it is to help keep me safe and to help me stop worrying about things." and "I talk with all of my staff and we go through everything, what I want to do, if I am keeping well and if anything needs to change."

Relatives told us they considered the service to be responsive to their family member's individual needs. Comments included, "We are involved in all aspects of his life and the decision making process. He loves to be out and he is enjoying a variety of different activities that he loves." Another told us, "I have no concerns about the service, but I know that if I did, I could pick up the phone and they would be rectified straight away."

We looked at the care plans for four people who used the service and found these to be well organised, easy to follow and person centred. Sections of the care plans had been produced in easy to read format, so people who used the service had a tool to support their understanding of the content of their care plan. Easy read information is designed for people with a learning disability and is a way of presenting plain English information along with pictures or symbols to make it more accessible.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and wider community. Details of what was important to people, such as their likes, dislikes and preferences were also recorded and included, for example, their preferred daily routines and what they enjoyed doing and how staff could support these in a positive way were available.

During discussion with staff, they confirmed they read care plans and information was shared with them in a number of ways including a daily handover, communication records and staff meetings. Staff spoke about the needs of each individual and demonstrated a good understanding of their current needs, previous history, what they needed support with, what they may need encouragement to do and how they communicated and expressed their wishes. Staff told us that care plans provided them with sufficient information about people.

Staff told us how they kept relatives informed about issues that affected their family member and ensured they were involved in all aspects of decision making. Relatives were also invited to reviews and if they were unable to attend their views were sought and shared in reviews and other meetings. Records seen confirmed this.

Evidence confirmed people who used the service and those acting on their behalf were involved in their initial assessment and on-going reviews. Relatives we spoke with confirmed their involvement. Individual assessments had been carried out to identify people's support needs and care plan s developed following this, outlining how these needs were to be met.

We saw assessments had been completed to identify the person's level of risk. These included identified health needs, nutrition, fire, road safety, changing behaviours and going out in the community. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. When we spoke with the registered manager and staff they were able to provide a thorough account of people's needs and knew about people's likes, dislikes and the level of support they required whilst they were in the service and local community.

Staff told us that routine was very important to the people who used the service, therefore care plans and planned activities were carefully followed. Staff were able to give examples of how they supported individual choice for example, how one person would push their wheelchair away if they did not want to go out. On these occasions, they would wait and try again later and if they received the same response they would offer different activities within the service. They would then show the person different things from which they could make their selection.

We saw people's care plans were reviewed monthly to ensure people's choices, views and healthcare needs remained relevant. When there had been changes to the person's needs, we saw these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed.

Records of all activities people had engaged in were recorded. We saw people had the opportunity to participate in a variety of different activities they liked. These included, annual holidays, day trips, going to shows and music concerts, swimming and bowling. One person told us, "I am going to see Donny Osmond in January and stay over, I can't wait." During our inspection, we saw people were involved in a range of different activities including going out for lunch and for a game of bingo, walks out into the local community, playing ball games, listening to music and going out shopping.

The registered provider had a complaints policy in place that was displayed within the service. The policy and procedure was available in easy to read format to help the people who used the service to understand the contents. In discussions with the registered manager, they told us the service received very few complaints. No complaints had been received by the service since our last inspection, but where suggestions had been made to improve the service these had been acknowledged and action taken.

Good

Is the service well-led?

Our findings

People who used the service told us they liked the registered manager and senior staff and saw them regularly. They told us they were asked about their views of the service and if they felt anything needed to be changed. Comments included, "Yes, I like [Name of registered manager] she pops in to see me and rings me up to check everything is alright for me."

Relatives commented, "The service is absolutely brilliant. I have no concerns whatsoever." Others told us, "I can contact [Name of registered manager] at any time and can raise anything with her if I need to, or just have a cup of tea and a chat" and "We are asked for our views about the service, we complete surveys, attend meetings and receive newsletters. We are well informed about everything."

People who used the service and their relatives knew the registered manager and we observed how people approached them and their engagement with them. It was clear the registered manager knew people's needs well and had developed positive and professional caring relationships with them. We found the registered manager spoke fondly and sensitively about the people who used the service.

The registered provider encouraged good practice. For example, there was a system in place to nominate staff for specific awards for recognition of good practice. Staff were provided with handbooks which explained the expectations of their practice and described the registered provider's vision. This was described as promoting a 'lifetime support to vulnerable people to enable them to live fulfilled and valued lives through making personal choice, an inclusive society where people have equal chances to live the life they choose.' Staff also received long service awards.

Experienced staff had been involved in the development of a booklet which described their role and the type of activities they were involved in, supporting people. This was shared with new starters during their induction to give them an understanding of what the role involved and how each day was different.

When we spoke with the registered manager about their management style they told us, "I see myself as being open, honest, supportive and frank. I go over and above to support staff with any personal problems and have signposted them to relevant agencies for support when they have needed it. I do my best for the people using the service to give them the opportunity to live the lifestyle they want to live through positive risk taking. For example, one person has now been on their first holiday. It took two years for them to build up positive relationships with staff, for us to get to know them and then finding the right place for them to go. For us as a staff team this has been a real achievement, they have worked so hard, previous placements had broken down, but now they access a full range of activities and are settled in the service."

We saw an organisational wide system was in place to monitor the quality of the service people received. This included a range of audits, meetings and surveys to gather feedback from people who used the service and their relatives, and observations of staff practices. Relatives we spoke with confirmed they were involved in this process. As well as attending relative's meetings and receiving newsletters, they were also invited to various social events, arranged by the registered provider.

The quality monitoring programme also included a structured programme of compliance reviews by the quality assurance manager. These were completed every two months and covered all aspects of service provision. The records showed that, where shortfalls had been identified, action plans had been developed and compliance dates achieved.

Records showed the registered manager completed a range of internal checks of areas including the care plans, personal financial accounts and medication management. Results of these checks were positive. The medicines were also checked each year by the contracting pharmacy.

Accident and incident records were maintained and demonstrated immediate appropriate actions were taken following these. The registered manager confirmed how all accident, incident and safeguarding reports were sent to the senior management team for analysis and review in order to identify any emerging patterns and outcomes to inform learning at service and organisational level.

A redecoration/refurbishment plan was in place that identified a plan for any improvements required within the service.

Meetings took place for all registered managers in the organisation to share information and best practice guidance. Registered managers also had the opportunity to network with external care providers to share best practice initiatives and share experience. The registered manager told us that these meetings were both useful and informative.

Staff told us they attended meetings where the registered manager would inform them of any changes to policies and procedures and to share new guidance on best practice. Staff meetings were held on a minimum of a monthly basis and records of these were maintained.

We found the registered manager was aware of their role and responsibilities and notified the Care Quality Commission and other agencies, of incidents which affected the welfare of people who used the service. We have found the registered manager responded to requests for information when required.