

Apna House Limited

Apna House

Inspection report

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Tel: 01215515678

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this home on 18 October 2016. This was an unannounced Inspection. The home was registered to provide residential care and accommodation for up to 13 people who live with mental health needs, autism or a learning disability. At the time of our inspection there were 12 people living at the home, and one person was having some trial visits before deciding if they wished to move to Apna House permanently.

We last inspected this service in October 2015 when we found the registered provider was in breach of two legal regulations, Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider was not ensuring restrictions placed upon people were referred to the appropriate supervisory body. They were also in breach of Regulation 18 of the Health and Social Care Act 2008 Registration Regulations 2014 because notifications that the registered provider was required to send to the commission by law were not being submitted. This inspection identified that improvements had been made and these breaches were now fully met.

A registered manager was in post and was present throughout our inspection. 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.

We met and spoke with 10 of the people using this service. Either from gestures or discussions with people or through our observations, people indicated for the majority of the time they felt safe. People told us how they had made some changes to their lifestyle and behaviour to minimise the impact of other people's unsettled behaviour on them. We observed people looking relaxed and comfortable around staff and within the home. Staff understood their roles and responsibilities to protect people from the risk of potential harm. Staff were aware of the registered provider's processes for reporting any concerns. There were enough staff to support people safely and recruitment checks were in place to help ensure staff that were employed were safe to work with people.

Staff had been trained to support people effectively. This included learning about the specific needs and conditions people lived with. Staff told us that they received regular supervision and felt supported. More senior staff were always on-call for them to seek advice and guidance.

People had access to a variety of food and drink which they enjoyed. People were supported when necessary to access a range of health care professionals.

Staff had a basic knowledge of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions. Further opportunities to develop the knowledge and confidence of staff had been planned.

We observed staff working consistently in line with people's care plans when restrictions or safeguards had been agreed for people. Staff were observed seeking people's consent before providing any care and support.

People were relaxed in the company of staff and we observed many positive, compassionate interactions between people and the staff who were supporting them. People had been given opportunities to learn new skills and were encouraged to remain as independent as possible. We observed staff ensuring people's privacy and dignity was maintained.

People had opportunities to express their individual culture and faith.

People knew how to raise complaints. Where complaints had been raised the registered manager had taken prompt and appropriate action. There were a wide range of systems and opportunities for people to provide feedback about all aspects of the service.

There was a registered manager in post who was aware of her responsibilities. She had the skills and experiences required to enable her to effectively lead this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks faced by individuals and which were relevant to the wider service offered at Apna House had been identified, however the necessary action had not always been taken to mitigate these risks to people.

People were supported by adequate numbers of staff who had been recruited using robust recruitment checks.

People could be confident that their medicines would be managed safely and given as prescribed.

Requires Improvement ●

Is the service effective?

The service was effective.

Most people were satisfied with the food, and people had opportunities to make choices and provide feedback about the food served.

People had the opportunity to maintain good general health.

People were supported by staff who had received an induction and training, and were provided with on-going support to ensure they could meet people's needs.

People's human rights were protected and staff worked in line with the principles of the Mental Capacity Act 2005.

Good ●

Is the service caring?

People were supported by staff that worked with kindness and compassion.

There were many opportunities provided for people to express their culture and faith.

People could be confident their dignity and privacy would be maintained.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People were supported to participate in planning and reviewing their care. The registered manager had started to explore and implement ways to ensure the service was individual to each person.

Opportunities had been provided for people to undertake activities and hobbies, but these were not yet meeting the needs and wishes of all the people living at Apna House

People felt confident to raise any suggestions or concerns. The registered manager had been innovative in providing a wide range of opportunities for people to provide feedback and make suggestions.

Is the service well-led?

Good ●

The service was well led.

A registered manager was in post, who had the skills and experience required to effectively lead this service.

A wide range of checks and audits were undertaken to ensure that service was operating safely. These also helped identify areas where improvement could be made and had been effective at improving the quality of the service.

The registered manager had ensured that systems and processes were in place to keep the service compliant with the law, and meeting the needs of the people living at the home.

Apna House

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 unannounced inspection took place on 18 October 2016. The inspection was undertaken by two inspectors.

We looked at the information we had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. All this information was used to plan what areas we were going to focus on during the inspection. The provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We contacted the local authorities who commission services from the provider for their views of the service.

During the inspection we met and spoke with 10 of the 12 people who lived at the home. We spent time observing day to day life and the support people were offered. In addition we spoke at length with the registered manager the nominated individual and three care staff. We spoke with three relatives of people who live at Apna House and contacted six community nurses and social workers to seek their views on this service offered to the people they support.

We sampled some records including parts of three people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files including the provider's recruitment process. We sampled records about training plans, consultation meetings, and looked at the registered provider's quality assurance and audit records to see how they monitored the quality of the service.

Is the service safe?

Our findings

People we spoke with gave us positive feedback about their experiences of receiving care at Apna House. People told us, "I like it", "It is okay here" and "Nothing has gone wrong yet, it is very quiet." One person told us they were happy with the home, and when we asked why they told us, "My bedroom is nice." Another person we spoke with smiled and gave us a 'thumbs up' sign. People we met appeared relaxed and comfortable in the communal areas of the home. We saw that during the morning people felt relaxed and able to settle to watch a TV programme or to fall asleep. People described that during the afternoon and evening they usually moved into another part of the home or their bedrooms. They told us this was because one person regularly experienced unsettled behaviour and was most settled when using a certain lounge within the home. People had adjusted their own lifestyle to ensure they remained safe and to minimise their exposure to this person's unsettled behaviour. Relatives we spoke with told us they felt their loved ones were happy and safe living at Apna House. Comments we received included, "We are very comfortable with [name of person] living at Apna House. We believe he is happy and safe." Another relative told us, "[Name of person] is absolutely fine there. The staff are very kind, they don't get flustered even when my [name of person] gets anxious. I feel he is really safe there."

We looked at the ways the home managed risks to people. We saw individual risk management plans were in place to keep people safe. We looked in detail at the action taken to identify, assess and mitigate the risks associated with three people. For two people we found this had been undertaken well. For one person we found that further work was required to provide robust written documents and to improve staff knowledge and confidence around consistently managing these risks. Following the inspection the registered provider provided additional information that showed these risks had been effectively assessed and managed. The registered provider gave us reassurance that staff did have the confidence and skills needed to meet people's needs when they felt unsettled. Our inspection identified an incident of unsettled behaviour had occurred in the community. At the time of our inspection neither the registered manager or registered provider were aware of this incident. Following our inspection we were provided with evidence that the incident had been reported and that the systems in place to ensure information about such events was effectively shared had been improved.

The risk assessments had been written in such a way that they promoted people's liberty and independence. Staff told us about how they encouraged people to be as independent as possible and gave examples of measures they had put in place to reduce risk. The registered manager maintained a log of risks that were relevant to people and the service offered at Apna House. This was a formal way of ensuring these risks were regularly reviewed. Risks to most people's safety were minimised by effective risk assessments and risk management systems. Further work was required to ensure one person received safe and consistent support, and to minimise the impact of this person when they were unsettled of other people living at the home.

People living at the home were kept safe by staff who understood their responsibilities of protecting people from abuse. Staff we spoke with told us that they had received safeguarding training. Staff were able to describe signs of abuse and confidently explained how they would respond to safeguarding concerns. Staff

we spoke with told us who they would report any concerns to and were aware of where to access the guidance on display at the home for doing so. This information was available in a variety of different formats and languages to ensure it could be accessed and utilised by everyone who may need it. One member of staff explained that if they suspected a person had been abused they would, "Ensure the person wasn't hurt and get them any medical attention they required. After that I would ensure the matter was reported and the person's rights were upheld." One member of staff we spoke with described the work they did to keep people safe. They told us that in their opinion people were safe. The registered manager was aware of the responsibility to identify and report any potential incidents of abuse, and was able to demonstrate and describe what action they had undertaken in response to concerns brought to their attention.

We saw emergency plans in place for people. These included how to support people if there was a fire within the building. Staff had received training in safe working practices including how to safely handle food, practice good hygiene to reduce the risks associated with infections and how to respond in the event of a fire. People benefitted from a staff team that understood what actions to take in the event of an emergency.

There were enough staff to provide support to people when they needed it. We observed staff supporting people in communal areas, and saw that there were enough staff available to support people when they needed help. The number of staff available meant people could sometimes go out and enjoy activities outside the home, and to be supported to attend medical appointments. Staff told us that the current staffing levels were safe. The registered manager told us that there had been some recent additional staffing used to meet the specific needs of one person. The recruitment and selection process ensured that staff were recruited safely. Prior to staff commencing in their role a full employment history, criminal records checks and appropriate references had been sought. People were supported by adequate numbers of staff who had been subject to robust recruitment checks.

The majority of people needed assistance from staff to take their medicines. Staff supported people with their medicines in the individual way their care plans stated. One person we spoke with told us, "They give me my tablets three times a day. There are never any problems." We sampled the Medication Administration Records (MARs) and they had been correctly completed which indicated medication had been given as prescribed. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when the medicines should be used. One person administered their own medicines. The person received the support they required to do this safely and regular checks were made to ensure the medicines were being taken as prescribed.

Is the service effective?

Our findings

At our last inspection we identified a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not ensured restrictions to people's liberty were identified and that the necessary applications were being made to the supervisory body for authorisation to restrict the person in their best interest. After our inspection the registered provider took action to ensure this was addressed. At this inspection we found the registered provider and registered manager were meeting the requirements of the law and their practice in this area was good.

We looked in detail at the support three people had received to maintain good health. For two people the records showed this had been undertaken well. However staff we spoke with were not able to consistently describe the action they should take in relation to this need, and entries had not consistently been made in the monitoring diary as planned. Another person whose care we looked at in detail had significant mental health needs. On some days the person had experienced high levels of distress and people, staff and the registered manager we spoke with described the significant impact this had on the other people using the service. Staff we spoke with described a range of techniques they used with the person. These were not all consistent with best practice. At the time of our inspection it was not evident this area of need had been well planned for or risk assessed. The day following our inspection the registered manager informed us they had already taken action to address the health issues we identified for these two people. We have subsequently received further information to show these needs are well assessed and planned for. Staff required some further support to ensure they were fully aware of how to meet and record people's needs well.

We saw people enjoying the lunch time meal together. People told us and the menu supported that a wide range of different foods were served, but that these were primarily based on Asian cuisine. The majority of people told us they enjoyed the food and their comments included, "They cook all sorts of things, lunch was good," and "It is all okay living here, but I particularly like the food." Other people told us they did not enjoy the food. One person described the menu as "Monotonous," and another person told us, "The food isn't great. They do English and Indian food." Staff told us that most meals were cooked 'from scratch' each day, and that the dishes incorporated a wide range of fresh ingredients. The times of meals had been planned to ensure that people could meet their religious needs. The lunch time meal was served in time for people to be able to attend daily worship. People told us they had got used to the times of meals and style of food served, and this opinion was supported in surveys completed by the registered manager. The registered manager agreed that ways of offering people opportunities to eat meals at time convenient to them should be further explored. A small kitchen was available to everyone and this was stocked with a range of food and snacks that people could make and help themselves to, whenever they wished. One person we spoke with told us, "The medicines I take make me thirsty. I appreciate being able to help myself to a drink." People were given a choice of healthy and well-presented meal options, and opportunities to provide feedback and make suggestions about meals they would enjoy.

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 people lack mental capacity to take particular decisions, any decision 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the appropriate referrals had been made. When a person was unable to make a decision for themselves the relevant professionals had been brought together to consider if the care was in the person's 'best interests'. Different options had been considered and people's approval to the agreed plan of care had been recorded. We observed staff following the guidelines and ensuring the support provided was as least restrictive and intrusive as possible. Staff we spoke with were not all sure about how the Mental Capacity Act related to the people they were supporting. The registered manager had also identified this and was able to demonstrate the action she was taking to increase the knowledge and confidence of staff in this area. This would all ensure people's human and legal rights were maintained.

People were supported to maintain and look after their health. People had access to a range of health and social care professionals both within the community and those that visited the home. One person we spoke with told us, "I have an injection every week from the nurse." Another person who had moved into Apna House this year recalled that they had been supported to register with a new doctor, and had been to see the optician and obtain new glasses. People were encouraged to attend health appointments and staff with in depth knowledge of the person's needs were available to accompany people. Written records of the outcomes of these appointments had been kept to enable staff to meet people's health care needs. Information about people's medicines and health conditions had been obtained in formats that were easy to read and understand. People who had a learning disability had been supported to develop a 'Health action plan', which the Department of Health identifies is good practice. The staff were undertaking monitoring of people's weight which is one way of helping to identify subtle and early changes in people's physical and mental wellbeing. People could be confident they would have the support they required to maintain good general health.

Staff and the registered manager knew people well. The staff we met spoke with warmth and enthusiasm about the people they supported and were able to describe people's care needs and preferences in detail. All the staff we spoke with told us that they felt well supported and received opportunities to undertake training to enable them to carry out their jobs effectively. One member of staff told us, "I feel I have the skills I need to support these men. I also get supervisions every three months where I can talk about any problems." Staff told us they felt supported. There were regular staff meetings to provide staff with opportunities to reflect on their practice, receive updates and make plans to help the service move forward. Records we viewed confirmed that regular training had taken place. The people living at Apna House all lived with Mental Health needs. Specialist training had been provided or scheduled to help the staff meet the specific needs for individual people. One relative we spoke with described how their loved one sometimes refused support and told us it could be difficult to help them. They described the positive approach staff had with their relative and told us, "[Name of person] can be difficult to support sometimes. [staff] never get flustered. They are always patient and kind and have worked out how best to help him when these moments occur." Staff had been provided with the skills they needed to support people well.

The staff we met had been in post for many years but recalled they had been provided with an induction before working alone with people. The registered manager told us the Care Certificate would be provided for new staff if they required it. This certificate has been implemented nationally to ensure that all staff are equipped with the knowledge and skills they need to provide safe and compassionate care. The registered manager told us new staff received mentoring and worked alongside more experienced staff to ensure they got to know the needs of the people using the service. This ensured people were supported by staff they

were familiar with and who knew their needs.

Is the service caring?

Our findings

People we met appeared happy and relaxed at the home. We observed staff treating people with kindness and compassion, and the atmosphere within the home was calm throughout the time of our inspection. Sometimes people became anxious, and we observed staff responding to provide reassurance quickly. Staff were able to comfort or re-direct the person to more positive thoughts using good practice. The staff also gave reassurance and comfort to people that might have been affected by the other person's anxiety. Staff that we spoke with told us they enjoyed supporting people. Comments included, "We all try our best to be caring. We treat the men in the way we would want someone to treat our brother, cousin, uncle or father." We asked another member of staff what aspect of their work they were proud of. They told us, "That we consistently provide good care."

People's privacy and dignity was respected. We observed all staff knocking and waiting for permission before entering people's bedrooms. During our visit we observed staff supporting people to do as much for themselves as possible. People had the opportunity to do tasks such as setting the dining tables and making snacks and drinks. We saw staff speak with people discreetly about confidential and personal matters so they were not overheard by other people close to them. During our inspection we observed the maintenance staff liaising with one person about gaining access to their room. The maintenance staff reassured the person that their room would be kept secure and we saw the member of staff return the keys to the person which provided them with assurance their possessions were safe.

Staff were aware of people's specific needs around their culture and religion. There were opportunities for people to maintain a diet that reflected their preferences, religion and culture and there were opportunities for people to practice their faith if they wished. A member of staff we spoke with told us, "People have many opportunities to practice their faith. They can go to the Mosque, Temple and the local church. We serve a halal and vegetarian diet. It is also no problem at all if people chose no faith at all." During our inspection we heard prayers being broadcast on the radio and people were able to watch these on the television. One person we spoke with told us, "This is a good place to live if you are religious. I don't want to go to church all the time, but sometimes I sit in the church and just enjoy the peace." The registered manager explained she had purchased a wooden chalet for the garden and planned to develop this as a faith space. This would provide people with a further opportunity to worship and practice their religion if they wished. The relatives we spoke with expressed their pleasure with the support offered by staff to help people maintain their culture and faith. One relative told us, "It is really good that [name of person] can speak with staff in Punjabi. Being able to communicate easily is a way of helping him to stay calm." People could be confident their culture, faith and spiritual needs would be supported by compassionate staff with the appropriate experience and knowledge.

People had been supported to maintain contact with their families and people who were important to them. People and the registered manager told us that relatives were encouraged to maintain links with their loved ones living at Apna House. One person told us with pleasure of the support they had received to visit their sister. The registered manager explained she was exploring the use of technology to help people maintain contact with friends and family who lived out of the local area. Information was available within

the home about local advocacy services. The registered manager was aware of how to obtain these should anyone need support in making important decisions or representing themselves. Relatives we spoke with described the support their loved ones had received to make phone calls, to visit elderly relatives who were living in care homes and to attend a family wedding. People received the support they needed to maintain relationships with people who were important to them.

Is the service responsive?

Our findings

People received care that had been planned to meet their individual needs and preferences. Care plans included information about people's personal history, individual preferences and interests. Staff we spoke with were responsive to the needs of people because they knew people well. We observed staff recognising early signs that people may need support as a situation was making them anxious, and they intervened appropriately. Staff told us they had got to know these early signs over time. This knowledge and prompt action meant people were supported to stay calm, and that more severe interventions such as the use of medicines had often been avoided.

People had been involved in developing and reviewing their care plans as far as possible. Recently a review form had been introduced that asked for people's feedback regarding a few fundamental areas of their care and support.

Activities that people had requested and chosen had been planned but we were informed people's participation in these was low. Staff we spoke with told us, "There are lots of activities for people to do, but they don't always want to do them", and "There are activities available that include local walks, trips to the cinema, a drive out, but people don't always wish to join in." Two people told us they would like more opportunities to do things. One person told us, "It can be boring here", and "I spend most of my time sitting around." People we spoke with told us they enjoyed being able to relax and their comments included, "I find the garden very restful," and "I enjoy going outside in the sunshine. It is comfortable. Sometimes I go out for a walk." The registered manager had recognised the importance of outdoor space for people living at Apna House and described proposals she had made to the registered provider to further develop the outside space available at the home. We asked staff and the registered manager about how activities were identified and chosen. They explained how they had used surveys and held meeting to share ideas about possible activities people would enjoy. A visual planner of the activities available each day was on display in the home, although we didn't observe any of these being offered or taking place. Some of the people we met had a strong faith, and we saw that maintaining this was part of their care plan. Staff were available to support people to attend their place of worship on a regular basis.

We looked at the systems in place to make sure people felt confident to raise any issues, concerns or complaints. The complaints procedure was accessible and available in formats to meet people's needs. The registered manager had arranged regular meetings for people and in this had discussed people's satisfaction with the service. People had been supported to understand their rights to complain by being provided with documents in different languages and by using symbols such as happy and sad faces to ensure that people were able as far as possible to express themselves. There was a comments box in the hallway of the home, where people could place suggestions if they wished. There was a "You said-we did" board on display in the home. This was visual display of the action the registered manager had taken in response to people's suggestions. One of the staff we spoke with told us they were most proud of the fact that as a service they "followed through" when they made a commitment to people. They told us, "I'm proud of the fact that if we say we will do something we always do it." This ensured people could be confident their concerns and suggestions would be heard and the appropriate action taken. The registered manager was

able to demonstrate how feedback including complaints and 'grumbles' had been handled, investigated and acted upon to resolve the concern and where possible improve the service.

Is the service well-led?

Our findings

At our last inspection we identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2014. This was because the registered provider had not ensured that the Care Quality Commission (CQC) was notified of all events and occurrences that are required by law. The registered provider took the required action and at this inspection we confirmed they were now compliant with this part of the law.

We received consistently positive feedback about the registered manager and the registered provider of this service. One member of staff told us, "I have a good relationship with the registered manager, the seniors. I could talk to them about any problems or raise any ideas directly with them." Another member of staff told us, "This is a particularly good place to work. The staff are good, the clients are good and the management is good." Our inspection identified that the registered manager had put effort into changing the culture of the home to ensure this was a place where people felt supported and empowered. This had included raising with people the possibility of developing skills required to enable them to move into less supportive accommodation where they could be more independent.

Organisations registered with the CQC have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our inspection visit and discussions with the registered manager identified that they understood their responsibilities and felt well supported by the registered provider. The registered manager described ways in which they were keeping themselves up to date with changes to regulations introduced in April 2015. The registered provider held monthly meetings for managers of their local homes. This provided an opportunity to share ideas and good practice. Staff told us there were handovers between each shift of staff. One member of staff told us, "This is helpful. You know the situation in the home and how everyone is feeling."

Staff we spoke with were clear about the leadership structure within the service. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly. Staff we spoke with and the meeting minutes demonstrated that these were an open forum for people to raise ideas and suggestions, and to receive training and support. Staff told us they had access to a manager at all times of the day and night, in the event of an emergency. One member of staff told us, "It is a very well run home. When we need anything they help us, they are supportive. There is always someone I can call or text for help." This ensured staff felt supported and could obtain advice if it was required.

Relatives and people using the service that we spoke with confirmed that they knew the registered manager and felt able to approach her. During our inspection we saw people approaching the manager freely and with confidence to raise ideas or speak with her. People were clear about who to speak with and the leadership structure within the home.

There were processes in place for monitoring and improving the service and obtaining people's views of the quality of the care they received. One person we spoke with told us, "They are always asking me how things

are, what I like and what I don't like." When adverse events occurred the registered manager had identified and implemented actions to prevent a similar incident from reoccurring. This ensured people were benefitting for a service that was looking for ways to improve the quality and safety of the service provided.

The registered provider had undertaken audits of the service and action plans had been developed when it was identified that improvements were needed. One audit we looked at had been developed to check the registered provider's compliance with the CQC's key lines of enquiries. These audits had been effectively used to improve the service, to achieve compliance and to ensure they were consistently meeting people's needs. The registered manager undertook a daily walk around and we saw action being taken to address any environmental shortfalls the walk round had identified. The registered provider explained their intention to secure the services of an external auditor to undertake a "Fresh eyes" audit of the home periodically. They hoped this would identify and challenge any practices that needed to change and provide further opportunity for improvement. The nominated individual showed us audits they undertook of the service and the continuous improvement plan which was used to ensure the service was continually working to improve and meet best practice guidelines.

There were systems in place to ensure all records required for the safe and effective operation of the service were well maintained and in good order. The records we required were all easily accessible and up to date. This ensured that staff had access to information which enabled them to provide a quality of care which met people's needs and wishes.