

Dolphin Homes Limited

Caroline House

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

Caroline House is a service which is registered to provide accommodation for nine people with a learning disability who require personal care. There were 14 members of staff plus the manager who provided support for people. On the day of our visit there were eight people living at the home. Care was provided over two floors in the main house and in a separate bungalow.

The last inspection was carried out in October 2013 and no issues were identified. This inspection was carried out on 22 October 2014 and was unannounced.

The service did not have a registered manager, however an application had been submitted to the Care Quality Commission and was under consideration. 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 and associated Regulations about how the service is run.

Summary of findings

People, and their relatives, said they felt safe with the staff. There were policies and procedures regarding the safeguarding of adults and staff had a good awareness of the correct procedures if they considered someone was at risk of harm.

Care records included guidance for staff to safely support people. People had risk assessments and risk reduction measures for staff to follow.

People told us the food provided was plentiful and good. People had a meeting each week to plan menus and staff provided support to people to help ensure meals were balanced and encouraged healthy choices.

Recruitment checks were carried out on newly appointed staff so people could be confident they received care from suitable staff. Records confirmed all the required recruitment checks had been completed. Staffing numbers were maintained at a level to meet people's needs.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). CQC monitors the operation of DoLS which applies to care homes. Whilst no-one living at the home was currently subject to DoLS, the manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS.

People were supported to take their medicines as prescribed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

Each person had a plan of care that gave staff the information they needed to provide support to people. Staff received specific training to meet the needs of

people using the service. Staff were able to develop their skills by means of additional training. Relatives said the staff were knowledgeable and people said they were well supported by staff.

Privacy and dignity was respected and staff had a caring attitude towards people. To provide additional support each person was allocated a key worker (A key worker is a person who has responsibilities for working with certain individuals so they can build up a relationship with them. This can help and support them in their day to day lives and give reassurance to feel safe and cared for).

Staff were observed smiling and laughing with people and supporting them to take part in a range of activities inside and outside the home. People attended day services and two people attended an evening class at a local college.

There was a policy and procedure for quality assurance. Quality audits were completed by the manager. These helped the manager and provider to monitor the quality of the service provided to ensure the delivery of high quality care..

The provider had also achieved ISO 9000 which is an external quality management accreditation. Obtaining this accreditation helps the provider to focus on continually improving the service it provides for its staff and for the people who use their services.

The service delivery was open and transparent and the manager said they operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who worked well together and they confirmed they were well supported by the manager. People and staff were provided with opportunities to make their wishes known and to have their voice heard.

Summary of findings

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 safe. People told us they felt safe at the home and that there were always enough staff around to offer support. Staff confirmed they had received training on the safeguarding of adults at risk and this helped them to keep people safe.

Assessments were undertaken to identify the risks presented to people and others. Where risks had been identified there was information for staff on the type and degree of risk together with information on how the risk could be reduced to help keep people safe.

Medicines were stored, administered safely and recorded by staff who had received training.

Good



Is the service effective?

The service was effective. People told us they were supported by staff who knew them well. Relatives were happy with the support provided by staff.

People's health needs were met and people received regular health checks.

Staff received the training they needed to carry out their work effectively.

The provider and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were effectively supported to eat and drink. They were involved in the planning of menus and staff supported people to maintain a healthy diet.

Good



Is the service caring?

The service is caring. There was a friendly rapport between people and staff and they got on well together.

People were encouraged and supported to make their wishes known to staff so they could be involved in their care as much as possible. Staff understood people's needs and preferences.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service is responsive. Staff used a range of communication methods to ensure staff responded appropriately. People were involved in making decisions about the support they wanted.

Care plans were personalised and gave staff the information they needed to provide support to people. People were encouraged and supported to do as much as possible for themselves so they could maintain their independence.

People were supported to maintain relationships with their family and people spoke positively about the relationships and support provided by their carers.

Good



Is the service well-led?

The service is well-led. There was a positive and open culture. Staff confirmed the manager was approachable and open to new ideas.

Good



Summary of findings

The provider sought the views of people, families and staff about the standard of care provided. Staff confirmed they received regular supervision and told us they were well supported by the manager.

The provider employed a quality manager who ensured six monthly checks on the quality of the service provided were carried out. The manager also carried out a range of audits, weekly, monthly and three monthly. These audits helped the provider to monitor the quality of service provision.

Caroline 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 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 22 October 2014 and was unannounced, which meant the staff and provider did not know we would be visiting. The inspection was completed by one Inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. We looked at notifications (a notification is information about important events which the service is required to tell us about by law) sent to us by the provider

and spoke with social care and healthcare professionals to obtain their views on the service and the quality of care people received. This enabled us to address any potential areas of concern.

During our inspection we observed how staff interacted with people who used the service. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for two people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menu's, staff training and recruitment records, and records relating to the management of the service such as audits and policies.

We spoke to three people and three relatives to ask them their views of the service provided. We spoke with the manager and two members of staff. We also contacted a social worker from the local safeguarding and learning disability team and a GP who worked with the service.

The last inspection of this home was in October 2013 where no concerns were identified.

Is the service safe?

Our findings

People we spoke with said they felt safe and secure. They confirmed there were always enough staff around to offer support. Three relatives said they felt their relatives were well looked after and they were confident the management and staff would deal with any safeguarding concerns appropriately.

The provider had an up to date copy of relevant local authority safeguarding procedures. The manager told us that these procedures would always be followed. Safeguarding concerns were reported appropriately. A member of the local authority safeguarding team told us the home co-operated fully with any safeguarding investigations and they had no concerns about the service.

Staff had undertaken training in the safeguarding of people at risk. Two members of staff confirmed this. Staff were able to describe the types of abuse and knew how to report any safeguarding concerns within or outside the service. One staff member told us "If I had any concerns I would ensure the person was safe and then report it to my manager straight away"

Assessments were undertaken to identify the risks to people and others. Where risks had been identified there was information for staff on the type and degree of risk together with information for staff on how the risk could be reduced. For example the risk assessment for one person identified the person could exhibit behaviours that could possibly hurt or injure someone. The risk assessment identified potential triggers for this behaviour and described early warning signs staff should be aware of. Identifying these early warning signs helped staff to distract the person before the situation escalated. Staff confirmed the information in the risk assessments gave them the information they needed to help keep people safe.

Recruitment records for staff contained all of the required information including two references, application form and Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks. CRB and DBS checks were carried out to ascertain if the staff were suitable to work with people at risk. The provider had a human resource department who assisted in the safe and appropriate recruitment of staff.

The manager told us about the staffing levels at the home. There were a minimum of four members of staff on duty between 7am and 7pm. Between 7pm and 7am there were two members of staff who were awake throughout the night and one member of staff who could sleep between 10pm and 7am. The homes staffing rota confirmed that these staffing levels had been maintained for the past three weeks. Staff said there were enough staff on duty to meet people's needs. Staff were not rushed and were able to spend time with people. Two relatives said whenever they visited the home there were always enough staff on duty. However one relative told us they had concerns about the staffing levels and the fact that agency staff were used who did not always know people well. The manager told us that the home usually used staff from the provider's bank list and these staff knew the people who lived at the home. Bank staff were subject to the same recruitment procedures as permanent members of staff. If agency staff were used they always tried to use staff who had worked at the home before so people received support from people they knew. Bank staff did not provide personal care to people without their consent and were always supported by a permanent member of staff to help ensure they were aware of people's needs.

People said staff helped them to take their medicines. The home had a policy and procedure for the receipt, storage and safe administration of medicines. Storage arrangements for medicines were secure. The home did not currently hold any controlled drugs; however storage arrangements were in accordance with the misuse of drugs safe custody regulations and in line with the Royal Pharmaceutical Society guidelines. Medicines Administration Records (MAR) were up to date with no gaps or errors and medicines had been administered as prescribed. The manager told us all staff had completed training in the administration of medicines to keep people safe and staff confirmed this.

People were prescribed when required (PRN) medicines and there were clear protocols for their use. MAR's showed these were not used excessively and the dosage given and time they were administered were clearly recorded.

Is the service effective?

Our findings

People told us they got on well with staff and said staff knew them well. Relatives said they were happy with the support provided by staff. One relative told us: "All the staff are all knowledgeable and friendly. They always take time and explain what they are doing."

Staff said they had regular supervision but they did not have to wait for supervision to come round if they needed to talk with the manager. Staff also had annual appraisals to monitor their overall performance and to support their own professional development.

The manager told us about the training provided for staff. Training was provided by an organisation who used written training guides. Staff were given a workbook to complete and then undertook a written test to evidence that they had understood the training. The test was sent away to the organisation who marked it and sent the results back to the home. The manager said if a member of staff did not reach the required standard then they would have to re-sit the training and take another test. The manager worked alongside staff and was able to observe if staff supported people effectively, and confirmed they did.

A staff training plan was on display in the office for each staff member. This showed what training had been completed, the dates for future training and the dates when any refresher training was required. The provider also employed a trainer who carried out practical training for staff. Additional training provided was based on the needs of individual people and this included epilepsy and the use of overhead hoists. This helped staff to obtain the skills and knowledge required to support the people who lived at the home. Staff said the training provided was good and they confirmed they received the training they needed to carry out their work effectively. Staff knew how people liked to be supported and were aware of people's care needs. Staff providing support in communal areas were knowledgeable and understood people's needs.

All new staff completed an induction workbook within the first three months of employment. Records and staff confirmed this. The manager stated that the provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. All staff had completed or were undertaking additional

qualifications such as National Vocational Qualifications or care diplomas. Staff confirmed they were encouraged and supported to obtain further qualifications. One staff member said "I am sure the provider would enable me to attend any course that would help me to support people more effectively".

We contacted the local community learning disability team who had worked with the service to advise on best practice and offer support and guidance. They told us the home worked well with them and were pro-active in asking for advice and support if it was required. They confirmed staff acted appropriately on any advice given to make sure people's needs were met. For example the learning disability team had worked with one person to manage their behaviour. The team had offered advice on how staff could support this person. The manager and staff followed the advice and put a plan in place to support the person. As a result the number and instances where the person had been anxious and challenged the service had been greatly reduced.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They knew that if a person lacked capacity, relevant people needed to be involved and meetings held to help ensure decisions were made in the persons best interests. The manager told us additional training was being provided to managers and staff. This helped to ensure that the provider, management and staff followed the MCA code of practice in accordance with the legal requirements.

Each person had a medical file which contained a 'Hospital Passport'. This was a document which provided important information about the person should there be a need to go to hospital. There was information such as: 'Things you must know about me' and 'Things that are important to me'. There was also information about the person's ability to give consent to care and treatment. There was information for staff regarding the need for best interest meetings to be held if consent was not able to be given. The manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent effective support.

People's healthcare needs were met. A GP confirmed the home contacted the surgery if they had any health

Is the service effective?

problems with people registered at the surgery. The GP confirmed the home arranged for regular health checks to be carried out. Appointments with other health care professionals were arranged through referrals from their GP. The GP said the home provided good health care support for people and staff always accompanied people when they visited the surgery. They confirmed they could see people in private if this was what people wanted.

Three people who lived at the home had physical disabilities and used a wheelchair to get around. Each person had an overhead hoist installed in their rooms to help in getting in and out of bed. There was also a mobile portable hoist for use around the home. The home also had a passenger lift to the first floor which was able to accommodate each individual's wheelchair. This helped to ensure that people could mobilise independently around the home.

Five people had communication difficulties. Staff were able to communicate with people effectively. People could understand what was being said to them but some people had difficulty communicating their wishes. The manager had developed individualised communication systems with people and staff said this enabled them to build positive relationships with the people they cared for. For example one person used a spelling chart where they could spell out what they wanted. Another person used their own form of Makaton to communicate with staff (Makaton is a

language programme using signs and symbols to help people communicate). Pictures and symbols were also used to communicate with people. We observed staff communicating effectively and people and staff understood each other.

People said they enjoyed the food and always had enough to eat and drink. People were asked about their food preferences during weekly meetings which were held to plan the week's menu. Staff supported people to plan the menu and offered advice and support to help people to incorporate healthy options for a balanced diet and to avoid repetition. One person who used the service said "I like it when we have take-aways, my favourite is Chinese". One person needed a gluten free diet and this person was supported with their meal planning and shopping to facilitate this. Staff took turns to cook the meals at the home and encouraged and supported people to be involved as much as possible. We saw one person accessing the kitchen independently to make a drink.

Each person had a care plan with regard to eating and drinking. For example one person's plan stated the person wanted staff to cut up their meal for them into bite sized pieces. The plan also explained the person used a special plate and spoon to help them. This helped the person to eat independently and to enjoy meal times with the rest of the people who lived at the home.

Is the service caring?

Our findings

People were happy with the care provided and could make decisions about their own care and how they were looked after. People said, “I am well looked after”, “I am happy here” and “It’s nice living here.” Relatives expressed their satisfaction with the service provided. All were complimentary about how the staff cared for their family member. Comments included “You can see they really care by the way they are with my son/daughter”. “My relative is very happy at the home, whenever they come to visit it so nice to hear them say–I want to go home now. It means they consider Caroline House their home (which it is) and are happy to go back” and “I cannot fault the staff they are all kind and caring”

Each person had a plan of care about consent and choices and also a care plan promoting equality and dignity. These plans guided staff on how to ensure people were involved and supported in the planning and delivery of their care. There was information such as ‘The barriers I face’ which guided staff about the potential loss of choice the person may experience. Also it reflected the importance of ensuring the person was not just seen as vulnerable, rather than being an individual. Staff said the care plans reminded them how easy it was for people to make assumptions and they would advocate for people to ensure their rights were respected. Staff explained the risks and benefits of any decisions so people had the information they needed to make an informed decision. Staff said that they would always respect people’s wishes and treat them with dignity and respect. Observations confirmed this.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in the home’s confidential communication book or discussed at staff handovers which were conducted in private.

People had weekly meetings to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings showed people were involved in planning activities, meals and decoration of the home. People also had an allocated key worker who had a monthly one to one meeting with them to discuss any individual issues. This gave people the opportunity to express their views and for staff to support them to do this.

Staff supported people to ensure their privacy and dignity was respected. Staff knocked on people’s doors before entering and waited for a response before entering. Staff took time to explain to people what they were doing. Staff used people’s preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact. People took pride in their appearance and staff supported them to dress in their personal style. Staff said they enjoyed supporting people. Observations showed they had a caring attitude towards people and a commitment to providing a good standard of care.

There was a good rapport between staff and people. We observed positive interactions between staff and people. There was a relaxed and caring atmosphere and people were confident to approach staff. Any requests for support were responded to quickly and appropriately. For example; one person asked to watch a DVD, staff took time to explain the DVD’s available and also checked with other people that they were happy to watch. Staff explained that if the other people did not want to watch the DVD they would then ask the person if they would like to watch it in their own room. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs.

Is the service responsive?

Our findings

People knew they had a plan of care, however not all people were fully aware of its contents. One person said “My plan tells staff how they can help me”. Another said “My plan tells staff what I like to do”. Relatives said they were invited to reviews and said staff kept them updated on how their relative was getting on at the home. People enjoyed a range of activities. One person we spoke with told us, “I can choose what I want to do.” Another person told us, “I go to evening class at college to do cookery.”

People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file. Staff supported people to send cards and to phone relatives as appropriate. People told us they kept in regular contact with their relatives. One person told us “I go to see my mum and dad every other week” Another person told us “I go to visit some weekends”. Relatives confirmed they had regular contact with their relatives and they visited whenever they were able. They confirmed they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited.

People were given appropriate information and support regarding their care or support. Plans of care contained a ‘Personal Profile’ of the person and this contained essential information that staff needed to be aware of. These personal profiles included details of the person learning disability, previous medical history, communication skills, medicines, mobility, domestic skills and essential care needs. The personal profile was put together as part of the person's assessment of needs and formed the basis of the person's plan of care. Care plans contained information on: equality and diversity, sleep routines, personal care, communication, continence, care in the mornings, care at night, diet and nutrition, mobility and socialisation. The care plans helped staff to ensure they responded to people's needs in the best way for the individual.

Care plans were personalised and were titled 'my support plan' they had information such as: 'my identified needs', 'what I expect from my support' and 'how you should support me'. The plans gave staff the information they needed to provide support to people. For example the care plan for one person explained how they should be supported to have a shower. The plan told staff the person

liked to use the shower chair, staff were to check the water temperature and ensure it was not too hot or cold before they allowed the person to get under the shower. The plan also explained how the person could wash themselves and what support they needed from staff. Staff were reminded never to leave the person unattended. This plan enabled the person to receive the support they needed but also enabled them to do as much as possible for themselves.

Staff received a handover at the start of each shift, the senior person on duty completed a handover sheet which was a record of staff's allocated tasks. These included cooking tasks, and support tasks. Any appointments were listed along with any planned activities. For example on the day of our visit one staff member was directed to drive two people to go to day services. Another staff member was nominated as the cook for the day. This allowed certain tasks to be covered and enabled other staff to be flexible to provide support to people as they needed it. The handover sheet also included recording of how people had been throughout the day and showed how people had been supported. This showed how care plans had been followed and how individual's needs had been met.

Care plans were reviewed every three months, however it was not recorded who had been involved in the review or the actual date the review had taken place. The manager told us that all care plans were currently being reviewed and a new format would be used to help ensure comprehensive reviews were carried out.

When we arrived at the home two people had already gone out to a day centre. During our visit we saw staff supporting two people to go out into the local community. Three people watched a DVD and one person spent time in their room. The home kept an activities book where each activity people participated in was recorded. Activities that people took part in included: Day services and attendance at a local college, trips out into the local community, shopping, games, puzzles, music, bowling, TV, films and swimming. When an activity took place, information was recorded on how much the person enjoyed or disliked the activity. This helped enable staff to respond appropriately to any suitable or unsuitable activities and only offer and organise activities that each individual enjoyed.

People, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager told us surveys were sent out to residents, relatives and staff. These were looked at by the quality

Is the service responsive?

manager who then passed them down to the manager who produced a report on the findings and took action as appropriate. For example one survey completed by a resident identified that the person preferred a bath to a shower. As a result of this comment the provider had arranged for a bath to be installed in the persons ensuite wet room to enable them to have a bath.

The manager told us the provider organised a service user forum every three months. This was a regular meeting of people from all of the homes operated by Dolphin Homes Limited. This was an opportunity for people to get together and organise group activities and also discuss any other issues they wished to bring to the attention of management such as maintenance and decoration of individual homes. Staff told us that the home always sent someone to attend the forum. The providers quality assurance manager told us at the last forum a newsletter was requested by the service users, and a representative from a number of homes had volunteered to work on this project together. They requested that the newsletter

should include peoples birthday's, achievement's, and activities. Also people said they wanted to go to a Christmas pantomime as a group and the provider had looked into this and it has been organised to take place in January 2015.

There was an effective complaints system available and any complaints were recorded in a complaints log. There was a clear complaints procedure for staff to follow should a concern be raised. Complaints were fully investigated and the results discussed with the complainant. Staff said they knew how to respond to complaints and understood the complaints procedure. They said they would support any one to make a complaint if they so wished. Relatives said they felt able to raise any concerns or complaints with staff. One person said, "I have made a complaint in the past, I had a meeting with the manager and provider and the complaint was resolved to my satisfaction" Another relative said "I have never had any concerns, but if I did I would raise it with the manager and I am sure it would be sorted out".

Is the service well-led?

Our findings

People said the manager was good and they could talk with them at any time. Relatives confirmed the manager was approachable and said they could raise any issues with a member of staff or with the manager. Relatives told us they were consulted about how the home was run by completing a questionnaire.

The provider had achieved ISO 9000 which is an external Quality Management Accreditation System in March 2013. ISO 9000 provides guidance and tools for organisations who want to ensure they consistently improve quality. Obtaining this accreditation helped the provider to focus on continually improving the service. ISO 9000 carry out annual audits to ensure that companies remain compliant with its standards; The provider successfully completed its first annual audit in April 2014 and showed they had systems in place to monitor and help improve the service.

The provider aimed to ensure working practices reflected their belief that irrespective of need, people who had a learning disability were able to achieve their potential. Staff said they fully endorsed this philosophy and supported and encouraged people to make their wishes known and to have their voice heard. Throughout our visit we observed how staff interacted with people. They valued people as individuals and their practice confirmed this. Care plans were person centred and showed that the individual was central to the care and support they received. The manager said they worked alongside staff and observed their positive attitudes, values and behaviour.

The manager encouraged open communication with people, relatives and staff. They said they operated an open door policy and welcomed feedback on any aspect of the service. They said they had a good staff team and felt confident staff would talk with them if they had any concerns. Staff confirmed this and said the manager was open and approachable and said they would be comfortable discussing any issues with them. There was a weekly meeting for people to discuss any issues they may have. Each person had a monthly meeting with their keyworker to give them an opportunity to share their views and to make comments and suggestions about the service provided. Regular staff meetings took place and minutes of these meetings were kept. Staff confirmed this and said the staff meetings enabled them to discuss issues openly with

the manager and the rest of the staff team. Staff said the manager was a good leader and they knew they could speak with them at any time. Communication was good and they always felt able to make suggestions.

The provider was able to demonstrate good management and leadership as there was a system of management support at all levels. The home had a manager and there was also a deputy manager in post. There was an area manager who was their line manager and they were able to contact them for help advice and support at any time. There were regular meetings with managers from the providers other homes and these meetings enabled managers to share ideas, best practice and drive improvement. The manager sent us notifications when required. They said they would be confident to contact any of the senior management team if the need arose.

The home had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider to ensure that the service they provided across all of their services was of a good standard and to identify areas where they could improve. The provider employed a quality manager who ensured six monthly checks on the quality of the service provided at the home were carried out. The provider also employed an area manager who carried out audits of the service. Following any audit a report was produced for the home manager. This report showed how the service was performing and identified any shortfalls. If any improvements were needed a 'corrective action report' was provided to the manager detailing the action to be taken to rectify any shortfalls. A copy of the report was also sent to the provider's quality manager. The last report identified that not all staff performance and development documentation was up to date. The manager had put an action plan in place to address these shortfalls. These were now in place and up to date. The manager said the quality assurance systems helped them to move the service forward and helped to ensure that standards did not slip.

The manager carried out weekly and monthly checks. Checks and audits that took place included; medication, food hygiene, health and safety, fire alarm system, fire evacuation procedures and care plan monitoring. Audits of medicines were conducted daily and an annual check was carried out by the supplying pharmacist.