Saint John of God Hospitaller Services

St John of God Care Services Lindisfarne

Inspection report

Lindisfarne Court
Haughton Village
Darlington
County Durham
DL1 2DZ

Tel: 01325365428
Website: www.saintjohnofgod.org

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection at Lindisfarne Court on 18 and 19 February 2016.

Lindisfarne Court provides care and accommodation for 13 people who require personal care in a residential area of Darlington. The people living at the service which comprises of three purpose built adjoining bungalows, have physical and some also have learning disabilities.

We last inspected the service on 7 November 2013, the service was not in breach of any regulations at that time.

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. The registered manager at Lindisfarne Court had worked at the service for over five years.

We observed the care and support people received as due to the nature of people's disability, some people could not communicate directly with us and we spoke with two people who could communicate directly with us. We discussed safeguarding with staff and all were knowledgeable about the procedures to follow if they suspected abuse. Staff were clear that their role was to protect people and knew how to report abuse including the actions to take to raise this with external agencies.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager and staff had the appropriate knowledge to know how to apply the MCA and when an application should be made and how to submit one. This meant people were safeguarded.

The staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that six staff plus the registered manager or senior support worker routinely provided support to people during the day with three staff being available throughout the night. The service told us they had staffing issues during 2015 and tackled recruiting difficulties with an innovative advertising campaign that had led to 11 new staff being employed.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff had also received more specific training in managing the needs of people who used the service such as medicines training and enteral feeding. Enteral feeding refers to the delivery of a nutritionally complete feed directly into the stomach.

Medicines were stored and administered in a safe manner.

There was a regular programme of staff supervision in place and records of these were detailed and showed

the home worked with staff to identify their personal and professional development.

We saw people's care plans had been well assessed. The home had developed care plans to help people be involved in how they wanted their care and support to be delivered. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the home, from menu planning to planning holidays and activities.

Staff had a good awareness of people's dietary needs and staff also knew people's food preferences well. We saw everyone's nutritional needs were monitored and mealtimes were well supported. We saw from records and talking with staff that specialist advice was sought quickly where necessary not only for nutritional support but any healthcare related concerns.

We observed that all staff were very caring in their interactions with people at the service. People clearly felt very comfortable with all staff members. There was a warm and caring atmosphere in the service and people were very relaxed. We saw people were treated with dignity and respect. People told us that staff were kind and professional.

We also saw a regular programme of staff meetings where issues where shared and raised. The service had a complaints procedure and staff told us how they could recognise if someone was unhappy and how to report it.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Lindisfarne Court. They also sought the views of people using the service and their families on a regular basis and used any information to improve the service provided. This had led to the systems being effective and the service being well led.

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

This service was safe.

Staff were recruited safely and given training in safeguarding and emergency procedures to keep people safe.

Staff knew how to recognise and report abuse. Staffing levels were appropriate and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff knew how to respond to emergency situations and the environment and equipment were checked regularly to make sure they were safe.

Is the service effective?

Good

This service was effective.

People were supported to have their nutritional needs met. People's healthcare needs were assessed and people had supported access to healthcare professionals.

Staff received regular and well recorded supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties Safeguards (DoLS) and ensured that best interest decisions were made and recorded.

Is the service caring?

Good

This service was caring.

The home demonstrated good support and care to people with a range of needs and communication difficulties.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support

needs. We saw staff and people enjoyed positive relationships with each other.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Is the service responsive?

Good

This service was responsive.

People's care plans were written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported and people were involved in their own person centred reviews.

The service provided a choice of activities based on individual need and people had one to one time with staff to access community activities of their choice.

There was a clear complaints procedure and staff told us they could recognise and would respond if they saw someone was not happy.

Is the service well-led?

Good

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

Views were sought regarding the running of the service and changes were made and fed-back to everyone receiving and working at the service.

St John of God Care Services Lindisfarne

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 inspection took place on 18 and 19 February 2016 and was unannounced.

This inspection was carried out by one adult social care inspector.

We reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We received no negative feedback from commissioners.

At our visit to the service we focussed on spending time with people who lived at the service, speaking with staff, and observing how people were supported. We undertook an in-depth review of care plans for four people to check their care records matched with what staff told us about their care and support needs. We reviewed the medicines records of five people.

We spoke with two healthcare professionals following the inspection. They were positive in their comments of the staff and care at the home.

During our inspection we spent time with ten people who lived at the service. We spoke directly with five people who could verbally communicate with us and observed the care and support provided by staff to those people who could not verbally communicate to see if it was positive and caring. We also spoke with three relatives, seven care staff, the registered manager and the deputy manager. We spoke with three relatives, two at the home and one after our visit. We observed support in communal areas. We also looked

at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission.

Good

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One new member of staff told us; "I would ensure the person was safe, so perhaps get them out of the way and immediately report it."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. One staff member said; "Everything we need is here in the office." This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and told us there was a clear evacuation plan for who was to assist each person in the event of a fire. One staff member told us, "There is a system of lights on the nurse call so if its yellow we know when someone needs assistance or if it is red then it is an emergency."

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We witnessed staff using PPE when preparing food and when cleaning. We spoke with a two staff members who told us; "We have plenty of equipment and there is never a problem with having gloves and aprons." Staff also told us they had training in infection control procedures. We saw that there were regular checks on equipment such as mattresses as most were specialist air flow types. The housekeeper ensured they checked and cleaned these items monthly and this was also confirmed by the registered manager.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. There had been a very recent medicines audit by the pharmacist which checked training, policies, ordering, receipts, storage and disposal. There were no issues raised from this visit.

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.
All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were very specific including protocols for each person on their "as and when" required medicines to ensure these were given consistently and safely. Each person also had a medication profile detailing any allergies and detailed special administration instructions such as one person had authorisation from their GP to take their medicines with food.

We were told that staffing levels were organised according to the needs of the service. We saw that each week any events in the diary such as appointments, or day activities would be recorded to allow staff to be allocated to them. We saw the rotas provided flexibility and staff were on duty during the day to enable people to have one to one time or to go out into the community. This meant there were enough staff to support the needs of the people using the service. At the time of our visit there were seven support workers, and the deputy manager on duty. At night time there were three waking night staff on duty.

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. The service had recently recruited 11 new members of staff from an innovative campaign of a mail drop that they carried out in the local area with the Royal Mail. The senior support worker told us; "Since 2014 we have struggled to recruit good calibre candidates, but the mail drop seemed to really work." The service had been using agency staff but we saw that these were consistent people and each person had a recorded induction into the service. The service had offered two agency workers permanent employment based on their work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of four staff members and saw that appropriate checks of employment and identity had been sought prior to appointment. The registered manager explained that scenario based questions were asked at interview which showed that potential applicants understood the nature of the service and type of support to be given. Potential staff also met with people who used the service and people were able to ask questions of potential staff at interview or during their service visit

Risk assessments had been completed for people in areas such as going out into the community and moving and handling as part of people's care plans. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had environmental risk assessments in place which had been reviewed in October 2015. These assessments covered kitchens, vehicles, wheelchairs, equipment, security, gas and electric and cleaning.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. Each bungalow had a weekly checklist to record water temperatures, fridge and freezer temperatures, and checks of the nurse call systems, first aid box and safety rails and slings amongst others. These were well completed. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested as well as specialist moving and handling equipment.

The registered manager undertook a weekly review of any accidents and incidents occurring at the service as part of their reporting to their quality manager and we saw that where actions had been identified for improvements that these had been addressed by the service immediately.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed DoLS with the registered manager and deputy manager, who were aware of their responsibility with regard to DoLS. We saw there were seven people using the service who needed an authorisation in place. We looked at their care plans and saw they had been assessed as lacking capacity and best interest decisions had been made in relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was recorded within the person's plan. We saw evidence of authorisations and review date had been agreed. We saw the service had sought support from an IMCA (independent mental capacity advocate) to support people with issues of capacity and consent in relation to DoLS and DNAR (do not attempt resuscitation) forms.

All staff had an annual appraisal and a supervision programme in place. We looked at four staff files and found them to be organised into a personnel file regarding recruitment and employment issues and separate areas for supervision, appraisal and training information. We saw that staff had at least six supervisions a year which were very clearly recorded along with an appraisal and any other discussions that the registered manager deemed of "significant discussion." Staff members also had direct observations as part of their supervision where they were observed completing tasks such as using profiling beds and bathing people and they were given strengths and areas for development which were recorded and discussed with their supervisor. We saw that agency staff that were used, as well as having an induction also provided a personal profile and were supported to achieve NVQ awards at the service.

Supervision records showed that staff were involved in a meaningful discussion with their manager about their personal and professional development and that their views were sought and listened to about the team and how the service was running. Staff completed a self-assessment tool as part of their supervision and appraisal programme. The registered manager told us; "We wanted to document if people felt the training was beneficial and worthwhile so we do a lot of observations and we have done the self-assessment to make sure staff feel confident."

The home had an induction checklist in place which included an induction to the home and then a formal induction programme. We saw that new staff completed the following induction training modules; moving

and handling, first aid, health and safety and supporting people. The registered manager told us; "Everyone has a service induction and then move onto the Care Certificate, we work with a training provider who visits the service weekly which enables staff to do their induction and extra units to achieve a BTEC qualification. The Care Certificate sets out learning outcomes, competences and standards of care that are expected for all new staff working in social care.

We viewed staff training records and saw that all were up to date with their training. One staff member told us; "I am doing my infection control training later today and I have speech and language therapy training coming up in April." We looked at the training records of four staff members, which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, equality and diversity, health and safety, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. One staff member said; "I Am now doing my level 3 BTEC award and I have chosen units that I didn't really know much about so I can learn more. I have had three observations and my assessor also observes me in practice and asks me questions." This showed that staff received training to ensure they could meet the needs of people who used the service.

Each person had a keyworker at the service who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice.

The service had accessible kitchens in each bungalow and we saw that mealtimes and menus were flexible to meet the needs of the people using the service. One person told us how they liked to shop for their own food; "I like to go to the supermarket for things like frozen sausages and thin meat for sandwiches." Staff supported people to eat and did so with dignity and encouragement. The registered manager had explained the service had worked with the occupational therapy team to trial the use of pre-prepared and frozen pureed meals for people who required this for their diet. The manager said this was working well and the food was presented in an appetising way and reduced the amount of time staff had to spend cooking and blending food.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. People were weighed on a regular basis and their nutritional needs assessed via a recognised monitoring tool. This meant that people's nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and health and we saw that each kitchen was clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

The registered manager and staff told us that district nurses, community nurses, dietician and speech and language therapists visited and supported people who used the service regularly. People were all registered with the local GP and staff told us the relationship with the practice was very good. Everyone had a separate health care folder with a Health Action Plan and Hospital Passport in place and were accompanied by staff to hospital appointments. A Hospital Passport provides hospital staff with information about the person such as their medicines and communication needs. This showed that staff worked with other specialists to ensure people's healthcare needs were responded to promptly. We spoke with two relatives who told us they were very confident in the service in relation to healthcare needs. They told us; "We are terrified of our relative going into hospital. If it wasn't for X (the registered manager) they would have died. They will make sure there is a pressure relieving mattress on the ward and things like that."

Good

Is the service caring?

Our findings

Several people who used the service had complex needs and had difficulty with communication. We observed staff providing care and support in a caring and sensitive manner. We saw staff interacting in a very positive way throughout the inspection and there was lots of fun and laughter with people who used the service. For example staff were supporting one person who was in bed and was waiting to get up and be supported with their morning bathing routine. We saw from observations that all staff, even staff who had worked at the service for a short time knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form positive relationships. One new staff member told us; "I love seeing the staff who have been here a long time and the relationship they have with people and think that will be me one day."

We spoke with three people who all told us they had positive relationships with staff. People told us; "I feel fine here," and "It's very nice here, I like all the staff here." One person told us that they had an accident and fell out of their wheelchair whilst in the community that resulted in a hospital visit. They told is; "The staff member wouldn't leave me; they waited with me for the ambulance and at the hospital."

We saw that staff took time to communicate with people in a way that people could understand using clear language and facial expression. Staff also took their time with support for helping people with eating so they did not feel rushed. We also saw staff using appropriate physical contact with people that was caring and affectionate.

We looked at four plans for people who lived at Lindisfarne Court. All staff had signed to show they had read each person's care plan. There was easy read information for people about living at Lindisfarne Court (using pictures and symbols) and also how someone could make a complaint. The care plans were all set out in a similar way and contained information under different headings for example, people's life history and health history. There was information about people involved in the person's life including healthcare professionals. There was lots of detail in care plans about people's communication methods and there was also evidence of how people should be given choices about daily things such as clothes to wear or activities they may enjoy. All plans were written in a person centred way which meant they reflected the views of the person and how they wished their care and support to be delivered.

We saw a daily record was kept of each person's care and support which were very detailed. They also showed staff had been supporting people in line with what was written in their plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist. Staff told us; "I read all the care plans when I first started and I ask everyone lots of questions. I ask everyone lots of questions and I think they are sick of me but I'd rather ask the person directly so I know I am doing things right."

The environment was well-designed and supported people's privacy and dignity. All bedrooms doors were lockable. People were able to personalise their bedrooms with the support of keyworkers and we saw that each room was highly individualised. This meant people were surrounded by and had access to familiar

items to make them feel at home.

Staff told us about treating people with dignity and explained how they knocked on bedroom doors and assisted people with personal care in a manner that maintained people's dignity. One staff member told us; "It's all about making sure you keep people's dignity, that they are comfortable and included in everything that's going on."

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required and indeed the service had recently sought support for someone in relation to issues of consent.

Good

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and this was recorded. This included people who lived at Lindisfarne Court as well as relatives and visitors. The complaints policy also provided information about the external agencies which people could use if they preferred. Staff told us; "We could tell by body language, if someone wasn't eating or through vocal communication if someone wasn't happy." There had not been any formal complaints within the last 12 months. One person who used the service told us; "I had a bad week last week and was on the phone crying to the manager but it's all ok now." A relative we spoke with told us; "We have confidence in the service, we would know if he wasn't happy or poorly."

Staff told us that activities were based around people's needs and likes and we saw people enjoying light and sensory therapy, going out shopping and visiting friends. Both staff and the management team told us they were keen to establish a programme of activities including more community activities. Due to a large recruitment exercise, lots of new staff had joined the service at the same time and the management wanted to ensure people were confident and had relationships with people before they supported them in the community.

We saw that people were involved where they were able, in decision making agreements and any decisions that had been in made in people's best interests under the Deprivation of Liberty Safeguard (DoLS) legislation and this showed they had been agreed within a multi-disciplinary team including independent advocates.

During our visit we reviewed the care records of five people who used the service. We found that risk assessments, where appropriate, were in place, as identified through the assessment and care planning process, which meant that risks had been identified/minimised to keep people safe. Records confirmed that pre-admission assessments were carried out and people's needs were assessed before they moved into the service. This ensured that staff could meet people's needs and that the home had the necessary equipment to ensure their safety and comfort.

A personal care plan for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs was written using the results assessment process. Staff knew the individual care and support needs of people, as they provided the day to day support and this was reflected in people's care plans. The care plans gave staff specific information about how the person's care needs were to be met and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way that was needed. For example we noted that moving and turning charts and body maps were in use to monitor people's care in this area. We also saw that preventative pressure relieving measures were in place, for example an airflow mattress. This meant that people's care records contained a detailed care plan to instruct staff what action they should take to maintain skin integrity and showed that people were receiving appropriate care, treatment and specialist support when needed.

Care plans also detailed how staff should respond to people to ensure staff were consistent in their support of people. For example, one plan was titled "This is how I communicate" and was written from the person's perspective. Staff we spoke with were able to tell us about this information when we questioned them about it. People therefore had individual and specific care plans to ensure consistent care and support was provided. Care plans were reviewed monthly and on a more regular basis, in line with any changing needs, and were reflective of change. For example we saw for one person that there was a short term plan in place to manage an infection and also their medicines had changed at this time. For another person we saw that their health and mobility plans were changed following the delivery of a new wheelchair. People told us they knew about their care plans. One person said; "Yes I go through it sometimes."

Staff told us they supported people to maintain relationships with friends and family by inviting them to events such as parties and also enabling them to take part in reviews to share their views and feedback about the care and support their relative received. This showed the service helped people maintain the positive relationships in their life when they so wished. We spoke with two relatives who told us; "I visit quite often and I can go when I want and they are lovely," and "They always have time for us."

One person had recently moved in to the service and the staff had worked with their previous placement and family to ensure the service were fully aware of their needs prior to them moving to Lindisfarne Court. This person's relative told us; "[Person's name] is really happy there. They settled straight away and they proved it by being able to feed [person's name] straight away."

Good

Is the service well-led?

Our findings

The service had a registered manager who had been in post for nine years. We observed they knew people who lived at the service, their families and staff very well. The staff we spoke with said they felt the registered manager was supportive and approachable. Visiting relatives spoke extremely highly of the registered manager and the senior support worker. They said; "If it wasn't for them our relative wouldn't be with us, they have shown the highest care and concern that anyone could give." Another relative said; "If we have had any issues it has been dealt with straight away, that's what I like about it here, we've broached something and it's sorted. We have total confidence."

Staff told us; "I feel really supported here," and "I love working here." We asked staff what could be improved and people struggled to respond, one staff said; "Nothing, perhaps an extra staff but we are fine."

The registered manager told us how they worked with all staff to ensure that people who used the service were treated as individuals. We saw the registered manager and senior support worker interacting with everyone and dealing with professionals and they clearly knew people and their needs well. One person told us; "I am fine here," and another person said; "I'd tell X (the registered manager) if anything was bothering me."

The registered manager was very focussed on people having the choices and opportunities of leading the life they wished to and the feedback from staff confirmed this was the case. For example, not everyone liked going out in the community and some people preferred to stay at home and they were supported to do this. The service was person centred. We saw that the registered manager led by example and praised staff for work they were doing and joined in activities that people were undertaking. Staff also told us they had regular meetings for the people who lived at the service where they talked about valuing people, house safety, activities, house decisions and talk and ideas. Staff told us they asked questions and some people who did not have good verbal communication could indicate using a word or gesture if they agreed with the option.

We saw minutes from regular staff meetings, which showed that items such as day to day running of the service, training and any health and safety issues were discussed. We saw issues that had affected the service were discussed and staff asked to contribute. For example, recent staff shortages had led to the service offering flexible working for current staff to try and help their work life balance and increase retention. The registered manager also told us how the service provided development opportunities for staff. For example, the service delivered the Care Certificate induction for new starters but had worked with a training provider who visited the service weekly to support staff to add additional units to make this award up to BTEC status. The registered manager told us; "I want them to have the training and support to be excellent carers and by investing our time in them they will make excellent support workers and if they go on to better things then I am pleased for them."

We saw that the service had a good relationship with the local school who visited the service and had assisted in the development of a new garden area. People were also supported to attend local churches and

access all local facilities such as shops, colleges and other leisure facilities.

The registered manager carried out a wide range of audits as part of the service's quality programme. We saw since our last visit that the service had improved the environment by making changes to the garden, installing a wet room and having ceiling tracking hoists fitted in all rooms. The registered manager explained how they routinely carried out audits which covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. The service was also visited by the regional manager on a quarterly basis and they also carried out a documented audit based on the Care Quality Commission (CQC) key questions. The service had it's own improvement plan in place that was derived from the quality audits and also looked at future development's for the service such as the development of a bedroom to provide respite care for people. This showed the service had a monitored programme of quality assurance in place.

The service had also recently completed satisfaction surveys with people using the service, relatives and carers, staff members and professionals. These were carried out in February 2016 and we saw comments from professionals included; "This service is always very welcoming." Staff responses were also positive, completed surveys showed everyone felt the service provided good quality care, that the management was good and people had job satisfaction. One area of concern that was raised was regarding community activities and how this did not happen as much as it used to. The registered manager told us this was because they had a large cohort of new staff (11) and they wanted to ensure everyone was trained and confident before supporting people in the community but they recognised this was an area for improvement and we also saw it was documented in the service improvement plan going forward. This meant the manager was aware of how the service could be further improved and the steps required to make those improvements.

During the last year, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.