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Ashley Lodge Residential Care Home

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Ashley Lodge Residential Care Home on 31 March and 4 April 2016.

The service provides accommodation and support for up to eleven people who have learning disabilities. Ashley Lodge Residential Care Home aims to support people to lead a full and active life within their local community and continue with life-long learning and personal development. The service is situated in a village and consists of three houses on a large plot which has been furnished to meet individual needs. At the time of our inspection ten people were using the service.

The service had a registered manager in place. 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 service is required by a condition of its registration to have a registered manager.

The senior staff provided clear and direct leadership and systems were in place to assure the quality of the service and drive improvements. However, some improvement was needed to ensure the service's medicine audit was sufficiently comprehensive to support the registered manager to assess whether the service's medicine practices met national best practice guidelines. Where decisions had been made for example, how to mitigate recruitment, risks these had not always been recorded so that the registered manager could review the effectiveness of these decisions. We have made a recommendation about the evaluation of the effectiveness of their risk assessment and monitoring systems.

There were enough staff to keep people safe and support people to do the things they liked. The provider had recruitment process in place to identify applicants' who were suitable to work with people.

Staff understood how to keep people safe from abuse. People's safety risks were identified, managed and reviewed and staff understood how to keep people safe at home and in the community. Systems were in place to protect people from the risks associated with medicines.

People living at Ashley Lodge Residential Care Home received care and support from knowledgeable and experienced staff. Many of the staff had supported people living at the service for some years and demonstrated an in-depth knowledge of people's needs and aspirations. The joint working between professionals and the service was outstanding and this resulted in people receiving highly personalised care.

Staff were supported to undertake training to support them in their role, including nationally recognised qualifications. They received regular supervision and appraisal to support them to develop their understanding of good practice and to fulfil their roles effectively.

Staff sought people's consent before they provided their care and support. Where some people were unable to make certain decisions about their care the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. Where people had restrictions placed upon them to keep them safe, the staff continued to ensure people's care preferences were respected and met in the least restrictive way.

People were supported to have their health needs met by health and social care professionals including their GP and dentist. People were offered a healthy balanced diet and when people required support to eat and drink this was provided in line with professional's guidance. People received the support they needed to effectively manage their epilepsy.

For those people who needed support to manage their behaviour, behaviour support plans had been drawn up. Staff had received training in positive behaviour support, understood the triggers for people's behaviours and ensured people were sufficiently occupied during the day to reduce the risk of them becoming anxious or frustrated..

Staff supported people to identify their individual wishes and needs by using their individual methods of communication. People were encouraged to make their own decisions and to be as independent as they were able to be.

Relatives told us people were happy and content in the home. We observed people appeared relaxed and calm in the company of staff who they readily approached for support when required.

Relatives told us they had no reason to complain but knew how to do so if required and that the staff always took immediate action if they had any concerns. The registered manager listened to people's comments and implemented identified learning from incidents and accidents to ensure action would be taken to prevent future harm.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse by staff who knew how to recognise signs of possible abuse and knew the process for reporting their concerns.

People's needs and abilities had been assessed and risk assessments had been put in place to guide staff on how to protect people from harm.

There were sufficient staff available to meet people's assessed care needs. Recruitment checks had been completed to demonstrate staff were suitable to work with people using care services.

Is the service effective?

Good

The service was effective.

People were supported by appropriately trained staff who received regular supervision to monitor their practice and identify areas where further training or guidance may be necessary.

People could not consent to being cared for and best interest decisions had been made on people's behalf in line with the requirements of the MCA.

People were supported to eat well and stay healthy. Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

Relatives spoke positively about the care people received from staff. Staff knew the people they cared for and what was

important to them.

Staff took the time to build relationships with people and supported people to make day to day choices. Relatives were made to feel welcome in the service.

Staff respected people and upheld their dignity when supporting people with their personal care.

Is the service responsive?

Good

The service was responsive to people and their needs.

People's care was planned in partnership with their health and social care professionals.

Activities in the service reflected people's hobbies and interests and contributed to a stimulating environment for people.

People and their relatives had opportunities to provide feedback. Relatives were confident improvements would be made when they raised concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to monitor the quality of care and to drive improvements in the service for people. However, some improvements were needed to ensure medicine audits were sufficiently comprehensive and records were kept of decisions made to mitigate risks in the service.

The provider had a set of values in relation to the provision of people's care such as maximised people's life choices, promoted dignity and supported people to develop life skills, which staff put into practice in their work with people.

Staff and relatives told us they felt well supported by the registered manager. Staff also said the senior staff team provided good leadership and they were clear about their roles and responsibilities.

Ashley Lodge Residential Care Home

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 31 March and 4 April 2016 and was unannounced. The inspection was completed by one adult social care inspector. We previously inspected the service on 17 December 2013 and found no concerns.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

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, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with five people using the service, the registered manager, the provider and seven care staff. We reviewed care records and risk assessments for six people using the service and the medicine administration (MAR) records of all 10 people. We also reviewed training records for all staff and personnel files for four staff, and other records relevant to the management of the service such as health and safety checks and quality audits. We spoke with eight relatives, a social worker and three health professionals who worked with the service.

Good

Is the service safe?

Our findings

People were protected by staff who understood their safeguarding responsibilities. We observed people were relaxed with staff, joked with them and freely approached them during our visit. They seemed comfortable in the company of their staff. Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and the local safeguarding team. Records showed these procedures were followed when required.

When concerns had arisen which related to staff conduct, records showed the service had dealt appropriately with matters following the provider's policies and using a wide range of disciplinary actions to protect people from harm. Staff told us they were encouraged to speak about safeguarding concerns in an open way. Where people found it difficult to manage their money independently, systems were in place to support people appropriately and to protect them from financial abuse. This included systems for documenting money which was held, and spent, by people.

Relatives and professionals told us staff kept people safe at Ashley Lodge Residential Care Home and in the community. One relative told us ''When they help people with moving or using their wheelchairs, I have seen them doing this carefully and making sure no one gets hurt''. We saw that risks to people's safety and wellbeing had been identified and planned for, and staff demonstrated they understood how to manage people's risks.

One relative told us ''Staff have worked so well with him. They understand his behaviour and this enables him to go out, try new things and do whatever he wants because staff know how to keep him safe if he becomes anxious''. When people had displayed behaviour that may cause distress to themselves or others, there was guidance for staff on what actions to take to support the person to stay safe. For example, positive behaviour support plans were in place which gave details of distraction activities staff should complete with people when they became distressed to alleviate their anxiety. Staff were clear about these strategies and told us there was a focus on positive risk taking so that people had the opportunity to try new experiences.

There were emergency plans in place for people who experienced epileptic seizures. One relative told us ''They all know what to do if he has a seizure''. Staff had received training in administering emergency epilepsy medication and were clear about the actions they needed to take when people experienced seizures. People had specific epilepsy protocols in place which gave staff clear direction on how to identify signs people were becoming unwell and how staff should use medicines to respond. People were kept safe because staff understood people's individual risks.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure people were protected as far as possible from staff who might be unsuitable to work with people using care services. These checks included requesting and checking references of the characters of staff and their suitability to work with the people who used the service. Arrangements were in place to ensure staff did not work unsupervised until their criminal record checks were completed. One staff member told us ''They

cannot work alone and do not provide people with personal care till they have received their DBS''. The Disclosure and Barring Service (DBS) check allows employers to establish if an applicant has any criminal convictions that will potentially prevent them from working with vulnerable people.

Relatives felt there were enough staff to meet people's needs. One relative said "There always seems to be enough of them about". At times people required one to one care from staff for example, during lunch time and we saw that this was provided. We observed staff responded quickly to meet people's needs and took time when supporting people with their chosen activities. The provider calculated staffing requirements according to people's level of dependency. Any shortfalls in staffing rotas were covered by staff doing extra shifts or agency staff. Staff told us there were occasions where last minute sickness had meant finding cover was difficult but the managers always helped with care tasks when that was the case.

People received their medicine from staff who had received training and had been assessed by the registered manager as being competent to administer medicines appropriately and safely. Medicines were stored securely in a locked cupboard and each person was identified with a photograph on their records. The medicines they were prescribed were clearly recorded in their medicines administration records (MAR). MAR charts confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. We observed a staff member administering people's medicines in accordance with the provider's policy.
Arrangements were in place to safely receive and dispose of medicines. Staff checked medicine stock daily and this had supported them to promptly identify the two medicine administration errors that had occurred since the last inspection. Records showed the registered manager took immediate action to ensure people did not come to harm when they missed their medicines and to prevent it happening again. No one administered their own medicines.

There were emergency plans in place for people, staff and the building maintenance. In addition, there were weekly maintenance checks of the fire system and water temperatures completed by the maintenance staff. People would continue to receive appropriate care in the event of a service emergency. There was information for staff in relation to contingency planning and what to do if there was an incident or emergency that could disrupt or endanger people. Each person had their own personal evacuation plan (PEEP). Staff had written in each person's PEEP specific information related to how the person may react in an emergency which would help staff respond appropriately. Staff were up to date with fire training which meant they would know what to do should the need arise. On the day of the inspection a fire drill was undertaken. The maintenance officer explained how they had learned from previous fire drills and provided staff with additional support to improve their evacuation time. They told us ''The previous evacuation time was seven minutes, but today it was three minutes. I could see staff were more confident when responding to the fire alarm.''

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Relatives told us they experienced staff as knowledgeable and competent when supporting people. People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely.

Training records showed there was a programme of on-going training for all staff covering health and safety related topics and also topics relevant to the support needs of the people living in the home. Staff training included epilepsy training and positive behaviour support training. The registered manager kept the training plan under review and additional specialist training was sourced when needed. One health professional told us ''Staff had asked for autism awareness training following a recent referral''. Twenty one of the 37 staff members held a relevant qualification such as National Vocational Qualifications (NVQs) or diplomas and new staff told us they were planning to enrol on suitable courses in the near future.

Staff told us they felt supported in their role and there were a variety of methods for keeping staff informed and updated of changes in practice. These included monthly staff meetings, regular supervision sessions and an annual appraisal. Staff told us their supervision gave them the opportunity to reflect on their practice and identify areas for improvement. One staff member told us ''There is regular supervision and I can discuss any areas I might need more support with or any concerns''.

People living at Ashley Lodge Residential Care Home were living with varying levels of learning disabilities, and this could affect their ability to make decisions about their care and treatment. Staff had received training in the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were supported by staff who had an understanding of the legislation.

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's care plans contained details about how staff could help people who lacked capacity to indicate their preferences to support their day to day decision making. For example, by staff using objects familiar to people, showing people the meals available and giving people time to process the information.

When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. All 10 people had been assessed as not having capacity to consent to elements of their care arrangements. Staff told us if people were not able to make decisions for themselves they spoke with relatives and social and healthcare professionals to make sure people received care that met their needs and was deemed to be in their best interests. Records confirmed families and professionals had been consulted about people's care and decisions had been made in the person's best interests. One professional told us ''They always know the right people for me to consult with regard to best interest decisions which facilitates provision of dental

care''.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate DoLS applications to the local authority. People at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. One application had been authorised and the other nine were still being processed by the relevant local authorities. All the relatives we spoke with told us they were aware DoLS applications had been made for people and had been involved in the assessment process. One relative said "They involve us with all the health meetings and any decisions made. The registered manager explained the DoLS process to us and we were ask to be part of the decisions made''. Records showed staff advocated for people and asked professionals to consider whether less intrusive options, for example alarms to alert staff instead of direct staff supervision, might be appropriate to keep people safe.

People were assisted to eat and drink enough to maintain good health. At lunchtime and breakfast time people ate different meals depending on their choices and preferences and people ate at different times to meet their routines. People were involved in the planning of the weekly menu and if people did not want the meal on offer they could choose an alternative. Staff ate alongside people at the dining table. People enjoyed a sociable mealtime experience with lots of people and staff chatting and laughing whilst eating their food. If people did not want to eat at the dining table they were supported to eat in other, quieter areas. People were provided with regular drinks throughout the day.

People's dietary requirements and dietary risks had been identified by staff. Guidance had been sought in order to keep people safe from the risk of choking or weight loss. One person who was at risk of choking had been assessed by the community Speech and Language Therapist (SALT). We observed them being supported by staff to eat slowly in a quiet area in line with their SALT recommendations. Health professionals told us staff followed their guidance when supporting people. One health professional said ''I regularly give advice regarding diet and oral care and the staff listen and put into practise the guidance given. I am always satisfied that the standard of oral care provided by staff is optimal given the level of compliance of each individual''.

Relatives told us people were supported to stay healthy. One relative told us ''They always let me know when he is unwell and they always make sure he sees the doctor''. People's health needs were assessed and planned for to make sure they received the care they needed. For example, staff recorded people's seizure activity to be shared with the person's GP and consultant to support them in making effective treatment decisions. People were regularly supported to see healthcare professionals as needed such as GPs, dentists, opticians, learning disability nurses, speech and language therapists, consultant psychiatrists in learning disabilities and neurologists.

Good

Is the service caring?

Our findings

Staff engaged with people in a friendly and caring way and people responded positively to them. Relatives told us they liked the staff. They described staff as ''Kind and respectful'', 'Fantastic'', ''Amazing'', ''They love the clients'' and ''Marvellous, confident, available''. Five people who could express their preferences told us ''Yes'' or gave us a thumbs up when we asked them if they liked their staff.

Interactions between people and staff were good humoured and caring. Staff spoke with kindness and affection when speaking about people. Staff told us how they were given time to build relationships with people and get to know their preferences. One staff member told us ''There is always time to sit with people, have a chat and check if they are OK''. Staff, including those who did not provide care, were able to describe people to us in a very detailed way and knew people well. Their descriptions included details about people's care needs, as well their personal histories, why they were living at Ashley Lodge Residential Care Home and specific details about their likes and dislikes.

Staff told us they enjoyed their job and were enthusiastic about providing good quality care and celebrated people's achievements. Staff were passionate about supporting people to maximise their abilities. Staff comments included "It is very exciting when someone who struggles to eat has their own meal or can start to walk again'' and ''I am always happy when their reviews or health appointments go well''.

We saw a staff member supporting one person to eat with sensitivity and tenderness, ensuring they supported the person to eat at their pace. Staff sat with people while they were eating to make it a more social occasion and encouraged people with consideration and patience to eat independently.

People's individuality was recognised by staff and people were supported to make day to day decisions that reflected their preferences. We heard a staff member offering a person an activity and respecting their choice when they declined and indicated they would rather watch a TV programme. When people chose to be alone in their room staff respected the way they chose to spend their time. People's weekly activity plans reflected the activities they chose to do. Staff told us it was important to support people to enjoy their activities and we observed staff reading to people and ensuring people remained engaged.

Staff understood people's communication needs and used specialist communication methods to support people to make their wishes known. We saw staff did not rush people who used their own individualised sign language and took time to understand what they wanted to say and how they wanted things done. One relative told us ''They understand their signs and how to communicate with them''.

We observed that people received care and support from staff who asked them for their permission to perform care tasks. Relatives and professionals told us people were treated with dignity and respect by staff. Comments included; ''They always treat him with respect'' and ''Staff respect people's home, it is always clean and tidy''. Care plans emphasised the importance of treating people with dignity and ensuring they had some private space when needed. Our observations confirmed that staff respected people's privacy and dignity. Staff used people's preferred names and spoke with them in a kind and patient manner. If people

required support with personal care tasks this was done discreetly. One professional told us ''I find staff to be very respectful of the clients, they support with kindness and empathy as well as a great sense of fun''.

People were supported to remain in contact with people close to them. People's family and friends were encouraged to visit whenever they wanted so that people did not become isolated. One relative told us; ''We can visit any time and staff make us feel very welcome'' and another relative said ''Staff bring her to visit and we always have a big summer BBQ together''

Good

Is the service responsive?

Our findings

Relatives described the care people received as ''Brilliant'', ''Outstanding'', ''Exceptional'' and ''Very pleased''. People at Ashley Lodge Residential Care Home lived with complex health and emotional support needs. The service planned people's care and support in partnership with their health and social care professionals. One health professional told us ''From our work together we considered the individual's needs and interests and included the family to discuss the options available. This led to the resident's choices being approached with respect and increased staff understanding about why the resident made the decisions that he wanted to make.''

People who could not make decisions about their care benefitted from staff that knew them well and advocated on their behalf when meeting with professionals. One professional told us ''Support staff bringing clients to appointments are always those who work with them on a regular basis. They know them well and share information which enables me to tailor my care to suit the individual best.'' We heard examples of people anxious to visit the dentist being supported by staff to practice brushing their teeth in preparation for the visit and visiting the dentist several times till they were comfortable to have their dental examination done. When needed staff arranged for the dentist to visit people at the service if this was deemed to cause people the least distress. One relative told us when one person had been reluctant to have a nurse draw blood the service had arranged for the GP, with whom the person had a trusting relationship to visit the service and draw their blood.

People's care was planned to take account of their experiences and preferences. Another health professional told us how staff had supported one person to experiment with a new sleep system and had made sure the person's views were taken into account when making the decisions whether this sleep system should be used permanently. They said ''In conclusion they advocated for him that he did not like it and did not sleep as well and that he should not purchase it at this time. And I agreed with them that the outcome was the best for him at this stage.''

The service reviewed people's care regularly with their relatives and social workers. One health professional told us ''When visiting they will always ensure staff who know the issues are available and often senior staff will ensure they are there to complete robust assessments.'' We saw the reports produced by the service to inform professionals' decisions about people's care were excellent. These reports were very comprehensive and provided a detailed overview of people's needs, the care they had received and how effective it had been in meeting people's needs. The information in people's care plans was comprehensive and provided staff with sufficient detail to know how to support people in line with their preferences. One social worker told us ''The care plans are really good''.

People were supported to participate in a range of structured social and leisure activities in line with their personal interests. These included activities to stay healthy like walking, horse riding, swimming and trampolining. The staff team worked flexibly and supported people with activities in the service when they could not go out. The service ensured staff were employed that could drive so that people could attend their chosen activities. The registered manager and staff told us they had become aware that some people's

interests had changed. They were reviewing people's activities to ensure people continued to have opportunities for new experiences and to engage in activities they enjoyed. .

The registered manager said they operated an ''Open door policy''. This was confirmed by relatives who told us they were actively encouraged to feed back any issues or concerns to the registered manager or to any member of staff. Relatives told us they were confident that action would be taken if they had any concerns. One relative said ''I have never had to complain. If I have any worries, I discuss it with staff and they put it right''. Advocates were made available to people and their relatives to support them to resolve any concerns they might have about people's care.

People were encouraged to raise issues or concerns through their key worker. We were told of examples when action had been taken when people had let them know they were unhappy or worried, for example, when people indicated they did not enjoy some of their activities any more. The service had a complaints policy and procedure. The service had received several compliments and five complaints in the past year. Records showed the registered manager had formally investigated these and provided a written response with the outcome. Where appropriate people's care plans had been reviewed to incorporate the action the service took in response to concerns.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and senior staff had been in post for a number of years. Relatives told us the registered manager was caring and understood their needs and those of the people using the service. Their comments included ''She takes the time to listened to our views'' and ''She knows that we sometimes just want to be reassured''. Throughout our visit we saw the registered manager was visible in the service, she stopped to chat with people and staff and to check that all was well.

Staff told us the management structure in the service was clear and spoke positively about the leadership provided by senior staff. They described the senior staff as 'fair'', ''available'', ''hands on'', ''supportive'', ''appreciative of our work'' and ''leading by example''. Staff received clear direction regarding their responsibilities and communication between themselves and the senior staff were good. Staff were allocated duties and told us they knew what was expected of them during each shift. Supervision, team meeting, daily handovers and staff memos were used by senior staff to clarify staff roles and ensure staff remained accountable for their work.

Staff told us all staff's views, including those not directly involved in providing care, were valued and listened to. They felt able to make suggestions to improve the service. For example, when staff had mentioned to the registered manager that cleaning tasks over the weekend were not always completed she had reviewed the weekend duties to ensure tasks were equally allocated over the two days. Staff described a working culture that was open and they were confident the senior staff would support them if they used the whistleblowing policy to raise concerns about the service.

The registered manager and staff had promoted a culture that put people's needs and wishes at the centre of the work they did. Throughout our inspection, the registered manager and staff demonstrated they worked in a manner which maximised people's life choices, promoted dignity and supported people to develop life skills. Staff were committed to the service and were positive about the quality of care provided to people and their involvement in the service. Staff comments included; "People are really well cared for'', ''This is people's home'' and ''We get a lot of satisfaction in seeing people develop and learn new things''.

There were systems in place to monitor the quality of the service and identify any risks or areas where the service might not be meeting the requirements of the regulations. These included routine medicine stock and record checks, environmental safety checks and checks of people's money. Where these systems had identified shortfalls action had been taken and improvements made within the service. For example, the medicine stock check had identified that medicine received from the pharmacy was not accurate and this had been corrected before the person started their new medicine. Improvements had been made following the fire safety risk assessment completed by an independent contractor in August 2014 to ensure the extractor fans were cleaned monthly. The registered manager told us she had completed care plan checks and we saw people's records were comprehensive and up to date. However, a written record was not available to show how these checks had led to improvements being made.

Where risks relating to the service had been identified the registered manager could describe the action they

had taken to mitigate the risks. There was a procedure for recording and reporting safety incidents which included any medicine concerns. The registered manager checked and audited the reports to ensure staff took immediate action to minimise or prevent further incidents occurring.

The registered manager had identified and managed the risks related to the recruitment of staff. Where needed, additional safeguards had been put in place until the provider had been satisfied that staff could work unsupervised. For example, staff did not work alone until their DBS checks were received and when staff's previous conduct had not always been satisfactory, they received regular supervision until they completed their induction. However, records were not available of how it had been decided which safeguards were needed and how these would be monitored until staff were deemed safe to work unsupervised. In the registered manager's absence, it would therefore not be clear how some risks relating to the service had been mitigated and monitored.

Routine medicine management checks had been completed. However, these were not sufficiently comprehensive or always recorded to support the registered manager to assess whether the service's medicine practices met national best practice guidelines. The service had designed their own MARs to support staff to administer people's medicines safely. This meant people's medicine information was copied from the pharmacy record onto their individual MAR weekly when medicine was received. Two staff members checked that this was done correctly but had not signed to confirm this check had been completed and the record was accurate. When people's MAR had been incorrectly completed after medicine was administered, staff had identified these recording errors promptly. However, an explanation for the recording error had not been noted so that staff would know that people had received their medicine even if the record was incorrect. The provider's medicine checks had not identified that these recording practices did not meet national best practice guidelines. The registered manager took action to address these concerns. They contacted the community pharmacist who will be undertaking a medicine audit in the next three months and will be supporting the service to develop a more comprehensive medicine governance system. The provider told us they regularly met with the registered manager to discuss any risks or quality issues in the service but records were not routinely kept to show the checks the provider had completed to ensure the service was meeting the requirements of the regulations.

We recommend the provider seeks guidance from a reputable source, to evaluate the effectiveness of their risk assessment and monitoring systems.

People's relatives and professionals were actively encouraged to provide feedback through a satisfaction survey and annual review meetings. The responses to the last satisfaction survey in August 2015 were all positive. Relatives told us they had been able to offer their views and suggestions about improving the service people received. One relative told us ''I know they are reviewing people's daily activities and we were able to give our views during the review meeting''. Where people could not actively provide feedback about the service, staff used their knowledge of people to make improvements to the service. For example, when staff noticed people did not like standing on the scales to be weighed they asked the provider to buy a sitting scale which they told us people were more comfortable using. One health professional told us ''They are proactive in encouraging clients to participate on the running of the home where possible''.

The registered manager attended local events to ensure they kept updated on changes happening in health and social care practice. The service had good connections with local agencies and worked positively in partnership with health and social care professionals to ensure people received care in line with current best practice. The service has had to adjust to supporting people with changing and more complex health needs in the past year. The staff team had embraced this change and had further developed their skills in supporting people with epilepsy.

The registered manager followed the requirements of their registration to notify CQC of specific incidents relating to the service. We found relevant notifications had been sent to us appropriately. For example, in the event of safeguarding incidents, the notifications showed the registered manager had taken appropriate action to notify the relevant agencies and keep people safe.

The registered manager was aware of her responsibilities relating to her duty of candour. The duty of candour places requirements on providers to act in an open and transparent way in relation to providing care and treatment to people. Accidents, incidents and concerns were discussed during team meetings and during staff supervision to ensure lessons were learnt and to prevent similar incidences occurring. Relatives told us they were informed promptly of any incidents that affected people's safety and wellbeing.

Offices were organised and documents required in relation to the management or running of the service were easily located and well presented. People's records were kept securely and were only accessed by staff authorised to handle people's confidential information. One health professional told us ''Personal information is handled sensitively''.