

Heathcotes Care Limited

Heathcotes (Carrington Park)

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 ●

Summary of findings

Overall summary

This inspection took place on 25 May 2016 and was announced.

Heathcotes Carrington Park provides accommodation for up to eight people living with mental health needs and or a learning disability. Eight people were living at the service at the time of the inspection.

Heathcotes Carrington is required to have a registered manager. 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. A registered manager was in place.

People told us staff supported them to remain safe. They told us that their possessions were safe and some people said they had no restrictions placed upon them.

Staff were aware of their role and responsibilities in protecting people from abuse and avoidable harm. They had attended appropriate adult safeguarding training and they had available the provider's safeguarding policy and procedure.

People's individual needs had been assessed and risk plans were in place where required to advise staff of the action required to reduce known risks from occurring. These were regularly monitored and reviewed. Risks associated to the environment and equipment had also been assessed and safety checks had been completed.

The provider ensured there were sufficient staff employed and deployed appropriately. Safe recruitment checks were in place that ensured as far as possible, people were cared for by suitable staff. People received their medicines as prescribed and these were managed correctly.

Staff received an appropriate induction when they commenced and ongoing training to keep their skills and knowledge up to date. They also received opportunities to review their work and development needs.

The registered manager understood their role and responsibility in ensuring the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation was fully adhered to. Staff were knowledgeable about this legislation and how to protect people's human rights. Staff involved people as fully as possible in discussions and decisions and gained consent before care and support was provided.

People received sufficient to eat and drink and were supported to maintain a healthy diet. Staff supported people to access both routine and specialist healthcare services. The service involved external health and social care professionals appropriately in meeting people's individual needs.

People told us that staff were kind, caring and compassionate. Staff supported people to participate activities, interests and hobbies. Staff used effective communication and they understood people needs and what was important to them. People's privacy, dignity and independence was respected and promoted.

Care records contained information to support staff to meet people's individual needs. A complaints policy was in place and staff knew how to respond to complaints.

People, their relatives or representatives received opportunities to share their views about the service. Staff felt valued and supported and were positive about the leadership of the service. The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits. In addition the provider had further systems in place that provided robust monitoring of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had received adult safeguarding training and knew how to recognise and respond to abuse correctly. Action was taken to reduce personal risks to people's health and welfare.

People were supported by staff that had undergone appropriate and safe recruitment checks. There were sufficient numbers of staff to meet people's individual needs.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had received appropriate training, support and who were competent in meeting their needs.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received sufficient to eat and drink and were supported to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring, supportive and who knew their individual wishes and preferences.

People were supported to be involved as fully as possible in their care and support. People had access to information about an independent advocacy service.

People's privacy, dignity and independence were respected and promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

Care and support was personalised and responsive to people's needs. Staff supported people to pursue activities based on their individual preferences and interests.

People and their relatives or representatives were involved as fully as possible in ongoing discussions about the care and support provided.

People's views were listened to and there was a system in place to respond to any complaints.

Is the service well-led?

Good ●

The service was well-led.

Staff were clear about their roles and responsibilities. There were robust quality assurance systems in place that monitored the quality and safety of the service.

People and their relatives or representatives were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and vision of the service. The provider was aware of their regulatory responsibilities.

Heathcotes (Carrington Park)

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 25 May 2016 and was announced. We gave the provider 24 hours' notice because the needs of people at the service meant that arriving unannounced may have caused them distress and anxiety. The inspection team consisted of 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, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottingham to obtain their views about the service provided.

On the day of the inspection we spoke with two people who used the service for their feedback about the service provided. We also used observation to help us understand people's experience of the care and support they received. We spoke with the registered manager, one team leader, and two support workers. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted relatives for their feedback about the service. We also contacted the GP

and health and social care professionals for their feedback about the service.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. A person who used the service told us, "Yes, I feel safe here there is no one that poses a threat to me." Another person said, "There's always staff around to make sure people are safe."

A relative we spoke with was positive that their family member was protected appropriately. Comments included, "My family member is safe, absolutely. The environment is safe and staff are always around to support people."

Staff gave examples of how they supported people to remain safe. One staff member said, "We've had adult safeguarding training. We quickly spot the signs if anyone is getting anxious and we redirect the person to an activity they enjoy to reduce any risk of behaviour escalating."

Some people who used the service had additional needs which meant they needed one to one staff support to keep them safe. We observed this support was provided and staff were attentive to the needs of people. For example, some people's behaviour and mood could frequently change. Staff were quick to respond to these changes to ensure people's safety and well-being.

We were aware before our inspection of the action taken by the registered manager in response to concerns, allegations and potential safeguarding risks. This included informing external agencies and CQC, and working with the relevant organisations responsible for investigating safeguarding allegations. Whilst we were aware of the high number of safeguarding incidents reported and acted upon in the last 12 months, these had been managed effectively with the involvement of health and social care professionals. Staff had received appropriate adult safeguarding training and were aware of their role and responsibilities in protecting people from avoidable harm.

Risks associated to people's needs had been assessed and planned for. One person told us, "I have no restrictions on me, I can come and go as I please which is important to me." Another person said, "I keep my room locked so my possessions are kept safe."

A relative said that they felt that staff were aware of any risks and these were managed well by staff. Comments included, "Staff manage [name of family member] risks very well. They have complex needs and do everything they can to meet their needs and risks safely and always involve me in discussions and decisions."

Staff said that they had detailed information available to them about people's individual risks. One staff member told us, "Individual risk plans are in place and this information provides us with guidance." Another staff member said, "We talk about risks in regular staff meetings, this includes any concerns related to health and safety issues to individuals or the environment."

We found people's care records included risk plans that advised staff of how to manage and reduce any risk

to people's safety as far as possible. These were regularly reviewed for changes and updated as required.

Personal emergency evacuation plans were in place in people's care records. This information was used to inform staff of people's support needs in the event of an emergency evacuation of the building. Additionally, staff had information available to them of the action to take should there have been an incident that affected the safe running of the service.

The internal and external of the building was maintained to ensure people were safe. For example, weekly testing of fire alarms were completed, and records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals.

There were sufficient numbers of staff to meet people's individual needs. One person who used the service said, "There's always staff around."

A relative told us they were positive that their family member received appropriate support from staff at all times. Comments included, "My family member has one to one staff support and this is always in place, I have no concerns about the staffing levels it's good whenever I visit."

Staff told us that there were sufficient staff available to meet people's individual needs and safety. One staff member said, "The organisation has bank staff they use to cover any sickness or leave, this means people are familiar with the staff that support them." Another staff member told us, "We have enough staff and have extra if people are unwell or have appointments, we have a flexible approach."

From our observations and by looking at the staff roster and records, we concluded that people had their individual needs met. There were sufficient skilled and experienced staff available and we found staff were competent and knowledgeable about people's individual needs.

There were safe staff recruitment processes in place. Staff told us they had supplied references and had undergone checks relating to criminal records before they started work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff began work. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

People received their prescribed medicines and these were managed safely. One person told us, "The staff look after my medicines and give them to me at the same time every day."

A relative said they felt confident that staff supported their family member with their medicines safely. Comments included, "Staff are very keyed up on medicines. I'm impressed with how it's managed." They added, "I've been shown the records and I'm really pleased that medicine prescribed as and when required is only used as a last resort, really it's not used."

Staff were confident that people's medicines were managed appropriately and safely. We observed a staff member safely administer a person's medicine, they did this competently and followed the providers medicine policy and procedure. This staff member demonstrated they were knowledgeable about people's different medicines giving an explanation of what they were required for. Staff told us that they had received training in the management and administration of medicines including observational competency assessments. Records confirmed what we were told.

We found that information available for staff about how people preferred to take their medicines were detailed and informative. Protocols were in place for medicines which had been prescribed to be given only as required and these provided information for staff on the reasons the medicines should be administered. Our checks on the ordering, management and storage of medicines including the medicine policy found they reflected current professional guidance. Audit systems were in place to monitor medicines management and these were found to be up to date.

Is the service effective?

Our findings

Staff were skilled and competent in meeting people's individual needs. One person who used the service told us, "I like all the staff, they're good, I can talk to them and they support me well."

A relative spoke positively about the staff and said they were confident that they had the required skills and knowledge to meet their family member's needs. Comments included, "When I speak to staff they are always able to tell me how [name of family member] is and what they've been doing." Additionally they said, "I'm aware there are some new staff and I feel from what I know they receive good training. [Name of family member] has complex needs and the staff have a good understanding of what these are and the support required."

Feedback from an external healthcare professional was positive about how effective the service was in meeting people's needs. They said, "I have noted appropriate support appears to be provided to people at times of need. Staff appear to be provided with specialist training to support those with specialist needs."

Staff were positive about the induction they received when they commenced their employment at the service. One staff member said, "I found the induction very good and it really helped prepare me for my role. I also shadowed experienced staff for five shifts which was a great help."

The provider had an induction programme for new staff that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff told us that they found the training opportunities good. One staff member said, "The training is frequent and based on the needs of people we care for, we had diabetes training recently as it was thought a person had diabetes." Another staff member told us that they received additional training from external healthcare professionals. They said, "The additional training we receive is very informative, detailed and of good quality." We reviewed the staff training record and found staff had received appropriate training to enable them to meet people's needs effectively.

Staff were positive about the support they received. They said they received regular support to review their work and training needs. One staff member told us, "We have one to one meetings every six to eight weeks. We discuss lots of things and where I need to develop." Additionally they said, "Feedback from the manager is always constructive, they will give praise and recognition, it gives you a good boost." This told us that the provider had an effective and supportive approach in managing staff's development.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

A relative told us that they had been involved in specific best interest discussions and decisions for their family member. Comments included, "Where there has been issues with mental capacity, we've been involved in decisions; I feel that we are consulted and listened to."

Staff were knowledgeable about the principles of the MCA and DoLS. One staff member said, "Sometimes a person does not have mental capacity to make a certain decision and a best interest decision has to be made. This involves discussions with others such as relatives and health and social care professionals." Another staff member told us, "Before a best interest decision is made we try everything to involve the person."

Records confirmed staff had received training on the MCA and DoLS. We saw examples of where some people did not have mental capacity to make some decisions about the care and support they received. Appropriate assessments and best interest decisions had been made and specific plans to direct staff to act in people's best interests were in place.

People's care records showed that some people had a DoLS authorisation in place that restricted them of their freedom and liberty and applications had been submitted to the supervisory body for others. Staff were aware who had an authorisation in place and who did not. This told us the provider was effectively protecting people's rights in accordance with the MCA and DoLS.

Some people who used the service had anxieties, and behaviours associated to their mental health and learning disability that meant they could present with behaviours that challenged the service. Staff had been specially trained to ensure they used restraint in a controlled way and only as a last resort. This training was a well-recognised accredited method of restraint. Staff said that other interventions should be used such as distraction techniques before restraint was considered. We found people's care records included behavioural support plans that clearly advised staff of the strategies to be used to support a person when their anxiety was heightened. Staff spoke with us about people's different coping strategies, demonstrating they were knowledgeable about how to support people effectively.

People were positive that they received sufficient to eat and drink and were happy with the meal choices. One person said, "The staff are good cooks, we get a choice of meals and I can help myself to snacks and drinks when I want."

A relative said they were positive that staff supported their family member to eat healthily. Comments included, "[Name of family member] went through a spell of not eating. The staff were very supportive and tried everything and got the GP involved. They have put weight on now and staff ensure they eat healthily."

Staff told us the system they used whereby people had an opportunity to choose the menu and how they promoted health eating. One staff member said, "We include people in developing the menu so everyone can have a say of what they want. We're mindful of the importance of healthy eating and provide guidance and support and make sure the menu is well balanced."

We saw the menu was on display for people and that it provided people with a choice of meals. The menu matched what people were offered. This included appropriate foods for people that had specific needs with

regard to their dietary needs associated with their religion. Staff were aware of people's nutritional needs and described how they fortified meals when there were concerns about people's weight.

We found from people's care records that dietary and nutritional needs had been assessed and planned for. These plans showed us that consideration of people's cultural and religious needs was also given in menu planning. People were weighed on a regular basis and people's food and fluid intake was recorded. This enabled staff to monitor for any changes and action could be taken if required.

People were supported to maintain good health. Staff involved, and followed recommendations made by external healthcare professionals. One person told us, "The staff support me to attend health appointments like going to the doctors if I need to."

A relative was complimentary about how staff supported their family member with their physical and mental health needs. Comments included, "Staff support [name of family member] to maintain good health and will seek support from external healthcare professionals when required."

Staff told us how they supported people with their healthcare needs such as attending the GP for health checks, the dentist and opticians.

We found care records showed people's health needs had been assessed and they received support to maintain their health and well-being. People had a 'Health Action Plan', this recorded information about the person's health needs, the professionals who supported those needs, and their various appointments. In addition people had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. This demonstrated people had been supported appropriately with their healthcare needs and the provider used best practice guidance.

Is the service caring?

Our findings

Positive caring relationships between staff and people that used the service had been developed. One person said, "I like it here, it's like home, I like the staff." Another person told us, "The staff are friendly, I have a keyworker and they spend time with me, check that I'm okay, help me and suggest activities." A keyworker is a member of staff that has additional responsibility for a named person.

A relative was complimentary about the staff and described them as, "Very friendly" and the service as being, "It's home from home. I'm very confident and know [name of family member] is really happy, they are more relaxed and calmer than anywhere else they've lived."

In discussions with staff they showed an interest in the people they cared for and that they had a person centred approach to the support they provided. One staff member said, "Staff are incredibly caring." They gave an example about a person who can easily become upset and cry. They told us, "Staff will sit and console the person, they are respectful and patient." We found Staff were knowledgeable about people's different needs and what was important to them. Staff gave examples of how people chose to spend their time and said that this varied from day to day depending on the person's mood. They told us that they were flexible in the support they provided to people demonstrating a person centred approach to the way people were supported.

We observed many occasions when staff interacted with people. Staff were able to correctly anticipate some people's needs and gave people time to respond to questions about options and then acted on people's choices. Staff used clear verbal communication and listening skills. This included using British Sign Language when communicating with one person. This communication was effective and positive. The person was seen to be relaxed and responded well, they too initiated conversations with staff.

People's care records included information for staff of what people's communication needs were and the preferred way they wished to be supported by staff. We observed staff supported people as described in their care and support plans. This showed that people were supported in a meaningful way that was important to them.

People received opportunities to express their views in making decisions about the care and support they received. One person told us, "The staff ask me and give me choices about what I want to do, ask if I'm okay if I'm not happy with anything."

A relative told us that they felt their family member was involved as fully as possible in decisions and that they too felt involved. Comments included, "I feel the staff are respectful towards people and I see that they involve them as fully as possible. The staff really listen to me which I appreciate and I'm so glad about."

People's care records included information in appropriate language advising them about their particular health care needs. This meant that people had information and explanation about their healthcare needs should they have requested this.

We saw people had access to information on how to access independent advocacy services. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager gave an example of a person who had an independent advocate that supported them.

People's privacy and dignity was respected and their independence promoted. One person told us, "The staff treat me okay, I have my privacy and I do most things independently, I'm planning to move into supported living which will be better for me." Another person said, "I come and go as I please, I'm feeling ready to move on."

Staff gave examples of how they supported and promoted people's independence. One staff member said, "We encourage people to do things around the house such as cleaning their rooms and doing their laundry with support. People will also make snacks and go shopping with us, it helps them develop independence."

Staff also showed a good understanding of how to protect people's privacy and dignity. They said that the registered manager was constantly talking to them about the ten dignity pledges. These pledges describe values and actions that staff should follow that respect people's dignity. This information was also on display as a reminder to staff. It also provided people with information what they should expect with regard to how staff treated them. Staff had received training on equality and diversity including dignity.

There were care plans that detailed the ways in which care should be provided in order to protect people's privacy. We also noted that throughout people's care records staff were directed about promoting people's independence as fully as possible.

A relative told us that there were no restrictions around them visiting their family member. The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Is the service responsive?

Our findings

People received appropriate support in a way that mattered to them. People told us that staff understood their individual needs and supported them how they wished to be cared for.

A relative told us they were positive that their family member received effective and responsive care that was based on their needs. Comments included, "They meet [staff] [name of family member] needs remarkably well, they know them so well and what's important to them. I gave ideas of what activities they like and dislike and the staff have been really supportive."

Feedback from an external healthcare professional was positive about how responsive the service was to a person they supported. They said, "A person I support has been supported in personalising their environment to good effect. Staff have the ability to seek out what people are enthusiastic about, what is meaningful to them and they provide them with comfort and as homely experience as possible."

Staff said that they had detailed information about people's individual needs, likes and dislikes and that this helped them provide care and support that was individualised to each person. One staff member told us, "Each person is different, written information is really important but so is spending time with people getting to know and understand what's important to them."

People told us that they had been asked about their interests, preferences, routines and what was important to them. This information was recorded and person centred plans developed that identified people's goals and aspirations. We saw examples of how people had been supported with some of their wishes, goals were identified and small achievable steps were put into place that showed what support and actions were required. Some examples included activities people wanted to try, including day trips and doing voluntary work.

People's care and support plans were reviewed on a regular basis and people said they were involved in having an opportunity to review their care and support plans. One person said, "I sit with staff and talk about my care plans, I feel involved and staff listen to me and my opinion." A relative also said that they received opportunities to participate in review meetings and that they felt, "Very involved in [name of family member]'s care and support."

A relative and staff told us, of the activities a person participated in before they became unwell, this included attending community groups and activities and voluntary work. We were told that now this person was well again staff were reintroducing them to activities that would bring them enjoyment, stimulation and independence.

Staff told us that people were given a choice of daily activities that was based on individual preferences. One staff member said, "We offer choices and never assume anything. Some people can lack motivation, can change their mind at the last minute or prefer to spend time alone or will go into the community independently." They added, "We respect people's decisions and can be flexible how we support people."

Another staff member told us that people had a choice of indoor activities such as, karaoke, Wii (electronic game) and arts and crafts.

People's care records contained information regarding their diverse needs and provided support for how staff could meet those needs. One staff member told us how they supported a person with specific needs associated to their culture and religion. They told us what this meant for the person and what staff did to support the person. They clearly demonstrated an understanding of what was important to this person

During our inspection we observed a staff member supported a person to go on public transport into town to go shopping. This person was then seen later doing a jigsaw with another member of staff. Two people were supported by staff on a day trip to Scarborough. One person went into town independently and three other people chose to spend time either in their room or in the garden and engaging with staff. We observed staff provided a responsive approach to people's individual needs and wishes.

People told us that they attended meetings where they received opportunities to share their views about the service. One person said, "Yes, we have meetings but I don't always choose to go." We saw records that showed 'service user' meetings were arranged every month. People were asked about their choice of activities and holidays and anything that affected the service was discussed. We noted that one person had requested a desk and chair for their bedroom; we saw this had been provided. Another person had requested wall art for their bedroom wall and we saw this had been completed. Any actions agreed were recorded and included who was responsible and the time frame for the action to be completed. This was then reviewed at the next meeting. This told us that people's wishes were respected and acted upon.

The provider had a complaints policy and procedure and this was presented in an appropriate format for people with communication needs and was on display for people. One person told us, "I would speak with any of the staff or the manager; I have reported some concerns before about the noise at times, the manager listened and did something about it."

A relative told us, "I know who I can speak to including senior managers within the organisation." They gave an example of an incident within the last year whereby they had complained to the registered manager. The registered manager showed us a report they had completed and the action taken to address this issue. Records showed that they had acted in a timely manner to the concern raised and no further issues had been reported, indicating the issue had been fully resolved.

Is the service well-led?

Our findings

People were positive about the care and support they received. One person said, "I like living here, I feel I can live the life I want to but have staff around to support me."

A relative spoke highly of the service their family member received and that they could not think of anything that could improve the service. They said, "I'm absolutely delighted with everything. [Name of family member] was quite poorly last year and the manager and staff did everything they possibly could do and were determined to support them back to health again." They also added, "What impresses me is that they listen to families and involve us and they have outside professionals in to help, they are always determined to do the best for people."

Feedback from an external healthcare professional was positive about the leadership of the service. They said, "Heathcotes provide a service to diverse range of people. This is challenging and requires a strong sense of leadership. The manager always seems to be very approachable, calm and takes time to offer support to staff and visiting professionals. They remain very aware of what is happening on the front line, an important attribute."

Staff were aware of the whistleblowing policy and said that they would not hesitate to use this if required. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. The provider had a clear vision and set of values that were in the information guide provided for people who used the service. This information explains to people what they can expect from the service. We saw that staff acted in line with those values. One staff member told us, "We provide person centred care and support people to live as independently as possible. This includes facilitating and bridging the gap to support people to return to live independently in the community."

Staff were positive about the support they received from the registered manager. They described them to be supportive, approachable and very knowledgeable. One staff member said, "The manager gets involved with people, they're visible and available and will support staff to provide care if needed." They added, "The manager is always talking to staff about maintaining people's dignity. They'll put us on the spot and ask us to give examples of how we have provided dignity." Another staff member told us, "We work well as a team; everyone knows what's expected of them, communication is good."

We observed the staff team work well under the direction of the registered manager, they were organised which created a supportive, relaxed and calm environment. Staff were clear about their role and responsibilities and there were good communication systems in place. This included daily staff handover and staff meetings. Records showed that the registered manager used these meetings to reflect on any areas that required further development or as a method to further enhance staff's understanding and knowledge.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any restrictions placed on people's

liberty, allegations and concerns of a safeguarding nature and any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

As part of the provider's internal quality monitoring, annual feedback surveys were sent to people that used the service, relatives, staff and visiting professionals. The registered manager told us that and records confirmed, these surveys had recently been sent out. The registered manager told us the returned surveys would then be analysed and an action plan developed in response to any areas of improvement required.

The registered manager told us about a family and friends evening they arranged in January 2016. They told this was an opportunity for visitors to learn more about the service provided. A relative told us that they had attended and said they found the evening very interesting and informative. They said, "It was really nice to meet all the staff, we had an opportunity to understand more about how the service is provided."

The provider had robust quality assurance checks in place that monitored quality and safety; these also included how the service could continually improve. The registered manager completed daily, weekly and monthly audits and these were reported to senior managers within the organisation to enable them to be fully aware of how the service was progressing. These audits included checks on all aspects of the service including how people's care records were maintained, the training and support staff received and safeguarding's, accidents and incidents. In addition the provider had an internal quality audit team that visited the service and a regional manager that regularly visited the service to conduct audits and checks. We saw the provider's internal audits and saw these were up to date and detailed.

Accidents and incidents were recorded and action was taken to reduce further risks. Some people had high anxiety that resulted in behaviours that were challenging. These incidents were recorded to show how the person was before the incident, what occurred and what the outcome was. This was to monitor for any triggers and the action taken by staff. These incidents were reported to the clinical team within the organisation for further review to identify any patterns or trends. This was supportive to the staff team and provided an additional check to ensure appropriate action had been taken.