MGB Care Services Limited

Cherry Tree Lodge

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 18 May 2016 and was unannounced.

Cherry Tree Lodge provides accommodation for up to 12 people living with a learning disability. Eight people were living at the service at the time of the inspection.

Cherry Tree Lodge 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 received a safe service. Staff were aware of their responsibilities to protect people from abuse and avoidable harm. Not all staff had received adult safeguarding training but this had been identified and plans were in place for staff to receive this where required.

Risks to people's needs had been assessed. Staff had information available about how to meet people's needs, including action required to reduce and manage known risks. These were reviewed on regular basis. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. Records of incidents relating to people's behavioural needs were analysed for patterns and possible triggers. People received their medicines as prescribed and these were managed correctly.

The internal and external environment was monitored and improvements had been identified and planned for. This included a refurbishment plan for the interior of the service.

Safe recruitment practices meant as far as possible only suitable staff were employed. Staff received an induction, training and appropriate support. Some gaps in staff training were identified and the registered manager had a plan to address this. There were sufficient experienced, skilled and trained staff available to meet people's needs.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. Staff had a good understanding and awareness of meeting people's healthcare needs. People received a choice of meals and independence was promoted. Where people required support with eating and drinking this was provided appropriately and in a caring and dignified manner. People's healthcare needs had been assessed and were regularly monitored. The provider worked with healthcare professionals to ensure they provided an effective and responsive service.

The home manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. Where people lacked mental capacity to consent to specific decisions about their care and support, appropriate assessments and best interest decisions had

been made in line with this legislation. Where people had restrictions on their freedom and liberty this had been appropriately authorised by the supervisory body.

Staff were kind, caring and respectful towards the people they supported. They had a person centred approach and a clear understanding of people's individual needs, routines and what was important to them.

The provider enabled people who used the service and their relatives or representatives to share their experience about the service provided. Communication with relatives could be improved upon.

People were involved as fully as possible in their care and support. There was a complaint policy and procedure available but relatives were not all aware of what this was. People had information to inform them of independent advocacy services.

People were supported to participate in activities, interests and hobbies of their choice. Staff promoted people's independence.

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 understood what action they needed to take to keep people safe and action was taken to reduce personal risks to people's health and welfare.

People were supported by a sufficient number of staff being deployed appropriately to meet their needs safely. New staff completed detailed recruitment checks before they started work.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good

The service was effective.

New staff had a structured induction and all staff received appropriate training and support. The training plan showed gaps in staff training but this had been identified and plans were in place to address this.

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

People received appropriate support to ensure they were eating and drinking healthily.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported people.

The provider supported people to access independent

advocates to represent people's views when needed.

People's privacy and dignity were respected by staff.

Is the service responsive?

Good

The service was responsive.

Care was personalised and responsive to people's needs. Activities were available to meet people's individual preferences and interests.

People and their relatives or representatives were involved as fully as possible in reviews and discussions about the care and support provided. Some relatives felt their involvement could have been better.

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.

The provider had systems and processes 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.

Cherry Tree Lodge

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 May 2016 and was unannounced. 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, two social care professionals and Healthwatch Nottinghamshire 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, two senior support workers 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 the GP, a psychiatrist, a psychologist, and three relatives for their feedback about the service.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and abuse. People told that they felt safe living at Cherry Tree Lodge. One person said, "Sometimes it gets noisy, I take myself to my room as I don't like the noise when other people shout and get upset."

Relatives we spoke with told us that they were confident their family member was cared for safely. One relative said, "I have no concerns about safety, I know some people have challenging behaviour but I'm confident this is managed well."

Staff told us how they ensured people's safety. They were clear about their responsibilities in protecting people from abuse and risks associated to their needs including the environment. Staff also told they had attended adult safeguarding training. One staff member said, "Generally people get on okay, no one is at risk, some people shout when they are upset or agitated. Staff are aware that this can be upsetting for others."

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 they supported. 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 saw the provider had a safeguarding policy and procedure available for staff. The training plan showed that not all new staff had completed adult safeguarding training and some staff were due refresher training. The registered manager told us that they had identified this shortfall in staff training and was in contact with the organisation's head office to get this training arranged as soon as possible. After our inspection the registered manager forwarded us confirmation of the training plan they had in place to address this shortfall.

Risks to people's needs had been assessed and planned for. Relatives told us that they felt involved and their family member was included as fully as possible, with discussions about how any risks were managed. One relative said, "I feel involved in discussions about how risks are managed."

Staff told us how risks to people's needs had been assessed and planned for. One staff member said, "People have risk plans that advise staff of risks and the support required." Another staff member told us, "We discuss any concerns about risks in daily handover meetings and involve health care professionals for support and guidance."

We saw records that confirmed risks associated to people's individual needs had been risk assessed and risk plans were in place to mitigate any identified risks. Records showed that risks plans were reviewed and evaluated to ensure information was up to date. Accidents and incidents were minimal, and incidents with regard to people's behaviours had been responded to appropriately. This included a referral to healthcare professionals such as learning disability psychiatry and psychology services.

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. The provider also had a business continuity plan in place to advice staff of action to take in the event of an incident affecting 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 was sufficient staff deployed appropriately to meet people's individual needs and keep them safe. One person told us, "Sometimes staff have to go and work in other homes but it's not often." Another person said, "There are always staff around to help you."

Relatives were positive that their family member was supported by sufficient staff to maintain their safety. One relative said, "I can only go on what I see when I visit and there always seem to be enough staff."

Most staff told us they felt adequate staff were rostered on duty to meet people's individual needs. It was brought to our attention that staffing levels had recently reduced by one member of staff. The registered manager provided an explanation and was clear that this was for a trial period of a week and then they would review this.

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. 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 medicines safely and as prescribed by their GP. One person told us what their medicine was for and that they received their medicines at the same time every day.

Relatives told us that they had no concerns about how their family member received their medicines. One relative said, "The staff are always organised with [name of family member]'s medicines, they have them ready for when I take [name of family member] out for the day. They always check I've given them okay."

Staff were confident that people's medicines were managed appropriately and safely. The registered manager told us that a pharmacy audit was completed by the local clinical commissioning group in April 2016. They had recommended the medicine room was moved and the registered manager told us what plans they had in place to do this.

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 (PRN) 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. Records confirmed that staff responsible for

administering medicines had received appropriate training and competency checks. Audit systems were in place to monitor medicines management and these were found to be up to date.

Good

Is the service effective?

Our findings

Staff had the required skills, knowledge and competency to do their job. People spoke positively about staff's knowledge of their needs. One person said, "I like them [staff], they're a nice lady (pointing to a member of staff) they know how to look after me."

Relatives were confident that their family member was appropriately supported by staff that understood and knew their individual needs. One relative told us, "I can't fault the service at all, staff are competent." Another relative said, "Staff that have worked at the service a while really show a good understanding, they know [name of family member] so well."

Staff told us about the induction they received when they started their employment. They said that it was supportive and helped them to understand what their role and responsibility was. One staff member said, "I completed workbooks which were helpful, spent time at the head office and shadowed other more experienced staff."

Staff spoke positively about the ongoing training and support they received. They said that this was regular, supportive and informative. One staff member told us, "We seem to be doing training every other month. The positive behavioural support training I found really helpful, we've also covered diabetes and moving and handling. We have workbooks to complete which you learn from."

We found staff records confirmed staff had received an induction before they supported people. Staff had also regular opportunities to meet with the registered manager to review their work, training and development needs. This included an annual appraisal of their performance. This told us that staff received appropriate support that enabled them to effectively carry out their role and responsibilities. The staff training plan identified some gaps in staff training but this had already been identified by the registered manager and plans were in place to provide this training for staff.

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.

Staff demonstrated they understood the principles of the MCA and DoLS and gave examples of when they needed to act in people's best interests. One staff member told us, "We have a duty of care and sometimes have to act in people's best interest. However, we support people as fully as possible to consent to their care

and support."

We observed that staff gave people choices and explanation before support was provided. They waited for a response from the person that indicated consent had been given.

Most staff had received training on the MCA and DoLS and where this training was required by staff, plans were in place for them to complete this. We saw examples of where some people did not have full mental capacity to make some decisions and there were appropriate assessments and specific plans to direct staff to act in people's best interests. There were records to show that other people such as relatives or healthcare professionals had been involved in decisions. However, we saw one person's care records that did not show any MCA assessments had been completed. Through observation, talking with staff and looking at this person's care records it was clear that this person lacked mental capacity to make some decisions about their care and support. We spoke with the registered manager who said that they were in the process of completing these assessments and would complete them as a matter of priority.

People's care records showed that three people had a DoLS authorisation in place that restricted them of their freedom and liberty. The provider was adhering to these authorisations. This told us the provider was effectively protecting people's rights in accordance with the MCA and DoLS.

People were supported to eat and drink sufficiently and received a balanced diet based on their nutritional needs and preferences. People spoke positively about the food choices. One person told us, "You get a choice, if you don't like what's on offer you can have a substitute. Staff write down what you want."

Relatives said they were confident that their family member was supported appropriately with their dietary needs. One relative said, "[Name of family member] has diabetes, they know what they can and can't have but the staff provide support and encouragement."

Staff told us that people were involved in the development of the menu as far as possible and also with the food shopping. They demonstrated a good awareness and understating of people's dietary and nutritional needs. One staff member told us, "We support people to eat healthily." Staff showed a good understanding of diabetes and how they needed to support people with this healthcare need.

People's dietary and nutritional needs had been assessed and planned for. Nutrition plans had been developed to advise staff of people's needs. 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 to enable staff to monitor their weight so action could be taken if changes occurred.

People told us that staff supported them to maintain their health and this included attending health appointments. One person said, "We go to the doctors for check up's, I've had the flu jab and staff take me to the dentist and optician."

Relatives were positive that their family member was supported appropriately with their health care needs. One relative said, "Sometimes I choose to attend health appointments with [name of family member] and other times staff will support." Another relative said, "I'm confident the staff support [name of family member] to maintain good health. They support them on all appointments."

From care records we found people's health needs had been assessed and people 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.

Good

Is the service caring?

Our findings

People had developed positive and caring relationships with the staff that supported them. People spoke positively about the staff. One person said, "Some staff are good and some are not so good. That one there (pointing to a staff member) is really good, they're lovely." Another person told us, "I like all the staff, they're nice and lovely and some are excellent."

Relatives told us that there had been changes within the staff team and whilst there were new staff, they found them to be friendly and approachable. One relative said, "All the staff seem caring and they come across as friendly." Another relative told us, "What I've seen of staff I think that on the whole staff are caring. [Name of family member's] keyworker is excellent; I think they go above and beyond."

Staff were knowledgeable about people's individual needs, they spoke with compassion and had a clear understanding of what was important to people such as their routines. One staff member said, "I'm confident that all staff provide good care, a lot of staff do things out of work to benefit people. It's not about leaving work and forgetting, we really do care about people."

Staff told us how they tried to encourage and involve people as fully as possible in how they received their care and support. They told us of the different communication tools they used to support people with their communication needs. This included using simplified sign language and gestures. One staff member told us, "We become familiar with how people communicate; some people have no verbal communication so we pick up on non-verbal cues such as body language, gestures and different sounds people make."

We observed 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. People's care records included information for staff of what people's communication needs were. We noted that on one person's care record it stated the person used a form of communication known as PECS (Picture Exchange Communication System). However, when we discussed this with the registered manager they said the person no longer used this method of communication. We were aware that new staff had recently been appointed and may have been confused with this information. The registered manager acknowledged that information in people's care records was sometimes out of date and that care files needed to be reviewed.

We observed positive and caring interaction of staff with people who used the service. People looked relaxed within the company of staff. Not all people who used the service had verbal communication, when staff engaged with people they showed their pleasure of the attention staff gave by facial expressions and body language. People were included in what was going on within the service, choices were offered with respect of how people spent their time. We observed people's lunchtime experience. Some people required assistance from staff with their eating and drinking. We found staff were attentive when supporting people, they supported people at their pace and offered explanation of what they were eating and chatted to people in a warm and caring manner.

People told us that they had a keyworker. A keyworker is a member of staff that has additional responsibility for a named person. People told us the name of their keyworker and that they had meetings with them and other people who used the service where they were involved in discussions and decisions about the care and support they received.

Relatives said that they felt staff included people as fully as possible in planning the care they received. They also told us that they attended review meetings but felt communication at times could be better. One relative said, "I just feel that communication with the new manager is not as quite forthcoming as the previous manager." Another relative told us, "Whilst I'm invited to meetings, sometimes I feel decisions have already been made without my input."

Information was available for people about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager told us that no person was currently supported by an advocate but gave an example of when they had supported a person to access this service.

Staff told us about how they showed respect for people's privacy and dignity. One staff member explained how they were always discreet when assisting people with their personal care, encouraging people to keep parts of their bodies covered and keeping curtains closed until they were fully dressed. We observed staff knocking on people's doors before entering their room and taking steps to protect their privacy. Staff also told us how people's independence was encouraged and promoted. One staff member told us, "We encourage people to do as much as possible for themselves."

There were care plans that detailed the ways in which care should be provided in order to protect people's privacy and dignity and there was a record of whether the person had a preference for a male or female member of staff to support them with their personal care needs. We also noted that throughout people's care records staff were directed about promoting people's independence as fully as possible.

Relatives told us that there were no restrictions around them visiting their family member. One relative said, "I never say when I'm visiting, it's never a problem." Another relative told us, "I do tend to give notice of my visits, but if I'm passing I'll call in and it's okay."

The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Good

Is the service responsive?

Our findings

People who used the service received care and support that was personalised to their individual needs and in a way they wished to be supported. One person told us, "I go to bed when I want and get up when I want, it's my choice."

Relatives spoke on the whole positively about how the service responded to their family member's individual needs. However, one relative said, "It would be good if [name of family member] did more activities, I think they get bored and then they get anxious and behaviours occur." Another relative told us, "I know [name of family member] does go out but every time I visit they're in their room by themselves. I'm not sure if the staff just take them to the dining room to eat and then return them to their room."

From looking at care records we saw pre-assessments were completed before the person moved to Cherry Tree Lodge. Pre-assessments are important to ensure the provider can meet people's individual needs or if additional resources are required before the person moves to the service.

We found care plans contained detailed information regarding people's individual and diverse needs, their life histories and their preferences and routines that were important to them. We noted that care plans were presented in a pictorial format that supported people with their communication needs. Care plans were regularly reviewed by the registered manager or deputy manager. The care plan files contained a sheet for staff to sign to confirm they had read and understood this information. This told us that staff had the required information to provide a personalised and individual service.

Staff demonstrated that they knew what interested people by telling us about the specific activities, interests and hobbies people had and how they supported them with these activities. Staff told us that people's care records provided them with information that was important to them. One staff member said, "People's care plans provide guidance and information about how to support them. In addition we get to know people really well and what's important to them. Everyone is different."

Staff showed an understanding of people's needs, including people's support needs with regard to their religion or spiritual needs and wishes. An example was given about a person's religion whereby they required a particular diet. They also told us how they supported this person to participate in religious festivals.

Staff supported people to maintain continuing relationships and friendships and to participate in community activities. Some people attended community social activities that gave them an opportunity to spend time with friends. One person told us about a social group they attended and how this was important to them.

People told us that staff supported them to have an annual holiday. One person said, "We have a holiday each year, I'm not sure yet where I'm going." A relative told us that their family member was supported to go on holiday. They said, "Last September [name of family member] went to Blackpool for a long weekend."

On the day of our inspection one person was supported to attend the provider's head office where they liked to spend time with staff they were familiar with and helped with jobs. One person attended a community day service. One person was supported to go to the local pub in the afternoon and two other people were supported on a trip out to the local shops that included a drive. We saw there was a weekly pictorial timetable of activities on display that advised people of the activities available to them. The registered manager told us that whilst they liked to provide some structure to how people spent their time, this was flexible and changed dependent on people's needs and wishes.

In the afternoon of our inspection we observed a person supported by a member of staff to play board games; this included a table top football game that the person clearly enjoyed playing.

People received opportunities to share their views about the service they received. We saw records that showed meetings of people who used the service were arranged every month. People were asked about their choice of activities, holidays, new staff and anything that affected the service was discussed. We noted that at a recent meeting one person requested that toad in the hole was added to the choice of meals. We saw that this was cooked on the day of our inspection. In another meeting we noted there was a discussion that our inspection was due anytime and what people could expect to happen on the day of our visit.

People told us that they knew how to make a complaint and that they would not hesitate to do so if required. One person said, "I would talk to someone in charge I know who the boss is. I've spoken to them before about things like how noisy it gets and they sort things out."

Relatives told us that they were not aware of the complaints procedure but would discuss and concerns or complaints with the registered manager. One relative said, "I don't actually know what the procedure is but I wouldn't hesitate to speak with the manager and I'm sure it would be resolved."

People had information about how to make a complaint available and presented in an appropriate format for people with communication needs. The complaints log showed that three complaints had been received in the last 12 months. These had been responded to in a timely manner and all resolved.

Good

Is the service well-led?

Our findings

People we spoke with told that they were happy living at Cherry Tree Lodge and that they were supported to live their life as they wished.

Relatives we spoke with were positive that their family member received a good service that was based on their needs. One relative told us, "On the whole the service is good; staff are caring and attentive." Another relative said, "I think it's a good service, staff try their best."

A reoccurring comment relatives made was that they felt communication could have been better. One relative said, "I do feel that I'm not always informed of things that would be helpful to know. It can be difficult if I don't know the full facts." Another relative told us, "My only concern is the lack of communication I've sometimes experienced." We discussed this with the registered manager who told us that they were looking at ways of improving communication with relatives.

We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people. Staff demonstrated they understood the provider's vision and values. One staff member told us, "We try and provide like a second home for people. We're very fond of people we care for and do the very best we can to provide a homely service." Another staff member said, "We provide a flexible service based on people's needs and wishes."

We looked at the service user guide and statement of purpose that informed people of what they could expect from service. This included the provider's values and philosophy of care; we saw that staff acted in line with those values.

Staff were positive about the leadership of the service, the described the registered manager as, "Approachable, supportive, firm but fair." Staff said that the support they received was good and they felt valued and listened to. One staff member said, "We have regular staff meetings where we have an opportunity to raise any issues, concerns or make any suggestions." We saw staff meetings records that confirmed what we were told.

A whistleblowing policy was in place. 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. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

We found staff had a clear understanding of their roles and responsibilities and good communication systems were in place. Staff were observed to work well together as a team; they were organised, demonstrated good communication and were calm in their approach. We also found the registered manager was able to give clear answers to questions and produce information when needed. They were organised, showed good knowledge, confidence and were caring in their approach when interacting with people who used the service.

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, 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.

The registered manager told us how they had been working on developing positive links with neighbours. 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 they were in the process of sending out this information. They 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 had a variety of auditing processes in place that were used to assess the quality and safety of the service that people received. These audits were carried out daily, weekly and monthly and were effective to ensure that if any areas of improvement were identified, they could be addressed quickly. Audits in areas such as the environment, staff training and development and support plans were regularly carried out. This information was forwarded to the provider's head office to enable senior staff within the organisation to be fully aware of any issues, concerns and how the service was developing. In addition a further audit of the service was completed by another registered manager within the organisation. This told us that the provider had good systems and processes in place that constantly reviewed the service for any required improvements.

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 incident records were checked by the registered manager and sent to the provider's head office where the information was analysed for any patterns or triggers. This was supportive to the staff team and provided an additional check to ensure appropriate action had been taken.

We identified that some areas of the environment needed attention. This was in respect to the sofa in the lounge, a ground floor bathroom and the internal decoration. The registered manager told us that these areas of improvement had already been identified. After our inspection the registered manager sent us further details advising of the refurbishment plan with timescales of the expected work to be completed.