

Avenues South East Heathlands

Inspection report

Chequers Lane
Walton-on-the-Hill
Surrey
KT20 7ST

Tel: 01737817882
Website: www.avenuesgroup.org.uk

Date of inspection visit:
01 August 2017

Date of publication:
06 September 2017

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

Heathlands provides accommodation, personal care and support for up to six adults who have a learning disability. There were five people living at the home at the time of our inspection. The service is managed by Avenues South East and the property is owned by Southern Housing Group Ltd.

This inspection was carried out on 1 August 2017 and was unannounced.

There was a registered manager in place, who had taken up their post since our last inspection. 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.

At our last inspection on 7 April 2016 we identified three breaches of the Health and Social Care Act 2008 Regulations. People were not always supported to eat safely. Staff did not follow the guidance put in place by a speech and language therapist regarding one person's meals. People's changing needs were not always responded to in a timely manner. One person's behaviour had changed significantly but guidance for staff on how to support the person had not been reviewed or updated. There was insufficient managerial oversight of the home and records were not well organised.

Following our last inspection, the provider sent us an action plan setting out how they intended to make improvements and meet the regulations.

At this inspection we found the provider had taken action to address these concerns and to meet the relevant regulations.

People were supported to eat safely. People who had needs related to eating and drinking had been reviewed by a speech and language therapist since our last inspection. Staff were knowledgeable about the revised guidelines put in place by the speech and language therapist and followed these when supporting the person during our inspection. People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet.

There were guidelines in place for staff about how to provide the care and support people needed. Where necessary, referrals had been made to health and social care professionals to ensure that appropriate guidance was provided to staff.

The management oversight of the home had improved. Relatives and advocates told us the registered manager provided good leadership for the home and staff told us the registered manager had improved the support they received. The registered manager also managed another of the provider's registered care homes but demonstrated that this did not diminish their ability to manage Heathlands effectively. Records

were well organised, up to date and stored confidentially where necessary.

People were safe because staff understood any risks involved in their care and took action to minimise these risks. There were sufficient staff on each shift to keep people safe and meet their needs. Staff understood their roles in keeping people safe and protecting them from abuse. The provider carried out appropriate pre-employment checks before staff started work.

Medicines were managed safely. Accidents and incidents were recorded and reviewed to ensure any measures that could prevent a recurrence had been implemented. Staff maintained a safe environment, including appropriate standards of fire safety. The provider had developed plans to ensure people would continue to receive care in the event of an emergency.

People's care was provided by staff who knew their needs well and provided support in a consistent way. Staff had access to the induction, training and support they needed to do their jobs.

People's care was provided in line with the Mental Capacity Act 2005. Staff supported people to make decisions and respected their choices. Where people did not have the capacity to make decisions, relevant people had been involved in making the decision in the person's best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe

People's healthcare needs were monitored and they were supported to obtain treatment if they needed it. People who had ongoing healthcare conditions were supported to see healthcare professionals regularly.

People were supported by caring staff. Staff treated people with respect and maintained their privacy and dignity. People were encouraged to be independent and were supported by staff to learn and develop new skills.

Staff understood people's individual communication needs and supported people to give their views about their care. People had access to activities they enjoyed and had opportunities to enjoy an active social life.

People's needs had been assessed before they moved into the home to ensure staff could provide the care they needed. Where needs were identified during the assessment, a care plan had been developed to address them.

The provider had an appropriate complaints procedure, which explained how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. There had been no complaints since our last inspection.

The service was well led, with an open and inclusive culture. Staff shared important information about people's needs effectively. Team meetings were used to ensure staff were providing consistent care that reflected best practice. There was evidence of learning from events, including incidents and accidents.

The provider's quality monitoring checks ensured people received safe and effective care. Staff made regular in-house checks and the provider's area manager carried out a monthly audit. An action plan was developed to address any areas identified for improvement and incorporated into the home's continuous improvement plan.

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.

There were enough staff deployed on each shift to keep people safe and meet their needs.

People were protected from avoidable risks.

Staff understood safeguarding procedures and knew what action to take if they had concerns about abuse.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people would continue to receive care in the event of an emergency.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received consistent care from staff who knew their needs well.

Staff received appropriate training and support to meet people's needs.

People's care was provided in line with the Mental Capacity Act 2005 (MCA).

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and could choose what they ate.

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

People were encouraged to be involved in planning their care.

Is the service responsive?

Good ●

The service was responsive to people's individual needs..

People's care plans contained information about how they preferred their support to be provided.

Staff were aware of people's individual needs and preferences and provided care in a way that reflected these.

Staff responded well when people's needs changed.

People had opportunities to take part in activities that they enjoyed.

People knew how complain and felt confident they would be listened to if they had any concerns.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff had opportunities to contribute their views about the home.

Staff were well supported by the registered manager.

Team meetings were used to ensure people received consistent support and to reinforce important messages about practice.

There were systems in place to monitor the quality of the service and to address any issues identified.

Records relating to people's care were accurate, up to date and stored appropriately.

Heathlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 August 2017 and was unannounced. Due to the small size of the service, one inspector carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The registered manager had 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.

During the inspection we met all the people who lived at the service. Some people were not able to tell us directly about their experience due to their communication needs. We observed the support they received and the interactions they had with staff. We spoke with five staff, including the registered manager and deputy manager.

We looked at the care records of two people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and records relating to this. We checked staff recruitment records, minutes of staff meetings and records of staff training and supervision. We looked at records used to monitor the quality of the service, such as health and safety checks and the provider's audits of different aspects of the service.

After the inspection we spoke with two relatives by telephone to hear their views about the care their family members received. We also received feedback by email from two independent advocates who supported people at the home.

Is the service safe?

Our findings

Relatives were confident their family members were safe at the home. They told us there were always enough staff available when they visited to provide their family member's care. Advocates said staff knew how to provide the support people needed in a safe way. They told us staff understood their client's needs and any risks involved in their care. One advocate said, "I am satisfied that my client is safe and well cared for."

There were enough staff on duty on each shift to meet people's needs and keep them safe. The rota was planned to ensure that staff were available to support people to take part in activities and access their community. Staff told us there were always enough staff available to ensure that people were supported in line with their care plans. During our inspection we observed that staff were available when people needed them and that people did not have to wait when they needed support. Staff were on duty 24-hours a day and had access to on-call management support at all times.

People were supported to exercise control over their lives in a safe way. Risk assessments had been carried out to keep people safe while supporting their independence and strategies were in place to minimise risks. Staff understood the importance of supporting people to take manageable risks and were aware of the risk management plans in place to support each person. Advocates told us staff used risk assessments to identify and manage any risks to their clients. One advocate said, "There are appropriate risk assessments in place to support my client. Her health and well-being are appropriately managed."

Accidents and incidents were recorded and reviewed to identify any changes in people's support needs. There was a 'missing person' profile for each person and a protocol for staff to follow if people went missing. The provider had developed a business contingency plan to ensure that people would continue to receive their care in the event of an emergency.

People lived in a safe, well maintained environment. Staff carried out regular health and safety checks and the provider maintained appropriate standards of fire safety. A fire risk assessment had been carried out and reviewed within the last 12 months and the fire detection system was serviced regularly by an engineer. Staff attended fire safety training in their induction and were briefed on the home's emergency procedures. Fire drills were held regularly and each person had a personal emergency evacuation plan, which recorded the support they would need in the event of a fire.

The provider had robust recruitment procedures, which helped ensure that only suitable staff were appointed. Applicants were required to submit an application form detailing their skills and experience and to attend a face-to-face interview. The provider carried out appropriate pre-employment checks, including obtaining proof of identity, proof of address and written references. Staff were also required to obtain a Disclosure and Barring Service (DBS) certificate before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff had attended safeguarding training and were aware of their responsibilities should they suspect abuse

was taking place. Minutes of staff meetings demonstrated that the registered manager had reminded staff of their responsibility to report any concerns they had about potential abuse. Staff were able to describe the different types of abuse people may face and the action they should take if they witnessed abuse. They told us they knew how to report any concerns they had, including escalating concerns outside the home if necessary. Accessible information had been provided to people living at the home about what to do if they felt unsafe or at risk.

People's medicines were managed safely. Staff responsible for administering medicines had attended medicines training and their competency had been assessed. Each person had an individual medicines profile, which contained information about the medicines they took and any potential risks associated with their medicines. Where people had been prescribed medicines 'as required', there were protocols in place to guide staff about when these medicines should be used.

Medicines were stored securely and there were appropriate arrangements for the ordering and disposal of medicines. Medicine administration records were clear and accurate. Staff carried out stock checks at handovers and medicines audits were carried out to ensure medicines were being managed safely.

Is the service effective?

Our findings

At our last inspection we found people were not always supported to eat safely. Staff did not follow the guidance put in place by a speech and language therapist regarding one person's meals, which meant the person was potentially at risk of choking.

At this inspection we found that action had been taken to address this issue. A speech and language therapist had reassessed the person's needs around eating and drinking since our last inspection. The speech and language therapist had drawn up guidelines for staff about how to support the person safely, including positioning when eating, any equipment required and any modifications to the texture of their meals. Staff were knowledgeable about the guidance put in place by the speech and language therapist and we observed that they followed these guidelines when supporting the person to eat during our inspection. Another person had been assessed by a speech and language therapist as needing thickeners in their drinks to prevent aspiration. We observed that staff ensured thickener was added to the person's drinks during our inspection. A third person had been referred to a speech and language therapist due to their eating and drinking needs and an assessment was scheduled in the week of our inspection.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. The menu was planned to meet people's individual dietary needs and preferences. The menu was discussed at residents meetings and staff encouraged people to contribute to the menu. Staff knew people's likes and dislikes and used pictures to offer people choices based on their preferences. Relatives told us that their family members enjoyed eating out occasionally and said staff supported them to do this.

Staff had the skills and knowledge they needed to support people effectively. Relatives told us staff knew how to provide the support their family members needed and advocates said staff were well trained. One advocate told us, "They appear to be competent and well trained." Staff told us they received the support they needed to do their jobs. They said they met regularly with a senior member of staff for one-to-one supervision at which they were given feedback about their performance. Staff told us supervision sessions were useful and that they were encouraged to discuss their training and development needs.

Staff had access to the training they needed to carry out their roles. All staff had an induction when they started work, which included shadowing an experienced colleague to understand people's needs and how they preferred their support to be provided. The induction included familiarisation with people's individual support plans and the provider's policies and procedures. Staff also attended elements of core training in their induction and had access to refresher training to keep their skills and knowledge up to date. Core training attended by staff included health and safety, first aid, infection control and moving and handling.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to express their views and their rights were respected. Staff encouraged people to make choices and supported their decisions about their care and support. We observed during the inspection that staff promoted decision making and respected people's choices. Staff had arranged for two people to be supported by independent advocates in expressing their views. Advocates confirmed that staff respected people's rights and choices about their support. One advocate told us, "Clients' rights are respected. Care staff always allow the clients to make their own choices." Another advocate said of the person they supported, "I am satisfied that her rights are respected."

Staff had attended training in the MCA and DoLS and understood how to apply the principles of the MCA in their work. The registered manager understood the requirement to ensure appropriate procedures were followed and recorded when people's mental capacity was being assessed and decisions taken in their best interests. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to maintain good health and had access to the healthcare services they needed. People told us they were able to see their doctor and other healthcare professionals when they needed to. Relatives said staff had always responded appropriately if their family member had become unwell. One relative told us, "When he was taken ill, they were marvellous. They kept me informed and they made sure someone stayed with him at the hospital."

People's healthcare needs had been assessed and support had been planned to meet any needs identified. Some people had healthcare conditions that required regular monitoring by healthcare professionals, such as epilepsy or asthma. There was evidence that these conditions were being managed effectively and that people were supported to attend monitoring checks. An advocate told us, "Care staff are very effective. Any issues are always reported to the necessary professionals as well as my client having a health action plan which records all health appointments."

All the people living at the home had access to annual health checks and a Health Action Plan had been created for each person. Health Action Plans contained clear, accessible information about people's healthcare needs and detailed the support the person needed to maintain good health. Each person also had a care passport, which contained important information for medical staff should the person require admission to hospital. Care passports included the person's medical history and details of their needs in relation to personal care, communication, eating and drinking and medicines.

Is the service caring?

Our findings

People were supported by kind and compassionate staff. One person said of the home, "I like it. It's good." Relatives told us their family members enjoyed living at the home and had established positive relationships with the staff. One relative said, "He is happy and contented. The staff are lovely. I'd give them top marks." Another relative told us, "She is happy. She thinks of it as her home. The staff are kind. They are very caring, genuine people. I can't fault any of them." Advocates reported that staff treated their clients with kindness. One advocate told us, "While supporting my client, care staff have always been caring and provide a great service."

Relatives told us the friendly atmosphere was an aspect of the home that benefited their family members and advocates said staff were friendly and welcoming. One relative told us, "There's a homely feel to the place." Another relative said, "It's a smashing place. The staff are very friendly." An advocate told us, "Care staff are very warm and welcoming." The atmosphere in the home during our inspection was relaxed and welcoming. Staff spoke to people in a respectful yet friendly manner and it was clear that people had developed positive relationships with staff. Staff were proactive in their interactions with people, making conversation and sharing jokes.

People were supported to maintain relationships with their friends and families. Relatives told us they could spend time with their family members whenever they wished and were made welcome by staff when they visited. They said they were invited to events at the home. Staff had supported people to buy cards and presents for their relatives for events such as birthdays, Easter and Christmas. People's spiritual needs were met. Staff were aware of people's religious and spiritual needs and one person was supported to attend church on a weekly basis.

People received their care from a consistent staff team. Staff told us that vacancies due to leave or sickness were usually covered by permanent staff, which meant agency staff were rarely used. Staff said that if they did need to use agency staff, they were able to request a member of agency staff who had worked at the home previously. This meant that people were supported by staff who were familiar to them and who understood how they preferred their care to be provided. Staff spoke with enthusiasm about their roles and the people they supported. They told us they enjoyed working with the people they cared for and enabling them to live their lives as they chose. One member of staff said, "You come into this job to make a difference." Another member of staff said, "This home is perfect for [people], I love it."

People were supported to be as independent as possible. Advocates told us staff encouraged people to be independent and that their clients had benefited from the encouragement of staff. One advocate said, "Care staff promote my client to be as independent as possible." Staff described the areas in which they supported people to be more independent. These included managing their own laundry and planning and preparing meals. Staff told us one person enjoyed baking and being involved in meal preparation. A member of staff supported the person to bake a cake during our inspection, which they then shared with other people at the home. The person was then supported by staff to peel potatoes for the evening meal.

Relatives told us that their family members could have privacy when they wanted it and that staff respected their decisions if they chose to spend time alone. Staff understood the importance of respecting people's privacy and dignity and we saw them attending to people's needs in a discreet and professional manner.

Staff encouraged people to contribute their views about their care. They understood people's individual communication needs and recorded their views at keyworker meetings and residents meetings. Staff also sought the views of relatives and advocates when planning people's care and support. People's preferences about their care were recorded, including their wishes about their care and treatment at the end of their lives. Staff had sought the input of people's families and advocates when establishing these preferences.

Is the service responsive?

Our findings

At our last inspection we found that people's changing needs were not always responded to in a timely manner. One person's behaviour had changed significantly but guidance for staff on how to support and respond to the person had not been implemented.

At this inspection we found that action had been taken to address this issue. There were detailed guidelines in place for staff about how to provide the support people needed in each area of their lives. Where necessary, referrals had been made to health and social care professionals to ensure that appropriate guidance was provided to staff about the care people needed. Staff discussed the guidelines about people's care at team meetings to ensure they provided support in a consistent way. Each person had an annual review of their care, which assessed whether their needs had changed. Where reviews identified that people's needs had changed, guidelines about their care were adapted to meet their needs. People's relatives, advocates and local authority care managers were invited to reviews to ensure that the views of all relevant people were taken into account.

People's needs had been assessed before they moved into the home to ensure staff could provide the care and support they needed. Assessments also explored aspects of people's lives that were important to them, such as interests and hobbies, and recorded their strengths and achievements. Where needs had been identified through the assessment process, a care plan had been developed to address them. The plans were person-centred and provided information for staff about how to provide support in the way the person preferred. People's plans were reviewed regularly to ensure that they continued to reflect their needs.

Each person had an allocated keyworker, whose role was to support the person to stay healthy, to identify goals they wished to achieve and to express their views about the care they received. This meant that each person had a member of staff who took a particular interest in their progress. People met with their keyworkers regularly to review progress towards any goals identified and to seek the person's views about their support.

People had opportunities to take part in activities and to access their local community. Relatives and advocates told us people enjoyed the activities they took part in and had benefitted from trying new activities. One advocate told us, "The level of care and support at Heathlands provides [person] with good and regular access to the community such as eating out, music/art/sensory therapy, bingo, theatre, massage, manicures and shopping. In the knowledge that she enjoys massage the home recently bought her a foot spa for her to enjoy. She has enjoyed day trips to places such as Littlehampton and Kingston to see the Christmas lights. She has an annual holiday."

The registered manager told us staff supported people to take part in activities they enjoyed and to try new activities. The registered manager said, "We try to get a balance of established activities and trying new ones." Staff told us one person had been to the cinema for first time the previous week and enjoyed the experience. The registered manager said staff had recently arranged opportunities for companion cycling for people who wished to try this.

Some people attended day services, such as a horticultural project, and staff had arranged activities based on people's individual interests. For example staff had taken one person to a horse racing event. People could take part in sessions provided at the home by visiting activity providers. Practitioners from an organisation that offered opportunities for people with profound learning disabilities and complex needs visited on the day of our inspection and people chose to take part in the session. Staff told us a musician visited the home each week to provide a music session. People were involved in their local community. Staff told us that people used local pubs, shops and restaurants and participated in the annual village pageant.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. People and their relatives were issued with information about how to make a complaint. None of the relatives or advocates we spoke with had made a complaint but all said they would feel comfortable raising concerns if they were dissatisfied. Relatives and advocates said they had always been able to speak with the registered manager if they had any concerns or wished to discuss people's care. One advocate told us, "There has never been any cause of concern. Any issue has always been dealt with appropriately." We checked the complaints record and found that no complaints had been received since the last inspection.

Is the service well-led?

Our findings

At our last inspection, the provider had not ensured that consistent management support was available to people and staff. The lack of consistency in supporting people with behaviour management and inconsistent record keeping demonstrated a lack of managerial oversight.

At this inspection we found that action had been taken to address this issue. A new manager had been appointed and registered with CQC since our last inspection. Relatives and advocates told us the registered manager provided good leadership for the home and communicated well with them. They said the registered manager knew the people living at the home well and understood their needs. An advocate told us, "From my perspective the home is well managed."

Staff told us the registered manager had improved the leadership of the home and the management support they received. They said the registered manager had introduced a culture of continuous improvement in which staff were encouraged to contribute their ideas. One member of staff told us, "She supports staff. She is very consistent." Another member of staff said, "She is always looking to improve how we do things."

One member of staff told us the registered manager had made "positive changes" since taking up their post. The member of staff said these changes had included the refurbishment of the home, which meant people now lived in a more attractive environment, and the training provided to staff. Another member of staff told us, "She knows the residents well." A third member of staff said, "She supports the residents' health and well-being."

The registered manager also managed another of the provider's registered care homes but demonstrated that this did not diminish their ability to manage Heathlands effectively. Both the homes managed by the registered manager had a full-time deputy manager. The deputy manager at Heathlands said they worked closely with the registered manager to ensure the home was well run. The deputy manager told us, "We work closely together. She briefs me. She works hard to support this home." The registered manager said of the deputy manager, "We work well together."

The standard of record-keeping was good and people's personal information was kept confidential. Staff maintained accurate records for each person that provided important information about their needs and the care and support they received. The registered manager had established effective links with health and social care professionals to ensure people received well planned care that met their individual needs. The registered manager had informed CQC and other relevant agencies about notifiable events when necessary.

Staff communicated important information about people's needs effectively. Staff beginning work were given a handover from staff who had worked the previous shift. The handover kept staff up to date with any changes in people's needs or how their support was provided. There was a plan in place for each shift, which ensured accountability for the completion of all tasks. Staff said they worked well together as a team and that they supported one another to ensure people's needs were met.

All staff were expected to read the communication book at the beginning of each shift to make themselves aware of any updates or changes to people's care. The registered manager used the communication book to remind staff about important issues related to people's support. For example the registered manager had used the communication book to remind staff to implement the heatwave plan during recent hot weather. This included ensuring people were dressed appropriately if they went out, with hats and sunscreen, and encouraging people to drink to stay hydrated.

Staff met regularly as a group to discuss the needs of the people they supported and to ensure they provided care in a consistent way. We saw that the registered manager encouraged staff to reflect on incidents that had occurred and to identify measures to prevent similar incidents recurring. For example the May 2017 meeting was used to discuss a fall and the actions that had been taken to reduce the risk of the person suffering further falls. These actions included seeking advice from a healthcare professional to identify any underlying medical issues and developing an support plan to prevent further falls. The June 2017 meeting was used to discuss a medicines incident in which stocks of topical medicines (creams) ran out. Staff investigated how the incident had occurred and recorded the measures put in place to prevent this happening again in the future.

People, their relatives and advocates had opportunities to contribute their views about the home. Relatives and advocates told us their feedback about the care people received was listened to and acted upon. Staff supported people to have their say at regular residents meetings. People were asked about the support they received, activities they would like to try and the home's menu. People had been encouraged to contribute to choosing the new décor when the refurbishment was planned. Where people were unable to communicate their views verbally, staff had recorded their reactions to the information and options presented to them.

There was an effective quality monitoring system in place. The deputy manager carried out a monthly health and safety audit to ensure people lived in a safe environment. The health and safety audit checked that risk assessments were up to date and that any accidents or incidents had been appropriately recorded. The health and safety audit also checked standards of fire, electrical, gas and water safety. The management of medicines was audited regularly and any equipment involved in people's care, such as wheelchairs, slings and hoists, was checked and serviced regularly.

People's finances were audited regularly and the deputy manager carried out a monthly information governance audit, which checked that people's care records were clear, appropriately recorded and stored appropriately. The provider's area manager carried out a monthly service audit. An action plan was put in place to address any areas identified for improvement and incorporated into the home's continuous improvement plan. Examples of improvements made as a result of audits included reviewing people's moving and handling assessments to ensure best practice was being followed and the accessibility of information provided to people about their care.