Sanctuary Care Limited

Bartley Green Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 8 and 9 November 2016 and was unannounced. The service was previously inspected in October 2015. During that inspection breaches of legal requirements were found. The issues identified that the provider did not have suitable arrangements to ensure the proper and safe management of medicines and did not have effective systems in place to assess, monitor and mitigate the risks to health, safety and welfare of people who used the service. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. The provider took action and at this inspection we found improvements had been made.

Bartley Green Lodge is registered to provide care and support for up to 47 older people who have needs relating to their age or dementia. Nursing care is not provided. On the day of our inspection there were 43 people at the home and one person was in hospital.

The registered manager was present during our 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.

People told us that they had no concerns about their safety. People were supported by staff who had received training on how to protect people from abuse. Risk assessments had been completed to minimise the risk to people but guidance for staff was not easily accessible within some care records. There were appropriate recruitment process in place. People told us that there were adequate numbers of staff on duty to meet their personal needs. The overall management of medicines had improved but we found some of the audits had not identified shortfalls.

People were supported by staff who received regular training to enhance their skills and knowledge. Staff were able to give an account of what a Deprivation of Liberties Safeguard (DoLS) meant for people subject to them; however they were not clear about which people were subject to an authorised DoLS. People told us they were supported to express their opinions about the meal choices. Staff were knowledgeable about how to support people to maintain good health and accessed professional healthcare support for them when necessary.

People told us and we observed that staff were kind and compassionate in the way they supported and cared for people. People were given support to make their own decisions about their individual care and support needs. People told us that staff respected their privacy and dignity.

People told us that they were involved in the planning of their care and support needs. Staff were knowledgeable about people's personal preferences and what was important to them. Activities on offer to people were available for people based on group and individual preferences and abilities. There was a complaints procedure in place, but concerns and suggestions raised had not always been responded to and

used to continually improve and develop the service provided.

All the staff we spoke with said that the registered manager and the deputy manager were supportive and approachable. The registered manager had continued to make improvements so that the home supported people who lived there well. The registered provider had developed and used a variety of systems and audits to ensure the service being offered was safe and good quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The management of medicines had improved, but some people could not be sure they their medicines would be administered as prescribed. Medicine audits had not identified some of the shortfalls we found.

Staff knew how to keep people safe, but some risk records were not always easy to find in care plans.

People were protected from abuse by staff who understood their responsibilities to safeguard people they were supporting.

Is the service effective?

Good

The service was effective.

People told us that staff had the appropriate knowledge and skills to support them.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights.

People were happy with the meals offered and were supported to make choices.

Is the service caring?

Good

The service was caring.

People told us they received care and support from staff that were kind and compassionate.

People were supported to express their views about their individual care and support needs.

People's privacy and dignity was respected and people's independence was promoted.

Is the service responsive?

Good

The service was responsive.

We saw and people told us that care was delivered in line with their expressed preferences and needs.

People participated in activities that encouraged them to maintain their hobbies and interests.

Formal complaints that had been identified were taken seriously and responded to.

Is the service well-led?

Good

The service was well-led.

People expressed confidence in the registered manager and told us they contributed to the running of the home.

Staff told us they felt well supported by the registered manager who was approachable and listened to their views.

There were systems in place to monitor the quality of the service offered.

Bartley Green Lodge Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 9 November 2016 and was unannounced. The inspection team consisted of two inspectors on the first day and one inspector and an expert by experience on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We asked the local authority and Health Watch if they had any information to share with us about the care provided by the service. As part of our inspection we also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During the inspection we met and spoke with eight of the people who lived at the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with 10 relatives of people and two visiting health professionals during the inspection. In addition we spoke with the registered manager, the district manager, the deputy manager, the chef, one senior care assistant, seven members of care staff and one activity co-ordinator.

We sampled some records including four people's care plans, the medicine management processes and the providers systems for staffing, training and for the monitoring and improving the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2015 we found that medication systems needed to be improved to make sure people received their medication as prescribed and recruitment checks were not robust enough to reduce the risk of unsuitable staff being employed. At this inspection we found that these issues had improved and regulations were being met.

A member of the CQC medicines team reviewed the management of medicines, including the Medicine Administration Record (MAR) charts for 15 people. We also observed three carers giving medicines to seven people during the day. Medicine was stored safely in locked trolleys in a locked medicines room. Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were stored securely and recorded correctly. Medicine that had a short expiry date once opened was always dated to ensure that staff knew how long the medicine could be used for.

Some people that take medicine only when required had clear protocols in place to provide staff with enough information to know when the medicine was to be given. However, we saw that this information was missing for a few people, which meant people might not always be given their medicine consistently, and at the times they needed them.

Some people had to have their medicine at particular times. We saw that staff made sure that these people had their medicines when they needed them and not at set administration times. This was a very person centred approach. Records showed people were given their oral medicines as prescribed. We looked at the additional records for people who were using medicinal skin patches showing where the patches were being applied to the body. However, the patches were not being applied and removed in line with the manufacturer's guidance and this could result in unnecessary side effects.

Carers applied prescribed creams to people's skin. There was information available for staff on where and how often some of the creams should be applied. However, records of administration showed that people were not always getting their cream as prescribed. A person's skin may become dry and sore if creams are not applied as often as the doctor intended.

We asked for an error log of medicines incidents but we were only shown one significant event involving medicines. There was no recent evidence of reporting, shared learning or meaningful action plans in response to near misses or less significant errors. Staff that were handling and administering medicines had received training and regular competency checks.

People spoke positively about the safety of the service. One person said, "I feel safe, the company here makes you feel safe." A relative we spoke with told us, "My mum is safe here. I have peace of mind as she wasn't so safe when living on her own." Staff told us that they had received training in how to keep people safe and said they had been provided with relevant guidance. One member of staff said, "I've had some moving and handling training and we had a booklet to keep."

One person who lived at the home told us that they had been spoken to inappropriately by another person who lived at the home and this had upset them and said, "I complained to the manager [and] she spoke to [name of person] and they apologised. It hasn't happened again." People could be confident they were safe and protected from abuse because they were supported by staff who understood their responsibilities to keep people safe. Staff we spoke with described signs and symptoms of abuse and knew who to contact to report any suspicions of abuse. One member of staff told us, "If I saw any abuse, I would whistle-blow immediately to my manager or to CQC [The Care Quality Commission]." A relative said, "I come regularly and I have never seen anyone shouting or being abusive ever." Discussions with the registered manager identified that when an incident had occurred they had informed the appropriate authorities and took prompt action to protect the person from the risk of further harm.

Staff we spoke with were knowledgeable about the risks presented by people's specific conditions and described how they managed those risks. Most care plans we reviewed contained guidelines and risk assessments to provide staff with information that would protect people from harm. However, we found on some occasions the records were not organised for easy access. Whilst this did not have an impact on the safety of people, an effective system would help to ensure that all risks identified were easily available for staff to access.

During our inspection we saw that some people living at the home required the support of staff and specialist equipment to help them move. Whilst staff were able to describe how they use specialist equipment, peoples' risk assessments did not always contain clear guidance for staff to follow. The registered manager rectified this issue before we concluded our visit. We observed staff using safe practices, using the correct piece of equipment and took great care to communicate to people to ensure they received reassurance and encouragement.

The registered provider had emergency procedures in place to support people in the event of a fire. Staff described the actions they would take to ensure people were kept safe from potential harm. One member of staff said, "There is an emergency grab and go bag by reception that contains all the necessary information and phones to use if there is a fire." Accidents and incidents were recorded and up to date. Records were analysed by the registered manager to identify any trends or patterns to prevent further possible reoccurrences. Staff and records confirmed that they had received first aid training. Staff we spoke with gave us a clear account of what they would do in a certain emergency to ensure people received safe and appropriate care in such circumstances. The registered manager advised us that they use hospital transfer forms which contained relevant information about people should they have to go to hospital. This would ensure other health professionals were aware of how to meet people's individual needs and keep them safe.

The registered manager had established how many staff were needed to meet people's care needs. People we spoke with told that there were enough staff on duty to support them. One person who lived at the home told us, "You don't wait long if you ring your bell [call alarm system]." A relative said, "There has been a big improvement in staff numbers in the last six months since the new manager came, no agency staff now they [the staff] are not as stressed." Staff were generally happy with the staffing levels and told us that they have enough time to provide the care and support that people needed. We saw there were enough staff on duty to respond to people's individual needs and that they were attentive when support was requested.

All prospective employees were checked through a robust and comprehensive recruitment process. Staff files we reviewed contained reference checks and checks with the Disclosure and Barring Service (DBS). Staff told us that these checks had been undertaken before they started to work at the home. A member of staff we spoke with told us, "I've not been here very long. I had to provide two references and have a DBS check. I

can't do any personal care until I have done moving and handling training." This ensured staff would be recruited safely and ensured risks to people's safety were minimised.

Good

Is the service effective?

Our findings

People told us that they were supported by staff who had skills and knowledge to support them safely. A person we spoke with told us, "Staff know what they are doing." One relative told us, "Staff are 'on the ball' here."

Staff told us that they were given training to support their development to enable them to provide appropriate care and support to people. A member of staff said, "We are supported with training and given plenty of opportunity." Training records showed that staff had completed varying levels of recognised qualifications in health and social care to meet people's current and changing needs.

All the staff we spoke with spoke positively about the support and supervision they received from the management team. The benefit to the people using the service of staff having the relevant support is that is provides an opportunity for staff to reflect on their practice. Discussions with the registered manager identified that whilst they did observe staff interacting with people in the workplace there was no evidence of any competency assessments being carried out.

Staff we spoke with told us that they received an induction programme when they first started to work. A newly appointed member of staff told us that they had shadowed a particular member of staff and said, "I can't work on my own until I have completed all necessary training." Staff records we sampled had documentary evidence to demonstrate that the registered provider used the Care Certificate [a nationally recognised induction programme for new staff]. This meant staff were provided with the appropriate skills to carry out their roles and responsibilities effectively.

Staff we spoke with told us that communication was effective within the team. We saw and records confirmed that handovers were an important part of the running of the home to enable staff to provide the best possible outcomes for people. The provider had suitable management on-call rotas in place to support staff when they required advice and guidance.

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. We found that people who did not have the mental capacity to make decisions for themselves had their legal rights protected because the staff had received appropriate training and were aware of the principles of the MCA.

People who lived at the home told us that staff got their consent before supporting them care and support. One person told us, "Staff always ask if I'm okay before helping me." We saw that staff supported people in a way that reflected the principles of the act. For example, we saw a member of staff asking consent from a person in relation to receiving their annual flu jab. One person declined this and we saw that this was respected.

We saw in one person's care plan that they used a specific piece of equipment that may restrict their movement. We did not see evidence that the person had given consent for this equipment to be used. However, the registered manager had established that the person lacked capacity and describe how they had made a best interest decision for the person. Records demonstrated that multi-disciplinary meetings had taken place involving people, their relatives and health and social care professionals identifying clear outcomes to support the person.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. All the staff we spoke with were aware of the reasons behind the deprivation of the person's freedom and understood it was unlawful to restrict people's liberty unless authorised to do so. However, some staff we spoke with were unclear about which of the people using the service had an authorised DoLS and those who were awaiting assessment. The registered manager agreed to rectify this by speaking with all the staff regarding the current progress of any DoLS applications. In addition they said they would update individual care plans in relation to how staff should adhere to the authorisations in place.

People were supported to eat and drink meals that they enjoyed. People told us they had enough food. One person said, "The food is good. If there is something I don't like the chef will cook something different for me." A relative we spoke with said, "The food is marvellous and the cupcakes are beautifully made." People told us and we saw that people could access snacks and drinks independently throughout the day. We spoke with the chef who told us that the menus were flexible to meet the needs and preferences of people and said, "Every day I go out on the floor [communal areas] and ask people if they have enjoyed their food." Culturally appropriate meals were provided for people when required. One relative told us, "There is a good balance of food to meet cultural preferences; for example, Shepherd's pie one day and then Jerk chicken and rice the next. I'm really pleased." We saw the minutes of a residents meeting and saw meals were spoken about, this included menu choices and options. Staff we spoke with knew which people needed special diets and we saw there was appropriate information in care records relating to people's individual eating and drinking support needs.

We observed staff supporting people with their meals and this help was accepted by a number of people. We saw that one person was unable to eat or drink without assistance and a member of staff supported them to eat. We observed that when the staff member did support the person it was very task focused. For example, the member of staff did not engage in any conversation with the person. We brought this to the attention of the registered manager who advised that would address this concern following our inspection.

One person we spoke with told us, "The carer [member of staff] will always fetch the senior if they are worried about anything." A relative told us "The doctor and the district nurse visit, if necessary and they [the staff] always inform me about it." A visiting health professional told us staff were proactive in seeking advice from them if they were worried about people's health or wellbeing and that staff followed their instructions to enable them meet people's needs. We saw the home had good links with other health professionals and records we sampled showed that people had regular foot care, optician and dental care visits. This meant people were supported to maintain their health.

Good

Is the service caring?

Our findings

People who lived at the home consistently told us that staff had a caring attitude; this view was also shared by people's relatives and friends. A person who lived at the home told us, "I can't praise them [the staff] enough they are friendly chatty they always have time to talk." A relative said, "Staff are kind and always willing to help."

We saw staff approached people in a friendly and respectful way and understood people's individual communication methods. One relative explained a specific way that staff communicated with their relative and we observed this in practice. This meant people were supported to express their views. At the time of our inspection one person had access to advocacy support. Advocates are trained to support and enable people to make decisions. We saw there was information available relating to advocacy services. This meant all people were supported to express their views and supported to make decisions.

People told us and records showed that the registered manager asked people how they liked to be cared for and supported. We saw staff asking people what they wanted them to do. One person told us, they could get up and go to bed when they wanted to and said, "If I want a lie-in that's my choice." Another person told us, "Sometimes I need more air at night so I go and sleep in the lounge in a chair they [the staff] will open the window and fetch me a blanket." We saw people had been supported to make decisions in all aspects of their daily life. This included decisions about funeral arrangements or whether people wished to be resuscitated. This demonstrated people had been given choices and had made their own decisions about things that were important to them. We saw that regular reviews took place with people and their families to ensure their care remained relevant to them. Care plans were developed with the person and their relatives to identify the person's likes, dislikes and individual preferences. Staff we spoke with had a good appreciation of people's rights. One member of staff said, "People have got the right to say how they feel, if they want more to eat, the right to complain, the right to choose their own clothes and move things around in their room."

Staff told us they treated people with kindness and empathy. For example, we saw people carrying items of importance to them, which gave them great comfort and staff respected this. We saw staff gave people the time to express their views and listened to what people said. One member of staff told us, "There are no routines here. People live their lives as they wish." We saw staff speaking to people by kneeling so they were at their level and giving people choice about their meals.

During most of our inspection we saw that people's privacy and dignity was respected. One person we spoke with told us, "They [the staff] always knock on the door when they bring my paper." Staff gave examples of how they ensured people's privacy and dignity were maintained; for example shutting doors when they were delivering personal care and covering people's legs when they were being hoisted. Whilst we observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way we observed one instance where a person's dignity was compromised during a moving and handling transfer. This was brought to the registered manager's attention who advised that the incident would be addressed following this inspection.

People told us they valued their own independence and that staff respected this and encouraged it. We saw people were supported to maintain their independence. For example, we saw people who lived at the home engaged in household tasks which included, setting the tables for meal times and washing up. One person said, "You can have a shower when you want. I have a special chair in there now so I can be independent." Another person told us, "I'm very independent; I do all my own personal care and make my own drinks."

We saw that people spent time in their room if they wanted and people were offered the choice of having keys to their bedrooms. This supported people to retain their privacy. One relative told us, "Mum prefers her own space and this is just respected by the staff who work here."

People told us their family and relatives could visit at any time. We saw there were no restrictions on visiting times. One person said, "Family can visit me whenever they want to." A relative told us, "We can visit whenever we want to, you never feel in the way."

Good

Is the service responsive?

Our findings

People we spoke with told us that they had been involved in the assessment of their needs prior to them moving into the home. One person told us, "The manager came to meet me whilst I was in hospital." Care plans we sampled contained information that was personal to the person, this included people's likes and dislikes and how they liked their needs to be met. For example, one person's care plan identified that the person enjoyed reading and noted their favourite author they liked to read. One person who lived at the time told us, "I attend residents meetings to discuss if everything is okay."

A member of staff told us that the home had recently introduced 'A resident of the day' which involved the reviewing of the person's care plan. We saw that people's care plans were reviewed on a regular basis but it was not always clear what had been discussed and who had contributed to the review. The registered manager advised us of their intentions to rectify this following our inspection. Staff we spoke with were knowledgeable about people's care needs. Staff were able to give detailed explanations about people's needs as well as their life history and likes and dislikes.

The registered manager told us that it was important that people were offered the choice to continue their preferred religious observance if they wanted to. People's diverse needs were understood and respected. One person told us that they were unable to go out to the religious service of their choice but said they were happy with the local vicar who came into the home on a weekly basis. One relative we spoke with told us how important their relative's religion was to them and told us that they were pleased that the home was culturally diverse and said, "The home have arranged for a faith group to come in and visit [name of relative] and they really enjoy this." Records we sampled highlighted that people had been asked about their individual religious needs.

The environment supported people living with dementia. Signage was present throughout the home to help people find their way to lounges and toilets and their own bedrooms. There were points of interest for people in various places within the home. Staff we spoke with told us about the themed corridors and the 'doll therapy' area. These had been specifically designed to support people living with dementia. A relative of a person living at the home told us, "I am happy mum is here its very dementia friendly, I couldn't wish for nicer staff to look after her."

On the day of our inspection we saw that people were occupied and supported on an individual basis and within groups. For example we saw the activity co-ordinator supporting a person to walk to the local shops and we saw arts and crafts sessions being provided. One person told us, "I have a daily newspaper delivered and love the crossword….it keeps my brain ticking over." Some people we spoke with told us that they would like to go out in their local communities more. One relative said, "It would be really good if the home supported people to go on more day trips." We discussed this with the registered manager who advised us that day trips were being planned following requests from people. This would help to prevent people becoming socially isolated. The registered manager described an initiative that had been introduced called the 'Together for 10'. We saw that periodically throughout the day, all staff stop what they are doing and sit down with people for 10 minutes. During this time we saw staff chatting, having a drink and doing individual

activities with people. This enabled effective interaction at regular times for people.

People were supported to maintain the relationships that were important to them. We saw people having their meal with their relatives. One relative said, "I visit every day they [the staff] give me a meal every day, they [the staff] treat me like I am here too." Another relative told us that when their relative first moved into the home they were very apprehensive about leaving them and told us, "We have a big family and in the first few weeks we all took it in turns to stay. Staff understood why."

People were aware that they could raise a concern about their care and support. We saw information was displayed about how to make a complaint. One person told us about a complaint they had made to the registered manager and said the issue had been resolved. There was a system in place to demonstrate formal complaints had been recorded and responded to in a timely manner. Records showed that people and their families were encouraged to report all concerns. However, we found records where people and their families had raised concerns and suggestions to improve the home but these had not been responded to or utilised for continual improvement. The registered manager advised us of their intentions to ensure that any concerns raised would be used to improve the experiences for people living at the home.

Good

Is the service well-led?

Our findings

At our last inspection in October 2015 we found that the provider did not have systems in place that were effectively operated to assess, monitor and mitigate the risks to health, safety and welfare of service users. This included not having suitable arrangements to ensure staffing levels and deployment of staff were responsive to the changing needs of people. In addition there was a lack of effective oversight by the provider which resulted in them not learning from people's experiences, not managing identified risks and not providing a service that was continually improving. At this inspection we found that these issues had been improved. These actions were effective in ensuring the home was consistently well led and compliant with the regulations.

We saw people living at the home had developed a positive relationship with the management team. People were able to identify who the managers were and spoke positively about them. We saw the registered manager made themselves available and were visible within the home. Relatives confirmed that the home was well-managed. One relative said, "New manager now. Lots of staff left but [name of registered manager] is here now….. he is good [and] sorts things out." Another relative said, "[name of managers] are really a good team. They are responsive to concerns. I highly rate them." A visiting health professional told us that they thought the home was well-led by a good manager.

The registered manager described the systems in place to monitor people's experience of living at the home. People, relatives and staff told us that they were involved in the running of the home. The registered manager recognised the importance of actively seeking people's feedback to drive improvement. We saw there were regular meetings with people which demonstrated staff spent time with people and offered them support to express their views. One person we spoke with told us, "I attend residents meetings and complete surveys, it's important to let them [the managers] know how we feel."

Staff were confident in their roles and told us that they would not hesitate to raise concerns and use the whistle-blowing procedure should they witness any poor practice. One member of staff told us, "I feel well supported and feel able to raise any concerns. The managers are good people and they listen to us." We saw staff meeting minutes which showed that the duty of candour had been discussed and described how staff would be supported if they made mistakes. This demonstrated a culture of open and transparent communication between the staff and the registered manager.

Our inspection visit and discussions with the registered manager identified that they understood their responsibilities and showed that they were aware of changes to regulations and were clear about what these meant for the service. The registered manager was knowledgeable about all aspects of the service and advised us of new initiatives due to take place to benefit the people living at the home.

Where a service has been awarded a rating by the Care Quality Commission, the provider is required under the regulations to display the rating. We saw there was a rating poster clearly on display in the service and on the provider's website. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification

systems were in place and staff had the knowledge and resources to do this.

Staff were clear about the leadership structure within the service and spoke positively about the approachable nature of the manager and deputy manager. One staff member told us, "[name of registered manager] and [name of deputy manager] are very involved and if we are down on staff they both will chip in to help us," Another staff member told us, "They [the managers] are both amazing and will roll their sleeves up if we need help." Our observations on the day were that people approached the management team without hesitation. Staff told us they were benefitting from regular supervision and meetings. A staff member said, "I have regular supervision and we discuss my training and other key areas of my role." Another member of staff told us about the employee engagement surveys and said, "We are given surveys to complete to say how we are feeling." Communication in the home was good with daily handovers to discuss people who used the service and their wellbeing. A staff member told us, "Communication is good and at 10.00 am all the heads of departments have ten minutes together to discuss what has happened and any changes." A visiting health professional told us, "The management look after their staff here."

During this inspection it was evident that the provider had worked hard to improve the quality of the governance of the service. We saw a number of improvements in relation to the monitoring and quality assurance of the service. The registered manager monitored the quality of the care provided by completing regular audits. Checks being completed included the health and safety of the environment, medicines audits, training and supervision. We found that some of the medicines audits had not been effective and had not identified some of the shortfalls we found. The provider also completed regular 'operational managers visits' and audited various aspects of the quality of the service. We saw evidence that the audits were evaluated and created action plans for improvement, when this was needed. These were shared with the provider to ensure any shortfalls could be addressed .This meant that people's needs were being fully considered at both service level and provider level.