

ADASS EAST Accommodation Services (OP) July 2017 for Overbury House Nursing and Residential Home



Overall Rating



Involvement and Information

Respecting and Involving Service Users

Standard Rating

Good



A01 The care plan should be individually tailored, person centred, include appropriate information on the SU's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.

Good



What We Found

- Two care plans were viewed upon re visit. The CPs viewed were for new admissions to the home. One admission was from the beginning of the year (2019) and the other admission was from the week before the PAMMS audit took place. One of the CPs viewed contained detailed information about the SUs life including past professions, family members & pets. Photos accompanied the text throughout the life history information. The newest admission, although at this point did not have a very detailed history, did have information on family & some interests (music). Where SUs were unable to sign for consent re the CP, there was an appropriate MCA in place.

A02 There is evidence that SU's have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).

Good



What We Found

- Since the last visit, the home's SU guide has been updated. The home now ensure upon admission a copy of the SU guide is placed in the SU bedroom, this was evidenced. New menus had been introduced which were very good. On one side of the menu was the written option available for that day and on the opposite page was the option in a pictorial format. An easy read complaints leaflet has been formulated since the last visit and copies are placed in reception.

B01 Through observation of staff interaction and discussion with service users there is evidence that SU's are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. SU's are treated with kindness, compassion and empathy. Care workers are seen to support SU's choices and preferences in regards the way their care and support is delivered.

Excellent



What We Found

- Positive comments were made about the home from all residents & relatives spoken to. One relative when asked what they thought about the home said: 'Very happy. I would give it 300/100'. Comments were made about how happy staff were and how welcoming they are. Some really lovely interactions were observed between staff and SUs. For example, one SU was quite warm and a staff member was going to help take their jumper off. The staff member asked them to think of something that makes them happy and the resident stated: 'Roses & flowers'. The staff member then said: 'lets think about roses, flowers & sunshine whilst we take this off' to take the SUs mind off of the task in hand. An interaction between the manager and a SU was observed where the SU was upset. The manager knew exactly what to say to lift the spirits of the SU and they began smiling. All staff interactions with SUs were positive, caring and empathetic.

B02 Through observation of staff interaction and discussion with service users there is evidence that service users are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

Good
★★★★★

B03 Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

Good
★★★★★

What We Found

- SUs & relatives confirmed they feel happy providing feedback directly to staff or management and were aware of the open-door policy. Relatives were aware of the surveys & regular meetings. One relative spoken to stated how approachable & welcoming the manager had been.

B04 Service users spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

Good
★★★★★

What We Found

- All SUs spoken with confirmed they were supported to maintain relationships with their family & friends.

B05 Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

Good
★★★★★

What We Found

- SUs spoken to said there were 'always things going on in the home'. Observations supported the above. Activities were seen taking place throughout the day. Books filled with photos in reception evidenced past activities which had taken place in the home. An activities chart is placed in each SUs room and throughout the home. The activities happening in the home on the day of visit synced with the activities chart.

C01 Staff are able to explain how they ensure people are treated with dignity and respect.

Good
★★★★★

What We Found

- All staff spoken to were able to provide examples of how they treat SUs with dignity and respect. Staff also mentioned the use of their 'dignity in progress' signs. These signs are hung on the door of a resident's bedroom and act as a 'do not disturb' system to prevent anyone from accidentally walking in whilst personal care is being delivered.

Involvement and Information

Standard Rating

Consent

Good
★★★★★

A03 Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS. POA is clearly documented and evidenced across the care plan where relevant.

Good
★★★★★

What We Found

- Appropriate Mental Capacity Assessments coupled with best interest decisions were evidenced in both CPs viewed. POA was clearly documented & evidence of DoLS.

B06 Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

Good
★★★★★

What We Found

- Staff were observed being patient and obtaining consent appropriately; discussion with service users supported this observation.

C02 Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

Good
★★★★★

What We Found

- All staff spoken to demonstrated they understood the purpose of the Mental Capacity Act and the purpose of it in their place of work.

Personalised Care and Support

Standard Rating

Care and Welfare of Service Users

Good
★★★★★

A04 Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning.

Good
★★★★★

What We Found

- Where SUs were unable to sign to evidence their involvement in the care and support planning, capacity assessments had been carried out & best interest decisions put in place.

A05 There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system.

Good
★★★★★

What We Found

- Key workers were listed in the CPs. Room folders contained information about the key worker purpose & process.

A06 There is evidence that SU's have been given information about how to make contact with the care provider.

Good
★★★★★

A07 The care assessment has been conducted in a way to reflect the SU's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

Requires Improvement
★★★☆☆

What We Found

- The life history section of the CPs included information on friends, family & previous interests & hobbies. A recommendation would be to include more of the SUs current interests (one CP did list that their favourite TV programme used to be Only Fools and Horses) even if this is where they would prefer to sit in the lounge, or what specific activities or entertainers they will be more engaged with and if they like music, which music in particular.

A08 There is evidence that the SU's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the SU remains safe, their needs are adequately met and their welfare is protected.

Good
★★★★★

What We Found

- Appropriate risk assessments were in place in CPs viewed and the information had been cross referenced within the support plan itself. MUST & Waterlow were in place and there was evidence this was being reviewed at monthly intervals.

A09 Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the SU safe.

Good
★★★★★

What We Found

- Care plans and accompanying documentation, were evidenced to be reviewed regularly, at appropriate intervals (monthly).

A10 Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

Good
★★★★★

What We Found

- Food & fluid charts were viewed for two SUs. No gaps were seen in recordings. Cream charts were also viewed for the same two SUs and no gaps were seen. Daily notes were more personalised since the last visit and didn't contain generic statements. Professional visits were being recorded. The only areas which needed addressing were: For one SU, the hygiene record stated: last bath 12/5/19 and there were not any recordings showing they were offered another bath or a shower until 20/5/19. And Two fluid charts for one SU said daily target was 1500ml instead of 1600ml.

A11 Evidence that the care planning and support is designed to maximise the SU's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.

Good
★★★★★

What We Found

- Goal setting was now evident in both CPs viewed. It was person centred & the goals were specific to the individual. The SU who had only been at the home a week had already had a goal set which was to be encouraged to enjoy lunch with her husband who visits daily.

B07 Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.

Not Assessed

B08 If a key worker system is in place then service users are aware of who their named care worker is.

Not Assessed

B09 Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the SU's independence and quality of life.

Good
★★★★★

C03 Staff understand and can explain the role of the keyworker if used in the service.

Good
★★★★★

Personalised Care and Support

Standard Rating

Meeting Nutritional Needs

Good
★★★★★

A12 Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

Good
★★★★★

What We Found

- The kitchen receive diet notification forms which detail any current concerns or changes in SUs preferences. The kitchen review the forms monthly. CPs recorded some likes & dislikes in relation to food, but more information could be added.

A13 Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

Good
★★★★★

What We Found

- MUST was in use and weights were being recorded consistently. Where the home had noted weight loss, referrals had been made.

A14 If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

Not Assessed

B10 Service users confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.

Good
★★★★★

What We Found

- SU friendly menus were in place and staff were heard offering portion sizes.

B11 Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.

Good
★★★★★

What We Found

- Staff were observed to offer choice in relation to meal times, snacks, drinks, where SUs wanted to sit and what SUs wanted to do.

B12 Discussion with service users and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote service users dignity and they have a choice about whether to eat alone or with company.

Good
★★★★★

B13 Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.

Good
★★★★★

Safeguarding and Safety

Safeguarding People who use the Service from Abuse

Standard Rating
Requires Improvement
★★★☆☆

A17 Assessments, together with and care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the service user (where possible).

Good
★★★★★

B21 Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

Good
★★★★★

What We Found

- All who were spoken to confirmed they felt safe within the home. No one I spoke to had ever been involved in a safeguarding.

C04 Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

Requires Improvement
★★★☆☆

What We Found

- All staff knew who to contact internally if they had witnessed a safeguarding. Not all staff were able to state who they would contact externally if they had witnessed a safeguarding.

C05 Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLS.

Requires Improvement
★☆☆☆☆

What We Found

- Not all staff could confirm they had received training for MCA & DoLS & one staff member was unsure of what DoLS were.

E08 Appropriate safeguarding Information is on display in the Home.

Good
★★★★★

Safeguarding and Safety

Standard Rating

Cleanliness and Infection Control

Good
★★★★★

B15 Staff are observed to follow good practice in relation to cleanliness & infection control.

Good
★★★★★

C06 Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

Good
★★★★★

What We Found

- Staff confirmed they had undertaken appropriate training which they understood. Staff were able to give examples of how to prevent infection from spreading within the home.

E01 Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

Good
★★★★★

What We Found

- The home was visibly clean and tidy. New cleaning schedules had been put in place since the last visit which were more robust and organised. No unexplained gaps were viewed on the cleaning schedules. A separate cleaning schedule for deep cleans had been introduced. Cleaning schedules were in place for the medication rooms.

E02 There is sufficient information provided to service users, staff and visitors about infection prevention and control matters.

Good
★★★★★

Safeguarding and Safety

Standard Rating

Management of Medicines

Good
★★★★★

A16 Care & support plans document that service users have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

Good
★★★★★

What We Found

- Staff were observed to handle medication safely. Staff were observed to provide explanation before administering medication. Staff wore a red tabard when administering medication.

B17 Service users confirm that they are involved in decisions regarding their medication.

Good
★★★★★

C07 Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

Good
★★★★★

What We Found

- Staff confirmed that mandatory medication training is in place. Those who administered medication confirmed they felt confident in managing medication. Staff could explain the difference between prompt, assist & administer.

E03 Medicines are stored and administered safely including any homely remedies and covert medication.

Good
★★★★★

What We Found

- No gaps were seen in the recordings of temperature checks for medication fridges or medication rooms for both the residential and nursing side of the home. Trolleys were secured to the walls when not in use and medication rooms were locked. CD medication was stored appropriately. There were a few areas of concerns noted, but not enough for this section to be rated as requires improvement. They were as follows: One cream viewed had an 'opened date' sticker on it, but did not have an actual date written on it. One cream medication cabinet in a room had the key left in the cupboard and one of the creams was also not in the cupboard, it was on top of the cupboard (this was at a height where it would have been out of reach).

F01 Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

Good
★★★★★

What We Found

- Appropriate audits and other recording in relation to medication was evidenced. MAR charts were seen and no gaps were viewed. Recommendations: One SU who received covert medication had the date of assessment/completion as 8/8/18 in their MAR chart. The CP was then checked and a more recent review of their covert medication was recorded. A recommendation would be to write this alongside the covert notes in the MAR chart to ensure consistency. One SU who was prescribed the maximum daily dosage of paracetamol, also had a homely remedy letter from the GP stating they could take paracetamol. A note just needs to be added to state they are already receiving the maximum daily dosage.

Safeguarding and Safety

Standard Rating

Safety and Suitability of Premises

Good

★★★★★

E04 The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.

Good
★★★★★

E05 The use of the premises ensures that service users with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.

Good
★★★★★

What We Found

- Evidence of appropriate environmental risk assessments were in place. Recommendation: The majority of risk assessments had been signed off by the previous manager, although it was clear the monthly reviews were being signed and reviewed by the current home manager. A long term recommendation would be to re-print the risk assessments to be signed off by current manager. Include a separate risk assessment for the bain-marie for use outside of the kitchen if the home continue to use it regularly in the new dining room.

E06 There are appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises.

Good
★★★★★

Safeguarding and Safety

Standard Rating

Safety, Availability and Suitability of Equipment

Good
★★★★★

C08 Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

Good
★★★★★

What We Found

- Staff confirmed that sufficient, well maintained equipment is available.

E07 Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

Good
★★★★★

What We Found

- Appropriate up-to-date equipment testing was evidenced.

Suitability of Staffing

Standard Rating

Requirements Relating to Staff Recruitment

Good
★★★★★

D01 Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Good
★★★★★

What We Found

- All staff files viewed contained expected information. Since the last visit, there is now evidence that references are being verified and full employment history is being requested and recorded.

D02 Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

Good
★★★★★

What We Found

- Agency staff used by the home are subject to the same level of checks as employed staff. Photo ID, Agency profiles, confirmation of DBS checks and training history are kept on file. The home confirmed an induction is held for any new Agency staff working in the home.

D03 Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.

Good
★★★★★

What We Found

- People providing additional services are subject to expected checks.

D04 The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

Good
★★★★★

What We Found

- All new starters, employed or agency, undergo an appropriate induction relevant to their role. Learning & development plans were now included within staff files. In relation to a copy of the contracts being kept in staff files: Two files were viewed and they were both for new starters. One staff member had finished their probation a week before my visit and had had their contract given to them, but this had not been signed and returned yet. The other member of staff was still in their probationary period.

Suitability of Staffing

Standard Rating

Staffing and Staff Deployment

Good
★★★★★

B18 Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs.

Good
★★★★★

What We Found

- Observations saw that there were sufficient staff on duty throughout the PAMMS audit. Call bells were rarely heard, and when they were, they were answered quickly.

C09 Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Requires Improvement
★☆☆☆☆

What We Found

- Not all staff could confirm they knew what the homes Business continuity plan was or what PEEPs were. All staff spoken to knew the location of the grab bag and its purpose. One staff member spoken to did say they sometimes felt there were not enough staff and sometimes it could be quite hectic.

F02 Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.

Good
★★★★★

What We Found

- Rotas seen indicated sufficient staff were on duty with the right knowledge, experience and skills to provide effective care and support.

F03 The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Good
★★★★★

What We Found

- The home had mechanisms in place to manage both expected & unexpected changes to their service. The home have a business continuity plan in place, a grab bag & PEEPs.

Suitability of Staffing

Standard Rating

Staff Support

Good
★★★★★

C10	Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.	Good ★★★★★
C11	Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.	Good ★★★★★
C12	Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.	Not Assessed
C13	Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.	Not Assessed
C14	Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.	Good ★★★★★
D05	The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.	Good ★★★★★

What We Found

- The provider maintains records to evidence appropriate inductions to the home. Since the last visit, the home had introduced a new induction plan. The induction is time & task specific to ensure structure is maintained. Included within the induction there is also: a health & safety checklist, day one starter form, an induction plan, shadowing and observation form & a back to basics observation form. The home have also introduced a 'mentor' system where existing members of staff are trained and paid, to help induct new starters to the home.

D06	The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.	Good ★★★★★
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What We Found

- The staff supervision matrix was viewed and was up-to-date. Staff supervisions are recorded in the staff files. Two staff files were viewed for staff which had started in 2019 and they had already received supervisions.

D07	The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.	Good ★★★★★
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What We Found

- The home maintains an online training matrix which stated their training is currently sitting at 97.1%. Those who have outstanding training are booked on courses due to take place over the next two months.

Quality of Management

Standard Rating

Assessing and Monitoring the Quality of Service Provision

Good
★★★★★

C15	Care workers confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.	Good ★★★★★
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F04	Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.	Good ★★★★★
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What We Found

- Evidence of quality surveys being sent out, collated and used to improve the service was seen.

F05 The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

Good
★★★★★

What We Found

- The home advised they have an open-door policy for staff, relatives & residents. Expected policies & procedures including whistleblowing, safeguarding & complaints were in place. Policies & procedures are available to staff. The home had introduced a 'you said, we did' document after the quality surveys were completed.

Quality of Management

Standard Rating

Using Information and Dealing with Complaints

Good
★★★★★

B19 Service users spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO.

Good
★★★★★

B20 Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

Good
★★★★★

C16 Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

Good
★★★★★

F06 There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

Good
★★★★★

What We Found

- The home's complaints/compliments folder was viewed. Evidence of acting on & providing feedback was seen within the folder.

F07 There is evidence that the provider has a range of regular, organised meetings where service users, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.

Good
★★★★★

What We Found

- Regular, organised meetings, with sufficient notice, were evidenced for residents, relatives & staff. Notices for up-coming meetings were in reception for visitors and in the staff room for staff.

F08 There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

Not Assessed

Quality of Management

Standard Rating

Records

Good
★★★★★

F09 Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

Good
★★★★★

What We Found

- No personal/confidential information was seen to be displayed in public areas of the home; personal/confidential information was observed to be stored securely.

F10 The manager maintains a log to evidence the applications made for authorisation under DoLS, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.

Good
★★★★★

What We Found

- An appropriate DoLS register was in place within the home and was up-to-date at the time of visit.

F11 Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

Good
★★★★★

What We Found

- A range of appropriate audits were being completed & effectively analysed. Actions highlighted within the completed audits were seen to be added on to the home's on-going development plan.