

HF Trust Limited

# Hermitage Way - Telford

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

At last inspection on 25 May 2017 we found the provider was delivering a good service to people. We found they continue to deliver a good service.

This inspection took place on 19 July 2017 and was announced. The registered manager was given short notice of the inspection because we needed to make sure they and the people who lived at the home were available to assist with the inspection.

Hermitage Way provides care and accommodation for up to seven people with a learning disability. There were seven people living in the home on the day of the inspection and there was a registered manager in post. 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 they felt safe living at the home. Staff had a good understanding of potential abuse and knew how to protect people from the risk of harm. People were supported to take risks to enable them to live full and active lives. Risks were constantly reviewed to ensure people's on-going protection. Staff were creative in their approach to offering safe support and created an enabling culture while keeping people safe. There were enough skilled and experienced staff to meet people's needs and to promote their independence. People received flexible and responsive support. Staff were recruited through safe recruitment practices meaning that only people suitable to work in the role were appointed.

People were protected by safe systems in place to enable them to take a lead role in administering, storing and recording their medicines.

People were supported by staff who had the knowledge and skills to provide effective support. Staff received good training opportunities and training had been developed around the individual needs of the people who used the service. Staff competency was regularly reviewed and knowledge was updated to ensure it continued to reflect current best practices. Staff felt very well supported by the registered manager and their colleagues.

Staff understood their roles and responsibilities and worked well as a team to ensure people's needs were met. People's rights were protected under the Mental Capacity Act 2005. The registered manager and the staff team were committed to offering a service that was centred on people's individual needs. People took control of how they lived their lives and staff supported their decisions and choices.

People enjoyed a range of nutritious meals that they planned and cooked with staff support as required.

People chose to enjoy healthy options. Staff offered support and advice as to how they could do this.

People largely managed their own health care needs. Staff were available to offer support when required and people worked with health professionals for advice and support to remain in good health.

People were supported by staff who were kind and caring. People were enabled to do things independently and felt listened to and involved. People were supported to develop and maintain friendships and personal relationships. People's privacy and dignity was respected and promoted and people knew how they should be treated.

People received a responsive service that met their needs and wishes and was delivered in a way that reflected people's input and involvement. People took control of planning and reviewing their support and people enjoyed a range of activities, individually designed and planned around individual needs and preferences. People were very involved in the running of the service and this was encouraged and supported by staff.

People were confident that their complaints would be listened to, taken seriously and acted on.

People who used the service took a lead role in the running of the home. There was an open culture where people were placed at the heart of everything. Staff felt supported, involved and consulted. People's views were constantly sought in relation to the delivery of the service and there were systems in place to monitor the quality of the service provided.

## 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.

People were safe because staff knew how to protect them from the risk of harm and potential abuse while promoting their independence.

People's needs were met by sufficient numbers of staff who provided a flexible service.

People were fully involved in the selection of new staff and they could be assured that staff were suitable to work with them because the provider's recruitment process was robust.

People took an active role in managing their own medicines. Staff monitored the processes and supported as required.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to deliver individualised care and support.

People's rights were protected under the Mental Capacity Act 2005.

People enjoyed a full and varied diet that met their individual needs and preferences.

People largely managed their own health care needs with support from staff and healthcare professionals as required.

### Is the service caring?

Good ●

The service was caring.

People lived independent lives and were supported to develop the skills and confidence to enable this to happen.

People were supported to develop and maintain friendships.

People were supported by staff who were kind and caring.

People's privacy and dignity was respected and promoted.

People were supported to make decisions and choices about how they lived their lives.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received a responsive service that met their needs and wishes and was delivered with their input and involvement.

People took control of planning and reviewing their support.

People enjoyed a range of activities, individually designed and planned to ensure people could lead full and active lives.

People were confident that their complaints would be listened to, taken seriously and acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People took a lead role in the running of the home.

People were supported by staff who were well supported and felt listened to and involved.

People's views were constantly sought in relation to the quality of the service provided.

There were procedures in place to monitor and review the quality of the service.

# Hermitage Way - Telford

## **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 announced inspection took place on 19 July 2017. The inspection team consisted of one inspector.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the home. We analysed any information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We also sought information and views from the local authority and other external agencies about the quality of the service provided.

As part of the inspection we spoke with six of the seven people who used the service and three relatives. We spoke with the registered manager, a senior support worker and a support worker who were on duty at the home during the inspection.

We looked at how people took an active role in the running of the home. We saw extracts from two people's care and support plans and carried out observations across the home. We also reviewed records to show how medicines, complaints and staff recruitment were managed.

# Is the service safe?

## Our findings

People told us they continued to be protected from harm because staff knew how to keep them safe. Staff told us they knew what to do if they had concerns about a person's safety or wellbeing. All of the staff we spoke with had received training in safeguarding vulnerable adults. They could recognise signs of abuse and would be confident to share concerns with the registered manager if required. Staff were also confident that the registered manager would take swift action to protect the person at risk. One staff member said, "I would absolutely share any concerns with the registered manager." Another staff member said, "We are always mindful. We look at changes to people's behaviour and are always vigilant."

People who lived at Hermitage Way lived very independent lives. As part of their care plans each person spent time at home unsupported. Two people told us that this was helping them to prepare for independent living. People were aware that in order to stay at home alone staff had to be sure they were safe to do so. One person told us, "We are all safe here. We cannot stay at home alone unless the [registered] manager is satisfied we are safe."

Staff created an enabling culture for people that gave them the confidence that they could have positive experiences and remain as safe as possible. Staying home alone was very important to everyone we spoke with. One person said they had to tell staff what they would do in any given situation if they had an emergency. People shared examples. One person said, "I have to know about the fire alarm and what to do if it goes off. I have to check windows and doors to ensure I am safe. I love doing it. It's my independence." Two relatives commented positively about how staff promoted people's safety while encouraging their independence.

One staff member told us that people who lived at the home took a lead role in promoting safety. The staff member said they had been told to check the security of the building before they left. This reflected that people were proactive in ensuring the safety of the building and knew what steps had to be taken to achieve this. People had been empowered to think about their own personal safety and the safety of the home they lived in.

The service was made up of a six bedded house with an adjoining one bedroom flat. The person who lived in the flat was able to come and go independently. The six people who shared the house had individualised timetables and built into the timetable was time at home alone. Timetables were developed around the person and their needs and wishes however everyone recognised that they also had to accommodate the people they lived with at times. For example at meal times. People's routines worked well together to enable this to happen. When people's plans changed staff could accommodate this to ensure people's safety at all times. This arrangement had worked successfully for a number of years.

We saw risks to individuals had been identified, assessed and recorded in people's care plans to support activities of daily life. Assessments ensured people's independence was promoted while minimising risk. For example, risks for tasks undertaken in the home, being home alone and activities in the community, including the use of public transport. Staff told us that risk assessments never prevented people from

achieving their goals. Rather they helped to reduce risks as far as possible. People shared examples with us of how they were supported to remain safe. For example, everyone had mobile phones to use while out and people had received formal and individualised training to keep themselves safe at home and out in the community. People's understanding of risks was checked routinely to ensure they could carry on living the lives they chose safely. Staff shared the example of how one person could now use a bus, a taxi and a train to visit their family independently. A relative told us that their family member valued their independence and the support they received to achieve this was crucial to their success. One person liked to be actively involved in the maintenance of the home and gardens. They told us how they operated equipment safely to do this. They told us, "Health and safety is very important. I had to have an assessment before I could use the mowers. I am safe here, that's for sure." Being able to complete these tasks independently meant a lot to this person and by enabling them to do this staff had greatly enhanced the person's quality of life.

People told us, and we saw, there were enough staff to support them safely. Staffing levels were flexible to meet the individual needs and routines of people supported. One person had set hours for their support and this enabled them to peruse social and leisure activities. We saw the registered manager changed the hours for one person to accommodate an appointment that had been arranged at short notice. This flexibility offered reassurance to the person that they would not have to attend the appointment alone. Staff told us they could be flexible with the hours they worked to accommodate supporting activities and we saw changes to the rota that reflected this happened.

People told us how they were fully involved in the selection of new staff. They told us that staff listened to them when they gave feedback on the performance of staff being interviewed. One person told us that they had been involved in the recruitment of a particularly popular member of staff and they were very pleased with this. The provider followed safe recruitment procedures when employing new staff members. Checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people.

People continued to take an active role in the administration of their medicines. People kept their medicines securely in their rooms. Staff told us that their role consisted of checking that people were managing their medicines safely. They told us that when issues were identified they implemented a review of arrangements and offered additional support until the person regained either the confidence or the skills to manage the process independently again. One person was preparing for a few days away from the home. They arranged to take their medicines with them. They told us how they took a recording sheet to use while away. They said that upon their return staff checked it and attached the sheet to the main recording sheet. They told us they were happy with this arrangement. We saw risk assessments that identified people had the skills to manage their own medicines safely. When there were concerns we saw that people still retained some independence but received additional monitoring and support. Staff told us that they had received medicine training and also had regular competency assessments to ensure that their skills were kept up to date.



## Is the service effective?

### Our findings

The service continues to be effective. People told us that staff supported them to live full and active lives. A relative told us, "[My family member] is happy, settled and well supported here." Staff said that training opportunities continued to be good and provided them with the skills and knowledge to offer effective support. For example, one staff member told us, "We've had good training regarding diabetes and epilepsy to meet individual needs." They told us that this gave them a better understanding of the needs of the people they supported. Staff told us that they were regularly lone workers. They said they had read the policy relating to this and had been assessed to ensure they had the skills and experiences to do this effectively. The provider had implemented training to raise awareness of 'new and emerging' challenges. For example staff spoke positively to us about what to look for if a person was becoming 'radicalised'. They told us they could recognise signs, such as changes in behaviour that might suggest this was happening. No one had had a negative experience, however, the risks of a person with a learning disability becoming radicalised had been recognised. Staff described the training as 'informative' and 'eye opening'.

Staff told us they had received a good induction which gave them the skills and knowledge that they needed. Staff worked towards achieving the Care Certificate during their induction. The certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff felt very well supported by senior staff and by colleagues. They told us that good communication was the key to providing effective support. They had various methods of doing this including written and verbal handovers. The relatives we spoke with also confirmed communication was good. They felt well informed and consulted when appropriate.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Currently there was no one living at Hermitage Way who was having their liberty deprived in any way. People made their own choices and decisions and this was very apparent in discussions with people and their relatives. Where 'big' decisions were required people had support of staff and family members who gave them information to assist with decision making. They worked together to ensure the decision was made in the person's best interest. One person told us how they had received this support to decide upon a holiday of a lifetime. One staff member told us, "Ultimately they make their own decisions and their own choices."

People told us, and we saw, that they had full control of what they ate and drank. People took turns to cook the evening meal in the home and there were always alternatives if someone wanted something different. People chose to enjoy healthy options. Staff offered support and advice as to how they could do this. We saw the menu book with people's chosen meals recorded. The menu supported a shopping list that was produced to enable people to cook their chosen food. People said they liked to cook with fresh produce 'and from scratch'. People were very proud of the meals they had produced and said that feedback from

others was very positive. People told us that they usually liked what was being cooked but there was always an alternative if they didn't. We saw that cookbooks detailed healthy options and people were mindful of sugar content in food. One person told us that they were eating healthily and as a result had lost some weight. They told us they were doing this for themselves and were very happy with their progress. They told us, "I'm doing this for myself and no one else."

People had access to healthcare services when they needed it. Most people accessed health care support independently although they worked with staff and family members to follow through on their advice and guidance. People had health action plans and hospital passports. Health action plans are care plans that detail a person's health care needs and identify how these are to be met. Hospital passports are documents that contain essential information about the person they belong to that healthcare professionals would need to be aware of should the person need medical intervention. Both documents had been developed with people's full involvement to ensure that health professionals were aware of their needs and wishes should they need hospital treatment. On occasions where this information had been shared the person had received appropriate care and support as a result.

People were supported to attend health checks including routine screening. Staff told us that people decided to attend themselves and their role was to give them the information they needed to make an informed decision.

We saw one person receive a letter to attend an appointment at short notice. They shared the letter with the registered manager who immediately offered reassurance that someone would take them. A relative told us, "Staff have shown a great deal of understanding and support in helping [my family member] to overcome issues whilst still retaining their independence."

One person had an identified health condition that required regular monitoring. They told us they worked with the community nurse to be aware of condition. Staff told us the person monitored their own condition and staff worked with health professionals if required, with the person's agreement.

## Is the service caring?

### Our findings

The service continues to be caring. We saw that people continued to be supported by a caring and kind staff team. One person told us, "Staff treat you well here." One person said, "If you want to do something staff will make sure it happens." Other people told us they were fond of the staff who supported them and in particular their key workers with whom they had formed close bonds. People shared examples of how staff had been there to support them through difficult times. One person told us they had chosen a particular staff to go on holiday with them because they were 'lovely'. Another person told us, "[Staff name] was kind to me when I needed help."

We saw staff support people with kindness and compassion. A relative told us they were impressed with staffs' values and attitudes. They told us, "Staff are always polite and respectful." People enjoyed positive relationships with staff based on mutual respect and trust. Staff told us, "We have a good staff team. We care about people." We heard staff offer motivation and suggestions to assist people with planning and support. We heard one staff member respond kindly and sensitively to one person when they shared some personal information.

People told us they made all decisions about their care and support. They sometimes received staff support to make 'big' decisions but overall people led the lives they chose doing the things they wanted to do. Staff were very clear about their role being to enable people and this they did.

People continued to have choice, independence and control. One person told us how their long term goal was to live independently. They were happy that staff were enabling them to develop the skills they would need to do this. One person told us, "We live independently. I make all my own decisions about how I live my life. Staff are here for support and guidance when I need it."

People were supported to maintain relationships with family and friends. Some people were supported to form new relationships and they told us they were finding this a positive experience. Staff knew who was important to people and encouraged friendships to grow and develop. Relatives were positive that staff helped them to stay in touch when required, although most had direct contact with their family members without staff input.

One person told us how they were developing in confidence and this was having a positive impact on opportunities and experiences. Two staff told us how this was rewarding to see. Staff told us how they had identified areas where additional support was needed for one person and worked with them until they were confident enough to become independent. The person's relative later confirmed this and said how happy they were to see the change in their family member's confidence and self-esteem. They praised the commitment of the staff team to enable this to happen. The registered manager told us, "We make people's lives better. I couldn't be any prouder."

People told us, and we saw, that their privacy and dignity was respected by those supporting them. People

told us staff asked their permission before doing anything to assist them. Staff told us they were guests in people's home and always respected this fact. One staff member said, "We always respect people's opinions and we respect this is people's homes." We saw monthly monitoring forms that reviewed how people were treated. The form asked, 'Are you treated with dignity and respect?' Feedback seen reflected that people were. People knew how they should be treated. One person had made a complaint because a staff member had entered their room without knocking. Another person had not been happy with way they had been spoken to. These complaints were managed openly and the people involved had been happy with the apology they received.

People's information was kept confidential and stored securely.

## Is the service responsive?

### Our findings

The service continues to be responsive to meet people's needs. People who lived at Hermitage Way received a very responsive service because support was delivered around the individual needs and wishes of the people who used the service. People were fully involved and directed how they lived their lives. Staff supported their decisions. People led full and active lives, pursuing their dreams and hobbies as well as engaging in employment and other opportunities for them to grow and develop as individuals.

People told us they lived the lives they chose. People spoke of individualised routines and activities. They told us how they made choices and said how they made plans that could always be changed. For example, one person had planned to go out on the day of our visit. They told us, "I had a lie in this morning. I just felt like it." Staff told us, "People make their own decisions." Staff told us how they accommodated people's needs and wishes on a daily basis. People had regular opportunities to try new experiences which would be valued by other people of the same gender and age. They also identified their own opportunities which often reflected more adventurous goals. People took an active part in all aspects of the day to day running of the home.

People shared numerous examples of how they took a lead role in deciding what they did and how they did it. People regularly met as a group to discuss the service they received. Meetings identified people's forthcoming plans and they were able to discuss how they could achieve goals and wishes while accommodating when necessary the needs of the other people who used the service. For example, support to attend appointments was prioritised. Given that people were able to do most things independently of staff, thorough planning was identified as the key to delivering a responsive service. One staff member told us, "Planning is the key to success." Another staff member told us, "We are responsive because we manage changes constantly."

People's support needs were identified, assessed and documented in care plans. Plans were detailed and regularly updated. Plans were person centred. People were in control of their development and review. For example, one person decided who they wanted to attend their review and then they chaired the review themselves. Staff took notes so plans could be later updated as agreed. People were clear that reviews were for them and that any decisions made were made by them. We saw a written review that reflected the person was achieving their goals and were setting new ones. A relative told us, "[Family member] has a personalised care plan which is reviewed regularly, they are encouraged and supported to attend a variety of educational, social and sporting activities in the community and to be as independent as possible whilst keeping him safe."

We found that people had access to an excellent range of social activities both within the home and outside of the home. Everyone told us they filled their days doing things they chose or enjoyed. Some people did voluntary work in the local community. Some people attended local courses. Staff looked for local activities for people to access and one person had made new friends this way. A relative told us, "Staff are good at researching local activities that [name] may want to participate in." Community links were valued and

promoted. People told us how they were supported to join local groups and clubs. The registered manager said that maintaining links was important to people and we saw that people accessed the community independently and with support.

People were supported to go on holidays of their choice. People told us they had been involved in the planning of their trip and also in the preparation. We saw one person had achieved their goal to visit a foreign country. They told us they had "Loved every minute of it." They had a new plan which we saw was already being planned for later this year. The person told us of their goal and how staff were supporting them to achieve it.

Two people went to a seaside holiday destination where they saw their pop idol in concert. This event had been planned as part of the holiday meaning dates were set around the concert. They had planned the holiday well and had been very excited to tell us how it went.

One person's goal was to be famous and they had already appeared in a short film that was being shown in a number of countries. They told us how they were justly proud of this achievement and it had inspired them to do more. They told us how staff had supported them to follow their dreams and helped them with planning to enable it to happen.

Staff were creative in looking at solutions to enable people to achieve their goals and ambitions. Staff had demonstrated effective skills in relation to listening to what people wanted and then supporting them to achieve it. They routinely helped people maximise their potential to achieve independence. For example, one person had a new mobile phone that was more suited to meet their needs. They could now use it independently. One person had been unable to tell which staff were on duty so staff developed a pictorial rota and this meant everyone could see at a glance who was on duty. We saw that staff used pictures as visual aids to assist communication. One relative spoke positively about the pictures being 'real' meaning people can identify with them.

Staff were trained in Person Centred Active Support. They told us this meant that, "In every moment there is an opportunity." Staff did not do things for people but rather they supported people to do things for themselves. This approach promoted independence and it was evident that the approach worked as people lead very independent lives.

People told us they cleaned and maintained the home themselves. Staff said people took ownership of this. To demonstrate this, one staff member told us they had been told not to do something as it was not their role.

Staff knew people well and as a result were able to identify when they were becoming anxious or upset. They told us how they supported people at such times. One person who used the service told us, "There is sometimes friction within the house but staff have told me how to manage this." They told us that they go to listen to music when they need to relax. They were positive that this had a calming effect on them.

The registered manager had the flexibility to amend staffing levels to accommodate changing needs. For example they could arrange additional staff if a person became unwell or if their support needs increased. We saw they had successfully done this and the increase had had a positive impact on opportunities for one individual. For example they now had additional support to access activities of their choice. They had previously not been leading such an active life.

People had opportunities to talk with the registered manager or staff at any time. They told us they were

confident to share worries or concerns informally and also knew how to do it formally. In a group discussion people told us how they would make a complaint and the name of the process they followed. People said the procedure was on the noticeboard. One person had successfully used the process to share their concerns and we saw how this had been documented with a positive outcome. One person told us however they preferred to attend a meeting to discuss their concerns. They told us they had done this and the registered manager had supported them to make changes that impacted positively upon them. One person told us, "[Registered manager's name] is a good manager. They listen." People had signed to say they understood the complaints procedure and in the discussion they demonstrated this. The complaints procedure was in large print and contained pictures to make it easy to follow. People also told us that the house meetings were a positive opportunity to raise concerns. People told us that staff listened to their views and made improvements when possible. When people did not wish to use formal complaints procedures they were confident to speak with staff. One person told us they preferred a more informal approach to sharing concerns. They told us, "I talk to my keyworker. They always help me and sort out any problems. A key worker is a staff member who has been identified to work more closely with a person to ensure their needs and wishes are met and reviewed.

The registered manager told us that they encouraged people's views and feedback so they could continue to improve the service. They were confident that the staff had created an open culture within the home where people felt able to speak out and share their views. Feedback from people during this inspection suggested they very much felt able to share views and felt they were listened to. The registered manager told us that they welcomed the opportunity to learn from complaints. Staff told us that they had every confidence that if a concern was raised the registered manager would take immediate action and share the learning from it with the staff team.

## Is the service well-led?

### Our findings

The service continues to be well led. People told us that they ran their own home. They worked together to make decisions and organise routines that suited each individual. The registered manager told us, "I love it here. The guys are amazing. They run the show." For example they told us that most decisions made about the running of the home were made at house meetings which were chaired by a different person each month, with staff support. During these meetings people discussed, plans, routines, menus, activities and the environment. During one meeting one person commented that certain items in the home were difficult to use. The registered manager took this comment forward and actioned change to make the environment more accessible to everyone. The person told us they were very happy with the planned changes. This showed that people's views were listened to and acted upon. Other people shared similar examples.

Staff also felt involved and consulted. They told us they were well supported by the registered manager and their colleagues. One staff member said, "We do really well here. It's a place I would recommend. The manager is very approachable." A relative told us, "The registered manager and the staff are fantastic."

Staff felt listened to. One staff member told us that any issues raised were acted upon immediately by the registered manager to make things better for the people they supported. They told us, "I've never worked in a place like this. I love coming to work. I feel very well supported and involved." Other staff shared similar views. Everyone said their job was personally and professionally rewarding. One staff member said, "It's very nice and friendly. Very professional. I love coming to work. I feel listened to. For example, if something is broken I pass it on and it is immediately sorted." Staff felt that effective communication was important to ensure a safe environment where people can grow and develop. One staff member told us, "Communication is very important to keep people safe." Staff shared information when they saw staff at the start of a shift. When this was not possible they wrote information down. Communication books, care records and plans were kept up to date and any changes were recorded. This ensured information was effectively shared.

People and their relatives told us they were asked to share their views about the quality of the service provided. Although there were formal processes in place to do this the relatives we spoke with said they had such an open and easy relationship with the registered manager and staff that they regularly spoke, with either in person or by email, to share views, opinions and suggestions. One relative told us how they had shared concerns about their family members increased needs and this was addressed.

During our inspection, we met with the registered manager of the service. They demonstrated a good understanding of the duties and responsibilities of their post. For example, registered persons are required to notify CQC of certain changes, events or incidents at the service. The registered manager was aware of their responsibilities in relation to sharing information and had done so appropriately.

The registered manager had resources available to continually drive improvement. For example, monthly audits were completed to ensure people received the support they required and that the environment was safe. The registered manager showed us the latest audits and said they had produced an action plan for making changes and improvements. They showed us how they had identified some work that needed doing



to the environment. We saw how this work had been actioned. The registered manager told us how senior managers checked that the managers were doing their jobs well. The registered manager said, "The house has to be safe because people stay home alone. We do constant checks of everything. It is important."

We also saw a completed monthly health and safety check list and a weekly one. Staff completed monthly reports that gave an overview of each person. These included their goals, risk assessments, finance, health and their feedback about the service. These reports were commented on and signed by the person and their keyworker. We saw the registered manager completed monthly service reports that were sent to the regional manager and included details of any accidents, incidents, safeguarding, health and safety issues, staffing and environmental issues. They used these forms to monitor quality and drive improvement.