Ashmead Healthcare Limited

Aster House

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

Overall summary

Aster House provides accommodation and support for up to eight women who have mental health needs. Aster House provides a large, airy and bright home. Each person has their own bedroom and they share communal areas. People benefit from a large communal garden. The building had recently been decorated and provided a clean and welcoming environment.

We undertook an unannounced inspection of this service on 7 April 2015. On the day of our inspection eight people were using the service. At our previous inspection on 21 September 2013 the service met the regulations inspected.

Both the manager and the deputy manager were registered as managers with us, as they shared responsibility for the delivery of the service. 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 were supported to maintain their safety. Staff were aware of the risks to people's safety and supported them appropriately to manage those risks. This included supporting people who were at risk of self-neglect, self-harm and displaying risky behaviour. Each person had a tailored plan to manage the risks identified and provide a safe environment for them.

Summary of findings

The service was tailored to meet people's individual needs. We saw that tools and equipment were available to support people as they needed, for example with mobility and communication needs. Staff were knowledgeable of people's support needs, and supported them as required with any mental health needs, including fluctuations in mood. Staff took the time to meet with people and listen to any concerns they had.

People had clear and detailed care plans. They focussed on people's strengths and identified goals that they wanted to achieve whilst at the service. The care plans identified how people could support themselves and what support they needed from staff.

There was joint working with the community mental health team and the service's commissioners. Staff liaised with the healthcare professionals involved in people's care to ensure people received the support they required, and that staff were up to date with any changes in people's care needs and progress they were making.

People were supported to become independent. Staff encouraged and supported people to build their own support structures so they had the support they required once they left the service. Staff assisted them to learn the skills they needed to move to independent living, including self-administration of medicines and budgeting skills.

The registered managers had introduced a suggestion scheme for both people and staff to use. This scheme was used to request any changes or additions they wished to see at the service. We saw that, where possible, the suggestions had been accommodated. This including changes to the delivery of training for staff, and the activities on offer for people.

Staff were supported to develop their knowledge and skills. The registered managers ensured all staff attended the training they needed to support people. The registered managers ensured they had the latest guidance on supporting people so care could be delivered in line with good practice guidance. Staff support systems were in place including supervision, team meetings and reflective practice. The management team encouraged staff to express their views and opinions, and there was open communication within the team.

There were processes in place to review the quality of the service. Audits were undertaken to ensure systems and processes were working efficiently and that good quality care was provided. The service ensured action was taken to address any concerns raised. The management team learnt from incidents that occurred to further improve the support provided to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff were aware of the risks to people's safety and people were supported appropriately to manage those risks. Staff supported people to reduce challenging behaviour and supported people to manage behaviour known to lead to escalation of risks. The staff learnt from previous incidents to provide a safer environment for people.

Staff were supporting people to become independent with their medicines and to self-administer their medicines, when appropriate.

Staffing levels were flexible to meet people's needs. People were accompanied in the community to appointments and supervised when undertaking tasks, when this was required to meet people's needs and keep people free from harm.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to meet people's needs. Staff received regular training to ensure they delivered care and support in line with good practice guidance.

Staff supported people to make decisions about their care and to have their capacity assessed if they were concerned that they were unable to do so. People were supported to understand risks to their safety so they could make informed choices. Staff were aware of their requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff supported people to maintain their health. Staff were able to recognise signs that a person's physical or mental health was deteriorating, and supported them to get any assistance they required. People were supported to maintain a diet appropriate to their needs.

Is the service caring?

Good

The service was caring. Staff were respectful of people's privacy.

People were treated with respect, and staff ensured people were involved in decisions about the care and support delivered. People had an allocated key worker and met with them regularly to discuss their support needs.

A suggestion scheme had been introduced so people could request changes to the service, including new meals, activities and day trips. The service was amended in line with people's requests, and tailored to people's wishes and preferences.

Is the service responsive?

Good

The service was responsive. Staff were knowledgeable about people's support needs, and supported people to achieve the goals outlined in their care plans. Staff liaised with other health care professionals involved in a person's care about any changes in people's needs. Commissioners of the service told us the service had supported people to reduce readmission rates to hospital.

People were supported to engage in the community, and the service had links with local volunteer centres and colleges. The staff tailored the service to meet people's individual needs, including responding to fluctuations in people's moods.

Summary of findings

People were supported to express their opinions and the service was adjusted in line with people's requests. Complaints were listened to and responded to appropriately, and people were supported to escalate their concerns when necessary.

Is the service well-led?

Good

The service was well led. The registered managers provided clear leadership. Systems were in place to support staff. There was open and transparent communication amongst the team and staff were encouraged to express their views and opinions about the service. The management team took on board staff's suggestions and made changes to support processes when required.

The management team undertook checks on the quality of the service, and asked people, staff and other health care professionals about their experiences of the service, with the aim of improving service delivery. Audits were undertaken to review the quality of systems and processes and when necessary, action was taken to make improvements.

The management team continued to drive improvements at the service. They learnt from incidents and medicine errors, to ensure appropriate action was taken to address any concerns and ensure people were supported appropriately.

Aster House

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.

An inspector undertook an unannounced inspection to this service on 7 April 2015.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We viewed the information included in the PIR and reviewed information we held about the service, including statutory notifications received.

Before the inspection we spoke with one of the commissioners of the service.

During our inspection we spoke with three people. We spoke with the two registered managers and with two support workers. We reviewed three people's care records. We also reviewed records relating to the management of the service, including staff training and supervision records, health and safety checks, feedback the management team received from people, staff and other healthcare professionals, checks to review the quality of the service and medicines management processes.

After the inspection we spoke with another commissioner of the service, and spoke with the care co-ordinator from the community mental health team for two of the people using the service.

Good

Is the service safe?

Our findings

One person told us, "It feels like home…I feel safe."

Staff were knowledgeable in recognising signs of potential abuse. They were aware of who was at risk of self-neglect and who may be vulnerable to exploitation in the community. Staff supported people as required to minimise the risk of abuse and safeguard them from harm. Staff recorded any concerns they had and discussed them as a team. Staff shared their concerns with the other healthcare professionals involved in the person's care and the local safeguarding team as appropriate so further action could be taken to protect the person. At the time of our inspection no safeguarding concerns had been raised.

Staff undertook assessments of the risks to people's safety. We saw that people's risk assessments included information on relapse indicators and how people were to be supported to manage those risks. We saw that one person's records stated they were at risk of presenting behaviour that challenged the service and self-harming. This person had not displayed this behaviour or self-harmed since they had been at the service. The person was encouraged to talk to staff whenever they had any self-harming or suicidal thoughts, so they could be supported appropriately to manage their thoughts without acting upon them.

Staff monitored the amount of alcohol people consumed when this was known to affect their behaviour. One person was at risk of being exploited in the community when they had been drinking. There had been one episode of the person drinking. They informed staff that they remained in control of their drinking and their behaviour so that they were not vulnerable to harm.

One of the commissioners told us the staff managed risks well and understood how to work with people with a history of displaying behaviour which was risky and that challenged services. One person's care co-ordinator said the person behaviour in a way that challenged the service and they said staff had supported the person well to minimise the impact of that behaviour on the person, the other people using the service and the staff. One of the registered managers told us they felt the staff had the time to listen to people and this helped to decrease the amount of risky behaviour displayed.

Assessments had been undertaken to review any environmental risks to people and management plans were in place to address any risks identified. This included informing people that they were not to use the kitchen after 11pm due to the risk of fire if the cooking was left unattended. If people wanted to use the kitchen to cook at night this was discussed with them and if necessary the staff member on duty supported the person to safely do so. A kitchenette was available for people to use 24 hours a day where they were able to make hot drinks and snacks whilst the main kitchen was closed. Due to a historical incident sharp knives were kept securely by staff. People were able to request to use them and they were given back after use. The staff undertook daily checks to ensure all knives were accounted for. Assessments were also undertaken to establish what household items, such as kitchen equipment, people were able to operate independently and safely.

Checks were made to ensure a safe environment was provided. This included gas and electric safety checks, and fire safety checks. We saw that no concerns had been identified from the checks undertaken. The service regularly tested the smoke alarms and fire evacuation procedures so people knew what to do in the event of a fire.

There were sufficient staff to meet people's needs. People told us they liked having staff available 24 hours a day and they told us this helped them to feel safe. They told us staff were available when they needed them and there was always someone around for them to talk to. One person told us they liked that staff took the time to listen to them and provided them with the support they needed. One person's care co-ordinator told us staffing was increased to provide the person with one to one support at night when they required it. We observed staff accompanying people to healthcare appointments, at the person's request, to provide them with support and reduce any anxiety they had about the appointment.

There was an on call system for staff to contact a member of the management team if they needed any advice or additional support. There was also an arrangement in place for the staff member who lived closest to the service to respond to any emergencies at night to provide the staff member on duty and the people using the service with the assistance they required.

Good

Is the service safe?

People received their medicines safely and as prescribed. One person told us, “The staff make sure we get our medicines.” Staff supported people to become independent with their medicines administration.. One person was being encouraged to take more responsibility with their medicines and was being supported to order and collect their medicines. This helped them to understand their responsibilities with regards to management of their medicines and prepare them to move to independent living arrangements.

Medicines were stored securely. We observed one person receiving their medicines. Staff explained to the person that it was time to take their medicines, and ensured the person took their medicine as prescribed. All medicines administered were recorded on a medicine administration record (MAR). We looked at two people’s MAR and these were completed correctly. People who were self-administering their medicines completed their own MAR and staff checked the MAR to ensure people were taking their medicines as required. There was clear identification of people at risk of not complying with their medicines and staff discussed any concerns of non-compliance with the other health care professionals involved in the person’s care.

Some people received some of their medicines at hospital and staff supported the person as required to attend their appointments.

Good

Is the service effective?

Our findings

One person's care co-ordinator told us staff were experienced in working with people with mental health needs and they managed people's needs well. One staff member told us there was lots of training available, and this enabled them to have the skills and knowledge to undertake their role. They said they were able to request additional training and this was provided for them.

Staff undertook a range of training courses to ensure they had the knowledge and skills to carry out their roles and responsibilities. This included first aid, food hygiene, infection control, safeguarding adults, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, Mental Health Act 1983, managing challenging behaviour and de-escalation techniques. Staff also received training specific to meeting a person's mental health needs, including, mentalisation based therapy, cognitive behavioural therapy, supporting recovering, formulating a care plan and positive risk taking. Staff received training to meet people's physical health needs, including managing diabetes. One of the commissioners told us they offered training to services annually, and the staff at Aster House always attended and were committed to developing their knowledge and skills.

The registered manager liaised with the community mental health teams to obtain information for staff about different mental health diagnoses and the roles of different mental health professionals, for example, the role of a care co-ordinator. This enabled staff to know more about a person's diagnosis and how they needed to be supported, and ensure staff knew who to talk to if they had any questions about a person's mental health or the treatment they received.

The registered manager had requested all relevant guidance from the National Institute of Clinical Excellence (NICE) for staff to read, so they could provide support and care to people in line with best practice. The registered managers had also requested information on the Care Certificate. They were planning to undertake this with staff to ensure they had the basic knowledge and skills to undertake their roles and responsibilities in line with recommended induction practices.

Staff discussed during supervision sessions with their line manager the training they had received, so their manager could ensure they understood the information they had been given and answer any questions they had. Supervision sessions occurred every two months. These were used to discuss staff's performance, and to identify any further support they required. Supervision was used to discuss any concerns staff had about a person's safety and how this was to be managed. Staff also received annual appraisals. These were used to discuss staff's achievements and what had gone well. It was also used to identify how the staff member could be further supported and any concerns they had, and how these could be addressed with support from the management team.

Staff were knowledgeable of the Mental Health Act (MHA) 1983 and supported people in line with the restrictions they were subject to. Commissioners told us staff understood the sections of the MHA people were subject to and what this meant. People were supported to adhere to the requirements of their community treatment order and their probation licence, where applicable.

People using the service had the capacity to consent to the care and support provided. We saw that people were asked for their consent prior to support being provided. For example, staff asked a person if they wanted support with their finances and whether they agreed to staff checking on them during the night. Staff were aware of their requirements under the Mental Capacity Act (MCA) 2005. Staff had concerns that one person may not have the capacity to understand the risks to themselves in the community. Staff had requested an MCA assessment to be undertaken. This identified that the person did have capacity and staff supported the person to understand the risks presented to them so they were able to make their own decision as to whether they stayed out overnight. There were no undue restrictions at the service and people were free to come and go from the service as they wished. Staff asked people to inform them when they were going out and when they expected to come back to the service so staff could monitor their safety. One person told us they appreciated that staff gave them a call if they were not back when expected at night to see if they were ok and safe. Staff were aware of the Deprivation of Liberty Safeguards, and no-one using the service was subject to DoLS.

People were able to cook their own meals, and often cooked for all people using the service. The menu was

Good

Is the service effective?

developed weekly and people were able to request meals and identify which days they wanted to cook for the group. We saw that people's requests for specific meals had been incorporated into the menu.

People were supported with any dietary needs they had. This included supporting people to identify an appropriate diet for their needs, for example if they had diabetes.

Staff supported people to maintain their physical health. The staff undertook monthly checks on people's weight and blood pressure to check whether there were any initial signs that people required further support with their physical health. Staff supported people to make an appointment with their GP if they were unwell. The outcomes of people's appointments were recorded so staff could support the person to follow up on anything required, for example, making additional appointments or picking up test results. Staff supported people to attend other healthcare appointments as required to ensure their needs were met, this included district nurse appointments and attendance at diabetes clinics. Information was provided to staff about signs that a person's physical health may be deteriorating, for example if they were requesting more pain relief medicine, so that appropriate action could be taken to meet the person's needs.

Staff had regular discussions with people about their mental health, including if they were experiencing any side effects from their medicines, to identify if they needed any additional support or changes to their treatment. One person's care co-ordinator told us staff were "very quick" at identifying if a person's mental health was deteriorating and the staff communicated with them well in order for the person to get the support they required. They told us staff were good at managing people who were experiencing a crisis and when they needed additional support. If people were admitted to hospital to have their needs met, the staff team remained in contact with them and visited them regularly.

Good

Is the service caring?

Our findings

One person told us they "like staying here" and it was "peaceful" and the staff were "caring". Another person said they got on with all the staff, and that the staff were there for them. They appreciated that they could call the staff if they needed support when they were in the community. A third person told us, "The staff are very nice. I feel comfortable talking to the staff." And that Aster House was "an excellent place to be."

One of the commissioners of the service told us they found the staff to be caring. They said staff spent time talking to people, and treated people with "humanity and respect". They told us the staff had worked hard to build a community feel at the service, and that this had been achieved.

We observed staff speaking to people politely and with respect. Staff spoke to people by their preferred name. Staff respected a person's privacy. Each person had a sign on their bedroom door reminding staff to knock and obtain a person's permission before entering their room, unless they had concerns about a person's safety. We observed staff adhering to this notice and not entering people's rooms without their permission. The service had a policy in place that male staff were only able to enter people's rooms when accompanied by a female staff member.

Staff had built trusting relationships with people, and people told us they appreciated the support staff provided to them. One person said, "Staff talk to you. We have one to one meetings. They give advice and the staff have been supporting me." A key worker system was in place providing people with dedicated time to speak with staff about any concerns they had and also enabled people to request any additional support they required.

People were involved in decisions about their care. One person told us, "You do what you want. No-one tells you what to do. We choose." They were involved in the development of their care plans, and attended regular key work sessions with staff to discuss their needs and the support they received. Staff asked people as to what support they wanted to receive whilst at the service, and provided support in line with people's wishes. For example, we saw that one person was happy to manage their own money but appreciated some support from staff with budgeting.

The registered manager had introduced a suggestion scheme to obtain people's views about the service, and this was used to accommodate people's wishes and preferences. This included asking people about what they would like on the menu and what activities they would like to do. We saw that the suggestions made had been implemented, this included day trips to the coast and to theme parks.

When asked, the registered managers told us the aspect of the service they were most proud about was the support provided to people to reduce readmission rates to hospital. One of the registered managers told us they felt this was due to the support provided to the person and the encouragement they gave people to build their own support structures. So that once they left the service and were living independently they still had the support they required. Families were encouraged to visit the service and people were supported to maintain in contact with their relatives. The registered manager said that some people that left the service occasionally rang the service to ask for advice from the staff, and this was provided. They felt it gave people the comfort that there was support for them if they needed it.

Good

Is the service responsive?

Our findings

The referring agency provided the management team with information about people's needs and their medical history. The registered managers used this information, together with discussions with the person to undertake their own assessment of people's needs. People had a gradual admission to the service so they were able to get to know the staff and the other people living there. It also enabled staff to assess the suitability of the placement and identify if they were able to support people appropriately.

Information was included in people's care records about their medical and physical health, and how this impacted on their independence and the support they required. Each person had a care plan addressing each support need they had. The care plans included a goal that the person wished to achieve so that they had something to aim for. Details were included about how they were going to support themselves and how staff were going to support them to achieve it. Staff supported people with any personal care needs they had, and reminded them why it was important to maintain their personal care to reduce the risks of infection.

Staff were knowledgeable about people's needs and what support they required to become more independent. Staff were aware of people's mental health diagnoses and were aware of the symptoms and signs that a person's mental health was deteriorating. Staff were aware of fluctuations in people's mood and how they impacted on the support they needed and wanted. One staff member told us as a person's mood was declining they provided the person with additional support and encouraged them to participate in more activities to try and prevent their mood from declining further. People were also supported to discuss their feelings and were encouraged to undertake activities known to relax them.

Staff attended people's review meetings with the clinicians involved in their mental health care, so that staff were aware of any changes in people's health or the support they required. It was also discussed at these meetings if people were ready to move to independent living. Staff supported those ready to move to independent living to find and visit potential properties.

One of the commissioners told us there was open communication between the team and themselves. They told us staff were quick to call them if they had any concerns about a person's health or if they needed any advice about how to further support a person. They told us one of the service's strengths was their joint working. They told us, "If we need a bed – we go [to this service] first." Another of the commissioners told us, "We're blessed to have them." They said the service had been "very successful" at supporting people and meeting their needs. They told us they had seen fewer people relapsing or requiring readmission to hospital since being at Aster House.

Staff tailored the service to meet people's needs. One of the people using the service initially got confused when they went out in the community and there was a risk that they would get lost. The service had developed an identification card for the person to carry with them, with the phone number and address of the service so they were able to get help to return if they needed it. One person using the service had restricted mobility and found it difficult to stand for long periods of time. The service had bought equipment to enable the person to sit down in the shower, so they could attend to their personal care safely. A traffic light system had been introduced to support one person to express their mood and identify how much contact they wanted for staff. The traffic light system was displayed on their bedroom door. If they set it to green it meant they were open to communication and welcomed discussion with staff and other people using the service. If they set it as red they did not wish to communicate with anyone and wished to have some time on their own.

Staff worked with people to identify any college courses or volunteering opportunities they would like to take part in. The service had links with the local college and volunteering centre. One person told us they had recently completed an English course. Staff supported people to develop their skills, this included budgeting and cooking skills.

People have their own interests and hobbies, and staff supported them as required. For example, some people liked creative writing, drawing and knitting. The service benefitted from a large garden and some people liked having a vegetable patch and growing their own vegetables. One person had requested to grow some tomatoes and another person had requested to grow some strawberries. The registered manager had purchased these for them to plant and grow their own fruit and vegetables

Good

Is the service responsive?

as they wished. An activity plan was in place giving people the opportunity to be involved in group activities at the service and in the community, including leisure and cultural activities. Staff kept a record of what activities people participated in, either as a group or individually. We saw that most people were active and engaged in activities daily.

Meetings were held with people using the service to discuss what they wanted from the service and if there was anything they wanted to change. One person said the meeting enabled people to "discuss all the things that are affecting us." People told us that previously there was no allocated day for people to do their laundry, this meant that there were times when everyone wanted to use the washing machine at the same time. After discussion at a meeting it was decided as a group that a rota would be put in place so people had allocated days when they were to use the washing machine. This was in place at the time of our inspection and people told us it had improved the situation. We saw that meetings were also used to remind people that they were able to access their care plans if they wished. People were reminded that the management team had an open door policy and people should approach them if they had any concerns about the service or the support they received.

The complaints process was displayed in a communal area. People were aware of how to make a complaint and staff asked people during key worker sessions if they had any concerns or complaints, so these could be investigated and addressed. We saw that all complaints were reviewed by a member of the management team to ensure appropriate action was taken to address the concerns raised. We saw that the complaints made had been addressed and people were supported to escalate their concerns as required, for example, if they wanted to report anything to the police. The management team reviewed the complaints received every three months to identify any trends, and to establish any learning for the team to reduce the complaint from recurring.

The service had received a number of compliments from people about the support they had received from staff. One person told us, "It's a good service… I have no complaints."

Good

Is the service well-led?

Our findings

One person told us about one of the registered managers, "The manager is very good. He knows the job inside out. He is a friend and at the same time a professional. He knows his stuff very well. He knows what he is talking about."

One of the commissioners told us the manager was "hands on". They told us that if they had any questions, he knew the answer. They said that he knows the people, their needs and what support they needed to move on to independent living. They told us they were "very pleased with the service" and they were "happy with how they support people". One person's care co-ordinator told us the management team's qualifications and experience meant they knew what they needed to do to meet people's needs and provide an "efficient" service.

Systems were in place to support staff. This included debriefing meetings after an incident as well as regular supervision and team meetings. The debrief meetings were used to discuss how staff felt about what they had experienced, for example when there was a death at the service, and whether there was any additional support they required. The meetings were also used to reflect on their practice and identify any improvements required.

Team meetings were held every couple of months. We viewed the minutes from the last team meeting. The meetings were used to discuss the support provided to people including engagement in key worker sessions, how the traffic light communication tool was working for one person, and asking staff to remind people to complete the satisfaction survey. Staff were also informed to continue to provide people with a choice about what they engaged in whilst at the service. The meeting also reminded staff about their responsibilities particular in regards to maintaining accurate records about the care and support provided to people.

A suggestion scheme had been introduced for staff. This gave staff the opportunity to make suggestions about the service, and anything in addition they wanted the service to offer. We saw that staff had used this scheme to identify some further training they wished to receive, and this was being sourced and booked. This included training on supporting people with their sexual health. Staff had also requested to have more training in house and have the external trainer come to the service to deliver the training, as some staff members felt more comfortable speaking within the staff team rather than at an external venue with a bigger group. This had been accommodated and more training was being delivered at the service.

One staff member told us there was good team working and they "trusted each other". They said the team supported each other and they could always go to their manager or other colleagues if they needed any help or advice. One staff member said they had a supportive and approachable management team. They told us they had 24 hour access to both of the registered managers, as they were on call if they were not on shift, so they could get support as they needed it. They told us the registered managers checked to see how they were and if there was anything they needed.

The management team asked people, the clinicians involved in people's care and staff to feedback about the service. The management team had recently introduced another feedback form for staff to complete on the leadership and management of the service. This change was made in response to the changes in the methodology used by the Care Quality Commission and to help them identify any improvements required under the 'well-led' section. The feedback from staff showed they felt the management team listened to them, they were encouraged to give their ideas and they were able to get advice and support when they needed it. They felt they had the skills to support people and felt they received the training they required.

We viewed the most recent feedback received from people and the responses were positive about the service. People stated they were happy with the quality of care provided, they liked the activities on offer, they felt safe at the service and they felt staff supported them as required.

Feedback from the clinicians involved in people's care showed high satisfaction with the quality of care. They said that staff put recommendations from review meetings into practice, there was good information sharing, and that staff were skilled in dealing with emergencies and supporting people in crisis.

One of the commissioners told us the management team asked them for their feedback on the service every six months. Upon asking, the commissioner was unable to identify any area of the service that required improving.

Good

Is the service well-led?

One of the registered managers undertook audits to review the quality of service delivery make improvements where required. This included reviewing the health and safety of the service, infection control procedures, care plans, clinical waste procedures, and medicine management processes. No concerns had been identified in the most recent audits undertaken. The registered manager had a pharmacist come to audit their medicines management processes, and made changes in line with the pharmacist's recommendations.

The registered manager also undertook checks to ensure people received the support they required and the service's procedures were being followed, for example, key work sessions and resident meetings were being held.

There was a process for recording all incidents at the service. The service notified us as required from their registration of any incidents that involved the police or led to a serious injury. The registered manager reviewed all incidents that occurred to ensure people were supported appropriately and to identify any patterns in incidents. We saw that most incidents clustered around one person at the service. The staff were in liaison with the person's healthcare team to ensure they were supported appropriately and incidents were minimised at much as possible.

The registered manager recorded all medicine errors, however, they felt that the number of errors was not meaningful and therefore they had changed the way they recorded medicine errors. Medicine errors were now categorised according to severity and the impact on people using the service, so that appropriate action could be taken to address any concerns.

One of the commissioners told us they undertook their own unannounced visits to review the quality of the service. They found the service always had sufficient staff on duty, the environment was clean, there were activities being delivered and people were engaging well with staff.