

Nottingham Community Housing Association Limited

2-4 Watcombe Circus

Inspection report

2-4 Watcombe Circus
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 22 February 2017 and returned on 1 March 2017 announced.

2-4 Watcombe Circus provides accommodation and personal care for up to 12 people living with learning disabilities and an autistic spectrum disorder. On the first day of our inspection there were 12 living at the service and 11 people on the second day.

2-4 Watcombe Circus is required to have 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. At the time of the inspection the registered manager was in post. They were available for the first day of our inspection but not the second day.

Some concerns were identified with the health and safety of the environment which the provider took immediate action to address. The Mental Capacity Act 2005 was not fully adhered to.

Staff were aware of their responsibilities to protect people from abuse and avoidable harm. Staff had received adult safeguarding training.

Risks associated to people's needs had been assessed and planned for and were regularly reviewed. Accidents and incidents were recorded and monitored and action was taken to reduce further reoccurrence.

There were sufficient and experienced staff available to meet people's individual needs and safety. Safe recruitment practices meant as far as possible only suitable staff were employed.

Staff received an induction, training and appropriate support. People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People received a choice of meals and independence was promoted.

Staff had a good understanding and awareness of meeting people's healthcare needs. People's healthcare needs had been assessed and were regularly monitored. The provider worked with healthcare professionals to ensure they provided an effective and responsive service.

Staff were kind, caring and respectful towards the people they supported. They had a person centred approach and a clear understanding of people's individual needs, routines and what was important to them. However, people's individual communication needs were not consistently met.

People were involved as fully as possible in their care and support. People had information to inform them of independent advocacy services.

People were supported to participate in activities, interests and hobbies of their choice. Staff promoted people's independence. A complaints policy and procedure was available and people knew how to make a complaint if required.

The provider enabled people who used the service and their relatives to share their experience about the service provided.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits. In addition the provider had further systems in place that provided monitoring of the service. However, these were not as effective as they should have been; shortfalls identified at this inspection had not been identified.

A registered manager was in post. Statutory notifications had not been sent to the CQC when required.

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.

Some health and safety issues were found with the environment and the provider took immediate action to make improvements.

People received their prescribed medicines safely.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The Mental Capacity Act 2005 had not been fully adhered to.

Staff received an induction, training and supervision.

People received sufficient to eat and drink and were supported with their dietary needs.

Healthcare needs were assessed and monitored and staff worked with external healthcare professionals to meet people's needs.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and respectful and treated people with compassion.

Staff had a good understanding of people's needs.

People were provided with the information they needed that enabled them to contribute to decisions about their care.

Independent advocacy information was made available for people.

People's dignity and privacy were maintained by the staff and relatives were able to visit whenever they wanted to.

Is the service responsive?

The service was responsive.

People were involved as fully as possible in how they received their care and support. People were supported with activities that reflected their interests and hobbies.

People's individual needs, routines, preferences and what was important to them was recorded and understood by staff.

People knew how to make a complaint.

Good ●

Is the service well-led?

The service was not consistently well-led.

Systems were in place to monitor and improve the quality of the service provided, however, they were not fully effective.

A registered manager was in post. Statutory notifications had not been sent to the CQC when required.

People and their relatives were involved or had opportunities to be involved in the development of the service.

Staff were supported and felt confident with the leadership of the service.

Requires Improvement ●

2-4 Watcombe Circus

Detailed findings

Background to this inspection

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

This inspection took place on 22 February and 1 March 2017. The first inspection day was unannounced and the second announced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we asked the provider to complete 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 also contacted the commissioners of the service, healthcare professionals and Healthwatch to obtain their views and feedback about the care provided at the service.

We spoke with six people who shared their views about some aspects of the service they received. Due to some people's complex needs associated with their learning disability, we were unable to communicate with them to gain their views about the care and support they received, and used observations to help us understand their experience.

During the inspection we spoke with the registered manager, deputy manager and three care staff. We also spoke with a visiting healthcare professional. We looked at the relevant parts of the care records of five people, three staff recruitment files and other records relating to the management of the service. Including medicines management, staff training and staff duty rotas, the systems in place to monitor quality and safety, meeting minutes and arrangements for managing complaints.

After the inspection we spoke with four relatives for their feedback about how the service met their family member's needs.

Is the service safe?

Our findings

We looked at the safety of the premises and environment internally and externally. In a ground floor toilet a hole was found in the ceiling. The deputy manager said this was a result of a problem in the room above, the work had been repaired but not to the ground floor toilet and there was no date of when this would be fixed. During our inspection the deputy manager contacted the provider and arrangements were made for the repairs to be completed the following day of our inspection.

People told us that staff supported them with their prescribed medicines. One person said, "They [staff] give us me tablets." Relatives were confident that their family member was supported appropriately with their medicines. One relative told us, "I'm not sure what medicines [relative] takes but I have no concerns how staff manage them."

We spoke with a staff member about how medicines were ordered, administered and managed. We observed people received their medicines safely; this included the staff member remaining with them to ensure they had taken their medicine. Records confirmed staff had received appropriate training in the administration and management of medicines.

We identified from the Medicine Administration records (MAR) there were frequent gaps of staff signatures for the application of prescribed creams and eye drops. We concluded after checking creams and talking with staff that this was a recording error not an administration issue. Whilst we did not see that body maps were used to inform staff of where creams were to be applied, the provider's representative told us after our inspection that this had already been identified and staff were in the process of receiving additional training.

We did a sample stock check of medicines and found these to be correct. However, a medicine used as and when required was found to be out of date. A replacement medicine had been ordered and was in stock but stored separately. This meant there was a potential risk that the person may have received medicine that was out of date. Where required people had protocols in place to instruct staff of when and how to administer medicines prescribed to be taken as and when required. However, we found there were inconsistencies in the level of detail to support staff to administer these safely. Whilst there were systems in place to audit and check the management of medicines these issues had not been identified. Following our inspection the deputy manager informed us of information that showed action had been taken to address these shortfalls.

People we spoke with were aware of safeguarding and what this meant in terms of them being protected from harm. One person told us what they would do if they felt unsafe. This person said, "Oh dear, I'm thinking about that one, tell the police, the staff." The feedback received from people was that they felt staff supported them to keep safe.

Relatives were positive that their family member was protected appropriately. One relative told us, "I receive a call if there has been any incidents, the staff tell me what's in place to reduce further incidents, I feel

[relative] is protected and safe."

Staff demonstrated a good awareness of how to protect people from avoidable risk. They knew the different categories of potential abuse and what their responsibilities were if they had concerns about a person's safety. One staff member said, "We've had safeguarding training and have a flow chart to follow of the action to take if we have concerns. The management always take action, I'm confident people are safe here."

We observed staff were attentive to people's needs and were knowledgeable about any potential conflict people could get into with each other. Records confirmed staff had received appropriate safeguarding training and had information available to support them to respond to any safeguarding incidents. Where incidents had occurred these had been reported to the local authority safeguarding team responsible for investigating safeguarding concerns. We completed a sample check of how people's personal finances were managed and found safeguards were in place that protected people from the risk of financial abuse.

Risks to people's needs had been assessed and planned for. Relatives told us they felt their relative and themselves, were involved as fully as possible in discussions and decisions about how risks were managed. One relative said, "Yes, I feel risks are managed well, [relative] is involved as fully as they can be. They can't go anywhere by themselves, staff have to support them to keep them safe."

Staff gave examples of how they supported people with known risks. This included reading people's support and risk plans. One staff member told us, "We discuss risks with people and we check people's needs and safety in relation to their emotional needs as well as the environment."

We observed staff supported people appropriately without placing unnecessary restrictions on them. For example, some people accessed the community independently and people had access to all areas including the kitchen where they were supported and encouraged to make drinks and snacks.

We found from people's care records that any risks associated to the health or well-being had been assessed. Risk plans were in place to support staff of the action required to manage known risks and these were regularly reviewed. For example, we noted a person had been assessed as being at risk of choking. Their risk plan advised staff of the support they required with eating.

Accidents and incidents were recorded and reviewed by the management team to ensure staff had taken responsive and effective action. There was also a system in place whereby these were reported to senior managers within the organisation for review. This told us that the provider had ongoing oversight and people could be assured incidents were monitored and reviewed to reduce the risk of reoccurrence.

People had emergency evacuation plans in place that informed staff of people's support needs in the event of an emergency evacuation of the building. The provider also had a business continuity plan in place and available for staff that advised them of action to take in the event of an incident affecting the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

There were sufficient staff available to meet people's needs and safety. A person showed us an alarm they had in their bedroom and said they used this to call staff for assistance when required. When asked if they had to wait a long time for a response they said, "No."

Relatives were confident there were sufficient and experienced staff available to meet their relative's needs. One relative said, "Staffing levels appear okay as far as I know."

Staff told us that the registered manager had made some changes to their shift patterns that had made improvements to how people were supported. One staff member said, "Some people have additional one to one support, they always get this, the staff rota confirms what staff are providing this support. We now have staff working different hours during the day to make sure people have the right support." The registered manager told us that they regularly reviewed the staffing levels which varied and were flexible dependent on people's needs. The staff rota confirmed what we were told.

When there were shortfalls in the staffing levels due to leave or sickness these were covered by other staff members. An example of this was on the second day of our inspection, a staff member worked an additional shift due to another staff member not being available for work. This told us that people could be assured action was taken to ensure they had the required staff available to support them safely.

The provider operated an effective recruitment process to ensure that staff employed were suitable to work at the service. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We looked at three staff files and we saw all the required checks had been carried out before staff had commenced their employment. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service. This showed that the provider had appropriate recruitment processes in place to keep people safe as far as possible.

Is the service effective?

Our findings

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

Where people lacked mental capacity to make specific decisions about their care and support we saw examples of MCA assessments had been completed. For example decisions about medicines and finances had been assessed. However, we found best interest decisions had not been recorded to show who and how these decisions had been made and that least restrictive options had been considered. Some assessments were found to have no date of completion or had not been reviewed. We saw a person had a restriction placed upon about an activity they enjoyed. However, an MCA assessment and best interest decision had not been completed to show why this restriction was in place and who had been involved in this decision. Whilst the deputy manager informed us after our inspection an MCA assessment and best interest decision had been completed, we were concerned there was a lack of understanding by the management team of their responsibility in protecting people's rights.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager told us and records confirmed, where concerns had been identified about restrictions on people's freedom applications had been submitted to the supervisory body.

Staff told us they had received MCA and DoLS training and records confirmed this. We found staff were aware of the principles of this legislation and they told us how they supported people to be involved as fully as possible in choice making decisions. One staff member said, "We assume everyone has capacity unless proven they haven't. We can make day to day decisions in people's best interest but some decisions need others such as relatives and professionals involved."

Care records contained guidance for staff on how to effectively support people with behaviours that might challenge others. Where people were able to consent to their care and support they had signed their support plan to confirm this. We also saw how staff gained people's consent before providing care and support.

People we spoke with were positive about the staff that supported them and said they felt staff knew them well and how to support them. Relatives felt staff were competent in supporting their family member's needs. One relative described a named member of staff as, "They are wonderful, just seem to know and understand [relative] so well." Another relative told us, "I don't know what training staff have received but I think staff are competent and knowledgeable, I'm confident they care for [relative] well."

Staff received a structured and planned induction that included the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff. Staff were positive about the training opportunities they received. One staff member said, "We receive refresher training to keep our knowledge and skills up to date." Staff told us that they received regular opportunities to meet with their line manager to discuss their work and review their training and development needs. One staff member said, "We have one to one meetings about every six weeks or can ask for one sooner. It's nice to be open, get feedback and once a year we get an appraisal of our work and performance."

We found from records viewed that staff were appropriately training and supported to enable them to provide people with effective care and support. The staff training plan demonstrated staff had received appropriate training opportunities. This included training in health and safety, first aid, infection control and learning disability awareness. We found staff to be knowledgeable about people's needs.

People told us about their favourite foods and that they received sufficient to eat and drink. One person told us, "I like my food, yeah. Somethings you like, and somethings you don't like. You can't choose (dinner) you have to have what everyone else has." Another person said, "I want a drink, I can do it myself."

A relative said that staff supported their family member with their dietary needs well. They said, "Staff encourage healthy eating and are aware of the foods [relative] has to be careful with."

Staff told us and records confirmed that people were involved in the weekly planning of meals. Staff showed us pictures they used to support people with choice making. They also gave good examples of how they ensured people were supported appropriately with their food preferences. Some people had specific needs and we found food stocks were available to meet these and staff were knowledgeable about how to support people effectively.

We observed people were offered and had access to snacks including fruit and drinks throughout the day and were given individual choice with their lunchtime menu. Where required, people's food intake was recorded and monitored. People were supported to have their weight regularly monitored. Records confirmed when concerns were identified, contact with external health professionals were made for advice and guidance.

Relatives were positive that their family member was supported to access health care services appropriately and that health needs were monitored and well met. One relative said, "The staff are on the ball if people are poorly, the doctor is called."

We received positive feedback from a healthcare professional about how staff met people's health needs. This included following any recommendations made.

Staff gave examples of how they supported people with their health needs. People's care records confirmed people's health needs had been assessed and planned for. Staff had the required information to know how to support people. Records showed that people were appropriately supported to attend health appointments such as the dentist and optician to have their health monitored.

People had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. People also had health action plans that recorded their health appointments. We found care records gave examples of the staff working with external healthcare professionals such as the GP, dietician, physiotherapist and

psychiatrist.

Is the service caring?

Our findings

People who used the service spoke positively about the staff that supported them. Many people had resided at the service for a long time, and most staff had also worked at the service for a considerable length of time. This was apparent through the observations of engagement between staff and people who used the service. People were relaxed within the company of staff and friendly and jovial exchanges were had.

Staff demonstrated they understood people's individual needs and preferences. People had a range of diverse needs and staff showed a good understanding of what these were and what was important to people. People's care records were detailed and informative; this ensured staff had the required information to provide an individualised service. This included information about their family, interests and preferred daily routines. This helped to ensure staff were able to develop meaningful and caring relationships with people who used the service.

Staff showed great concern and compassion for a person who was being cared for at the end stage of their life. Staff had gone above and beyond to support this person and family. For example, some staff worked additional hours and visited the person on their day off. A staff member said, "I think the staff team has provided outstanding care at a very difficult time." It was apparent that staff were attentive to the person's needs ensuring they were comfortable. They liaised with healthcare professionals well, and provided support and sensitivity to the person's family and other people who used the service.

We observed a staff member supported a person to change into a clean top and another member of staff sensitively and discreetly supported a person when they required personal care assistance.

On the whole staff supported people effectively with their communication needs. Alternative methods of communication were used and picked up on, such as gestures, body language and behaviour. However, we read one person's communication support plan that gave staff instruction of using objects of reference to communicate with the person. An object of reference is any object which is used systematically to represent an item, activity, place, or person. We asked two staff about this person's support plan; they were unable to explain the use of objects of reference and said they did not use this method of communication. Whilst we observed one member of staff on one occasion, correctly supported the person as described in their support plan, they used no verbal communication or social interaction. Their approach was distant and lacked care and attention.

We saw fire exits were clearly marked in easy read language for people with communication needs. The lift had photographs of people at the floor level their bedroom was situated to enable them to use the lift independently. Other signage to support people to orientate around the service was not present. The deputy manager said that this was not a need at present but would consider this as people's needs changed.

Relatives told us that their family member was supported to maintain and develop their independence. One relative said, "Staff involve [relative] as much as possible, they get involved with the cooking, washing up

and laundry, their independence is promoted."

Staff showed a commitment to promoting people's independence as much as possible. One staff member said, "We encourage people as fully as possible to do as much as they can for themselves." We saw how staff supported people with their independence at every opportunity and regardless of how much people could do for themselves they were encouraged.

We saw that there was information available about an independent advocacy service. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. This information was not displayed for people who used the service but the deputy manager agreed to make this available and after our inspection confirmed they had done this.

People told us they had a support plan and that they had been involved in discussions and decisions about how they were supported. Most relatives told us they felt involved in their relatives care, however one relative said they would like more communication and involvement. We shared this with the deputy manager.

People's care records showed that they were consulted on a regular basis during one to one discussions with staff about the care and support they received. We saw examples of support plans presented in an appropriate format for people with communication needs that enabled them to understand what was recorded about their care.

People told us that staff were respectful and their dignity and privacy was maintained. People told us that staff knocked on their bedroom doors before being invited in. Relatives said that they found staff to show dignity and respect. One relative said, "It's a good service where staff are polite, it's a place where you would want your loved one to be." Another relative told us, "Staff treat [relative] really well, as an individual, respect and dignity is spot on."

Staff gave examples of how they respected people's dignity and privacy when providing personal care and support. Staff told us there were no restrictions about people receiving visitors and relatives confirmed they could visit their family member at any time. We found people's personal information was respected, for example it was managed and stored securely and appropriately.

Is the service responsive?

Our findings

Relatives were positive that their family member and themselves were involved in the pre-assessment and development and ongoing review of their care and support needs. One relative said, "We looked around the service and we both [self and relative] felt it was a good place and the right environment." Another relative told us, "They [relative] settled in straight the way and made friends with other people, they are so much happier living there and it's a big relief for me to know they are happy and settled."

Staff told us that information about people's routines and what was important to them was available and that this gave them the information required to provide a personalised service. A staff member said, "We have information available but we ask people what they want to do and listen and support people with their activities and interests." Staff were easily able to tell us about people's different interests and how they liked to spend their time.

We looked at a person's pre-assessment. This information is important to ensure the service can meet people's individual needs and is a time to consider if additional resources or staff training is required. This information was then used to develop person centred support plans that informed staff of people's needs and wishes. Support plans were regularly reviewed and we saw examples when they had been amended due to a change in a person's needs.

People's care records provided staff with detailed information about people's interests, hobbies and what was important to them in terms of their routines. People's religious and cultural needs were assessed and supported. For example, one person told us that they regularly attended church and that this was important to them. A staff member told us how a person liked to wear their hair in a particular style and how staff supported them with this. Some people showed us their bedrooms which were personalised to their individual taste.

People told us how they spent their time doing the activities that were important to them. One person said that they enjoyed knitting. We observed this person knitting with a staff member who sat beside them also knitting. They told us, "Knitting helps to keep their hands nimble. They 've also taught me how to knit." Another person told us, "I've got a bus pass, I go everywhere, I don't tell anyone, I just go. I went to Lincoln one afternoon the Christmas market with staff." An additional person enjoyed using their iPad and we saw them using this. A person showed us their colouring books that they choose and enjoyed completing.

Staff told us that until 2016 people were supported to go on holidays, but due to financial changes this was no longer provided by the service. The deputy manager said they were exploring how people could still be supported to have a holiday. Staff also said that people accessed and participated in a range of community activities this included a person attending a pottery classes, there were examples of this person's pottery around the house. Some people accessed a community day service and a local resource that had a multi-sensory room people enjoyed using. A person also had a voluntary job in a local charity shop until their health deteriorated. Leisure activities also included shopping and lunch trips, one person particularly enjoyed the cinema. Records confirmed people participated in activities as described to us.

The two days of our inspection were both on Wednesdays' which were described by the deputy manager as a quieter day. We observed a person was supported to attend a health appointment, another person was supported by a member of staff to visit local shops of their choice and a person went out with their relative. Other people spent time sitting in the lounges or were in their bedrooms.

People told us that they knew how to make a complaint and explained to us what this would involve. On the days of our inspection we did not see the provider's complaint policy and procedure was on display for people. The deputy manager agreed to make this available and after our inspection confirmed they had done this. The information forwarded to us showed that this was provided in appropriate easy read language to support people with communication needs. Relatives told us that they would not hesitate to use the complaint procedure if required.

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The complaints log showed that one concern had been made. This had been responded to in a timely and appropriate manner.

Is the service well-led?

Our findings

The provider had not notified us of incidents in the service, which they are required to by law. We saw there had been incidents of a safeguarding nature which had been referred to the local authority safeguarding team responsible for investigating safeguarding allegations. However, statutory notifications had not been submitted to us. A failure to notify CQC of incidents has an impact on the ability of the CQC to monitor the safety and quality of the service. We discussed this after the inspection with the provider's representative who agreed to take action to ensure future allegations of safeguarding's were reported appropriately.

People who used the service knew who the registered manager and deputy manager was and said that they were able to talk to them if they had any concerns. During our inspection days we observed the management team were visible and available to people. They engaged with them clearly demonstrating they knew people well.

Relatives spoke positively about the management team and said they were confident with their leadership of the service. One relative said, "The manager and deputy are very good, they are always available, I can phone and speak to them anytime."

Staff told us that they management team were approachable, knowledgeable and a good support to them. Staff commented on the registered manager making improvements since they took up their position and said, "The manager has made some good changes, I would describe the service as an improving one."

We asked relatives if they were invited by the provider to complete a survey asking for their feedback about the service as part of the provider's quality assurance systems. The relatives we spoke with could not recall being asked to provide feedback.

The deputy manager told us that questionnaires were sent out annually inviting people who used the service and relatives for feedback about their experience and improvements required. They said that the results were then analysed and used to develop the strategy plan for the service. We saw the strategy plan that was detailed and showed areas of improvement for the service with timescales and who was responsible for the changes.

The management team also gained feedback from people who used the service holding a fortnightly 'speak out Saturday house meeting.' To generate people's interest and participation staff provided a buffet lunch as a creative way to encourage people to join in. We saw the last three meeting records. These demonstrated people were consulted about issues relating to house rules, changes within the service, menu, health and safety activities and the complaints procedure was discussed. We noted a person had requested a trip to Skegness, records reviewed that this had been planned for April with staff requested by the person.

People who used the service and relatives were also given a quarterly update that communicated updates in a variety of areas including changes to staffing, the environment, activities, and about the continuous

improvement plan for the service. People were also invited to give feedback direct by speaking with the management team or completing praise and grumble forms that were sent with the newsletter or located within the service. This told us that the provider actively encouraged and enabled people who used the service and relatives to share their opinions and that they were included in how the service developed.

Staff told us that they had regular staff meetings where they could raise any issues or concerns and make suggestions. We saw the last two meeting records that demonstrated the management team were clear about staff's role and responsibilities and the standard of care and support expected. Actions identified as areas of improvement were recorded and reviewed.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

The deputy manager told us about quality assurance systems and processes in place that monitored the quality and safety of the service. This involved daily, weekly and monthly audits and we saw these records included areas such as staff training, supervisions, care records, health and safety. However, a more thorough approach to ensuring medicines were managed correctly, health and safety issues were responded to in a timely manner and the Mental Capacity Act 2005 was fully adhered to.

The provider also had representatives from the organisation that completed audits that monitored the effectiveness of the service. We saw records that showed where improvements had been identified action plans were in place to make these required changes. This told us that the provider was continually reviewing and improving the service.