

United Response

Domiciliary Care South Devon

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

Domiciliary Care South Devon is a domiciliary care agency. The service provides care and support to people with learning disabilities living in 'supported living' settings, so that they can live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. Not everyone who uses the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of the inspection the service was supporting twenty-six people in a supported living setting.

This inspection took place on 21 and 22 August 2018 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

The service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. By following these principles, services can support people with learning disabilities and autism to live as ordinary a life as any other citizen.

The service had 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 and comfortable with the staff that supported them. All of the people we met looked relaxed and happy. When we asked one person if they felt safe with staff they told us, "Yes definitely." People were protected from the risks of abuse and harm. Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy and were confident any issues would be dealt with thoroughly.

People were supported by kind and caring staff who treated them with dignity and respect. People's individuality was respected and encouraged. Support plans emphasised people's abilities and reminded staff to promote people's independence. Support plans were informative, detailed and reflected people's choices, aspirations and personalities. Each area of the plan reflected how the person wished to receive their care and support, described the person's skills and the support they needed from staff.

People were supported to live life the way they wanted to, and staff knew people's interests and how they preferred to spend their time. Every element of the care and support that staff provided was focused upon the preferences, aspirations and needs of people using the service. Social needs of people were given as much importance as people's physical needs. Staff recognised that social interaction improved people's

wellbeing and promoted a positive emotional response.

Support plans contained person-centred risk assessments. These identified risks and described the measures to be taken to ensure people would be protected from the risk of harm. This supported people to do the things they wanted to live their life fully. Where risks had been identified, management plans were developed to help ensure support staff knew how to support people safely.

Recruitment procedures were robust and records demonstrated the service had carried out checks to help ensure staff employed were suitable for their role. Staff received appropriate training and support to effectively provide safe care and treatment. Newly appointed staff undertook a comprehensive induction programme, shadowed more experienced staff, and did not work alone until managers were confident they had the right skills to carry out their role.

People's rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding (DoLS). People were encouraged to make choices and were involved in the care and support they received. Staff told us they would always respect people's decisions.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure. The service had an effective quality assurance system in place to help identify areas of improvement and enable the provider to address them promptly.

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 protected by robust recruitment procedures and appropriate checks were undertaken before staff started work.

People were supported by enough staff to meet their needs.

People were protected from harm as the provider had systems in place to recognise and respond to allegations of abuse.

Staff understood the risks people lived with and their role in minimising risk whilst respecting people's choices and freedoms.

Is the service effective?

Good ●

The service was effective.

People were supported by skilled and experienced staff who received regular training and supervision, and who were knowledgeable about people's needs.

People were supported to make decisions about their care by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to maintain a healthy balanced diet and supported to access health professionals to ensure their health needs were met.

People had timely and appropriate access to healthcare.

Is the service caring?

Good ●

The service was caring.

People who used the service had developed positive, caring relationships with their support workers.

Staff had a good knowledge of people, their families and important events in their lives.

People were supported by staff that promoted independence and respected their dignity.

People and their relatives were involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People benefitted from care plans that described their day to day health and personal care needs in detail

People received personalised care that was responsive to their individual needs

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

Good ●

The service was well-led.

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Quality assurance systems drove improvements and raised standards of care.

Records were well maintained and stored securely.

Domiciliary Care South Devon

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 was 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 21 and 22 August 2018 and was announced. The provider was given 24 hours' notice because the location provides a supported living service to people who are often out during the day; we needed to be sure that someone would be in. One adult social care inspector carried out this inspection. Prior to the inspection, we reviewed the information held about the service. This included notifications we had received. A notification is information about important events, which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the first day of the inspection, we visited the service's office to review documentation relating to people's care and support needs, staff recruitment and training and look at how the service ensured the safety and quality of the support provided to people. We met with the registered manager, senior area manager for United Response, line manager, project manager for multimedia and technology, business engagement manager, four team leaders and two support workers and spoke to another support worker on the telephone following the inspection. During the second day of our inspection, we visited people in their own homes and at their work placements. We spoke with four people who used the service. Following the inspection, we spoke with three relatives over the telephone. We also received feedback from three health and social care professionals.

Is the service safe?

Our findings

People told us they felt very safe and secure with the service they received. When we asked one person if they felt comfortable and safe with staff they told us, "Yes definitely." All of the people we met looked relaxed and happy with the staff who supported them. We observed the interactions between people and staff were friendly and appropriate. A relative we spoke with said they were very happy with the service and felt their family member was safe and the staff were fully equipped to provide them with the care they needed.

People who used the service were potentially vulnerable to abuse due to their learning disabilities. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries. Staff were confident the registered manager or their line managers would deal with any concerns to ensure people were protected.

People were safe because risks associated with their support needs; lifestyle choices as well as those relating to the environment had been identified and assessed. Staff understood the support people needed and how to promote their independence and freedom, yet minimise the risks. Where risks had been identified, management plans were developed to help ensure staff knew how to support people safely. For example, one person had risks associated with the management of their epilepsy. Support plans contained detailed guidance and protocols for staff to follow when the person experienced a seizure. Staff received training in providing the required medicines and knew when and who to notify if their seizures were prolonged.

Although the service was not directly responsible for people's premises and equipment, staff carried out risk assessments and checks to ensure the physical environment was safe. If any concerns were identified, staff informed the relevant property owner or housing association so action could be taken. There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and there was always a senior manager available to provide advice and support.

Positive behaviour support plans were in place for people who displayed distressed behaviour and they were regularly updated to ensure they provided accurate information. The care plans contained detailed information to show staff what might trigger the distressed behaviour and what staff could do to support the person. They provided guidance for staff to give consistent support to people and help them recognise triggers and help de-escalate situations if people became distressed.

Robust recruitment processes were in place for the safe recruitment of staff. This included obtaining satisfactory references; completing identity checks and recording staff members full employment history including exploring any gaps in employment. Checks by the Disclosure and Barring Service (DBS) were also completed. The DBS provides information about people's background, including convictions to help employers make safer recruitment decisions. The registered manager confirmed staff were specifically matched depending on their interests, life experiences and skills to support people on an individual basis.

New staff shadowed experienced colleagues until senior staff felt they were competent to provide personal care and support. This helped ensure support workers felt confident and risks were minimised.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and the number of staff supporting a person could be increased or decreased as and when their needs changed. Staff worked in small teams with people they supported so the person became familiar with all the staff. As the service supported people to learn new skills and to become more independent in activities of daily living a person might over time require less staff support.

People received their medicines in a safe way. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were appropriately trained and understood the importance of safe administration and management of medicines. The registered manager told us staff also received training with regard to administering specialist medicine for severe seizures and we saw specific protocols and guidelines were in place for staff to refer to. The service medicines policy stated what staff could and could not do in relation to administering people's medicines. People's individual support plans described in detail the medicines they had been prescribed and the level of assistance required from staff. These guidelines included information about people's medical history and how they chose or preferred to be supported with medicines.

Where people were prescribed medicines to be given "as required," such as for the management of pain relief, guidance had been provided for staff as to when this should be used. Any risks in relation to medicines had been assessed and any specific arrangements, such as safe storage in the person's home, had been considered.

The provider investigated accidents and incidents. Staff were aware of the reporting procedures for any accidents or incidents that occurred. Reporting forms were available for staff in people's homes so they could be completed, uploaded onto the management system and acted on promptly. Records confirmed appropriate action had been taken when accidents or incidents had occurred. Where necessary changes had been made to reduce the risks of a similar incident occurring in the future.

The provider had a policy in place for infection control and staff had received training in infection control and food hygiene. Protective clothing such as gloves and aprons were available for staff to help control the spread of infection.

Is the service effective?

Our findings

People spoke positively about the staff who supported them and they were satisfied with the care and support they received. Relatives told us they felt staff had the skills and knowledge to meet their family member's needs. One relative told us, "The service is absolutely fantastic."

Care and support was planned and monitored to ensure consistency, in line with current guidance, legislation and best practice. People's needs were robustly assessed and regularly reviewed and reference was made to external healthcare and support services where necessary. The assessment recorded people's needs and choices, and consideration was given to people's physical needs, social, psychological and emotional needs. Where people had behaviours that could be perceived as challenging, support plans were in place to provide guidance to staff on how to manage them. Staff were knowledgeable about triggers for people's behaviours and how to interpret and diffuse situations. For example, one staff member told us, "I know that I need to use simple instructions and not overwhelm [name] with too much information." Staff effectively applied their learning and knowledge to provide the quality of life and care outcomes people wanted.

People were supported by staff who monitored their health and well-being to help ensure they maintained good health and identified any problems. Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to their health or wellbeing had been identified. Records were kept of appointments with healthcare professionals as well as outcomes of appointments and follow-ups required. Where people had complex health needs, support plans contained detailed guidance for staff to follow.

Support plans contained a 'hospital passport' for when people were admitted to hospital. This is a document that provides hospital staff with important information about a person's medical conditions, support needs, medication and other relevant information. It promotes good communication and helps hospital staff support people appropriately.

People were supported by staff who were knowledgeable about their needs and wishes and had the skills to support them. All staff had undertaken an induction programme at the start of their employment. They had also completed shadow shifts that gave them an opportunity to understand the requirements of their role and to get to know the people they supported. Staff new to care were enrolled on The Care Certificate. This is a nationally recognised qualification based on a minimum set of standards, that social care and health workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills.

The service employed a learning and development manager to ensure staff received the training they needed to meet the needs of the people they were supporting. Records showed staff had received training in core subjects such as safeguarding, safe medicine practices, first aid, fire safety and food hygiene. Staff also received training specific to the needs of people using the service. For instance, we saw staff had received more specific training to help them meet people's needs, such as supporting people who may have limited

verbal communication, behaviour that may place them or others at risk of harm or were living with epilepsy. Staff spoke very highly about the training they received. Staff comments included, "The training is excellent. They outsource training for specialist areas so everything we need is covered" and "You can ask for additional training and all of the training is appropriate to my role."

Records showed staff received regular supervision meetings and competency checks within their role. Staff told us they felt supported and someone was always available to talk if they had any concerns or issues. Staff we spoke with told us, "We receive regular training and supervision, there is always someone available to speak to, the team leaders and managers are very approachable."

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 or are helped to do so when required. 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. 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 2005. People who normally live in their own homes and within supported living settings can only be deprived of their liberty through a Court of Protection order. The registered manager was familiar with this process.

We checked whether the service was working within the principles of the MCA and found that it was. People's support plans contained assessments of people's capacity in relation to specific decisions that had been carried out, when people's ability to make their own decisions were in doubt. The registered manager told us they worked alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their decisions and records confirmed this.

Staff had received training in relation to the MCA and understood how to support people to make their own decisions and choices. We spoke with a person who used the service who told us that staff always asked for their consent before providing any care and support.

Staff had clear guidance in place to meet people's individual food and drink requirements. People's food likes and dislikes were clearly documented. Staff supported people to make healthy eating choices. For example, some people were supported by staff to lose weight. Staff promoted people's independence. People told us they chose their own meals and were encouraged to participate in some food preparation.

Where people required assistance or a specialist diet to reduce the risk of choking, this was being provided. For example, records showed that one person was at risk of choking due to swallowing difficulties. The Speech and Language Team had assessed the person and their records contained guidance for staff to enable them to eat well. Staff members working with them understood the person needed to be closely monitored when eating.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "The staff are kind, they are absolutely wonderful." We observed staff were warm and friendly and interacted with people in a positive way and listened to people. People's relatives told us they found the staff to be kind, caring and compassionate and that relationships between people and staff were positive. Relatives told us they felt listened to and their family members knew how to seek help.

Staff demonstrated a very good understanding of the people they supported. They were knowledgeable about people's individual needs and histories. Interactions between people and staff were comfortable with lots of banter and people appeared happy and relaxed. We observed a lot of smiles, laughter, and affection between people and staff and people told us they knew and liked the staff. Staff told us they were able to develop positive relationships with people and this helped them to fully understand and meet people's individual support needs. Staff spent time with people, exploring their interests and aspirations and helped people achieve their aims and goals.

People told us they were fully involved in making decisions about their care and support. They said they made choices every day about what they wanted to do and how they spent their time. One person said they were able to choose what they wanted to do and where they wanted to go. Staff demonstrated they knew the people they supported and were able to tell us about people's preferences. For example, staff told us what people liked to eat, what they liked to do and when they liked to get up or go to bed. Staff explained how they encouraged people to make choices about the way their care was provided and respected people's decisions and personal preferences.

Staff understood the importance of treating people with respect and maintaining their dignity and privacy. We observed that staff were polite to people and treated them respectfully and this was confirmed by feedback we received. When staff needed to speak with people about sensitive issues this was done in a way that protected the person's privacy and confidentiality.

People's individuality was respected and encouraged. People had their own individual styles and lifestyles and this was recognised and facilitated by staff. Support plans emphasised people's abilities and reminded staff to promote people's independence. People were treated as individuals and staff valued their talents and abilities.

The service recognised equality and diversity and protected people's human rights. Staff received equality and diversity training to ensure they understood how to protect people's rights and lifestyle choices. The registered manager and staff said people would not be discriminated against due to their disability, race, culture or sexuality. Support records captured key information about people including any personal, cultural and religious beliefs. We saw that people who used the service could request a preference of gender of care worker and this was respected to help people feel comfortable and at ease with receiving care and support.

People were supported to maintain relationships with their families and friends and support plans contained information about dates and events, which were important to them. Relatives told us they were able to visit at any time and were always made to feel welcome. People had keys to their property and could come and go as they wished.

Is the service responsive?

Our findings

People received person centred care from staff who promoted each person's wellbeing and independence. Every member of the team, from support workers to managers knew each person well and were passionate about providing the best service possible to each individual. They gave us detailed examples of how they had provided support to meet the diverse needs of each person and this matched with what people and their relatives told us about their experience of the service and what was in people's support plans.

Relatives and health professionals told us staff responded well to meeting people's needs. One relative told us how happy they were with the service, "[name] is complex and needs tremendously well planned care. He couldn't be happier with where he is." A health professional involved in this person's care told us, "It has taken quite a while for them to get a stable team together but i get a sense now that there is good person centred working and a real desire to get things right for [name]." Another relative said, "[name] is very appropriately placed where she is. What she has there is a nice balance between independence and the support she needs."

People's support plans and risk assessments were designed to help ensure people received personalised care that met their needs and wishes. People and their relatives, where appropriate, were proactive in planning their own care and making decisions about how their needs were met. People's support plans were informative, detailed, personalised and reflected people's choices, aspirations and personalities. Each area of the plan reflected how the person wished to receive their care and support, described the person's skills and the support they needed from staff. This helped staff deliver care and support in a consistent and personalised way.

People's support plan were regularly reviewed to ensure they accurately reflected the person's current care needs. When a person's needs had changed, this was documented during the review process and additional guidance provided for staff. Regular meetings were held with the person, appropriate family members and staff to help ensure that staff had up to date information they needed to safely and correctly meet people's needs.

We saw examples where the responsive nature of staff planning care and support with people made a positive difference. One person had gained weight and expressed a wish to lose this weight. The weight gain impacted on their mood and resulted in feeling depressed as their weight had increased. Staff supported this person to attend a slimming group and spent time working out menu plans and daily food charts for the person to follow. As a result the person lost a significant amount of weight, and they had an awareness of how food and drink could affect their body. They told us this had had a positive impact on their lives and they were feeling better physically and mentally. They went on to tell us their weight loss and healthy lifestyle had significantly improved their health and they no longer required blood pressure medicines.

The provider complied with the Accessible Information Standard, which is the means of ensuring that those with a disability receive accessible health and social care information by identifying and managing people's communication needs. There was use of alternative format documentation to assist people and staff in the

management of people's communication needs and physical disabilities. For example, people had picture format documents that contained real photographs of the places, activities and things the person was involved with each day.

People had detailed support plans which provided guidance to staff on how to communicate with them to ensure they were included in how their care and support was provided. One person had limited verbal communication skills. Staff we spoke with demonstrated a good awareness of how to communicate with this person using both verbal and non-verbal means and how to interpret the person's behaviour. For example, one staff member told us, "We use words and objects of reference to communicate with [name]. For instance, if we show him his boots he knows we are going to the farm." We saw the service was supporting this person by working closely with the Speech and Language Therapist to help improve their communication and ensure they were receiving care that met their needs and choices

The service also successfully used multimedia systems to support people's communication. For example, one person used a tablet to record what they were doing in picture format to help them communicate with their family and show their family how they spent their days. Other people were supported to use multimedia to speak to their families and friends. This helped some people who found face to face communication difficult.

Staff managed people's anxiety well which directly contributed to people experiencing an enhanced sense of well-being leading to reduced instances of incidents. People's support plans contained information for staff on recognising the early signs of people's distress and how to support people during these times. For example, one person's plan gave information about how to identify and reduce a person's distress by offering distractions and helping them engage in a favourite activity.

People were supported to live life the way they wanted to, and staff knew people's interests and how they preferred to spend their time. Every element of the care and support that staff provided was focused upon the preferences, aspirations and needs of people using the service. Social needs of people were given as much importance as people's physical needs. Staff recognised that social interaction improved people's wellbeing and promoted a positive emotional response.

People had active social lives and were encouraged and supported to take part in a range of employment opportunities and activities such as going for coffee, the pub, restaurants, shopping, swimming, gym and trips to various places of interest. Staff told us how they used their knowledge about people's likes and interests to encourage them to try new experiences. For example, one person told staff they would like to work with animals. The service responded by arranging a work placement at a local college that had an onsite farm. Staff said the placement had gone so well that the college had offered the person voluntary work at the farm working alongside other students. We saw this person working there during the inspection and they told us they were very happy.

A relative spoke of the range of activities their relative took part in. They told us, "[name's] programme is absolutely wonderful. He enjoys going to see the football, swimming and the disco. Staff support [name] to go on trips and he's going to Butlins soon. That will be a new experience for him." A second family member spoke of staff supporting their relative to go on holiday, and supporting them to access recreational activities, which included regular exercise.

Staff worked creatively to enable people to access the community and to engage positively in community activities which continued to increase their skills, well-being and independence. For example, one person was supported to join a samba band. People were supported to use community services such as libraries,

leisure centres, churches, cafes and pubs. One staff member told us about how staff had arranged regular night club/disco nights at a local night club for people to socialise together.

People and relatives were aware of how to make a complaint, and felt able to raise concerns. The service had a policy and procedure in place for dealing with any concerns or complaints, which was made available to people and their relatives. The procedure was clear in explaining how the complaint should be made and reassured people that any concerns would be responded to appropriately. We looked at the service's complaint file and saw where the service had received a complaint a thorough investigation had taken place and the complaint was responded to in a timely manner. People and relatives we spoke with told us they were encouraged to share their views and raise concerns. One person said they would speak to staff if they were unhappy or worried about anything. Relatives were confident that the service would deal with any concerns immediately.

Is the service well-led?

Our findings

People's relatives, and staff told us the service was well-led, and described the management team as open, honest and approachable. People who used the service reacted very well to the registered manager. They were familiar with them and the registered manager had a good understanding of people's needs. Staff were positive about the support they received and told us they felt valued.

The management team told us their vision for the service was to support and enable people to develop to their maximum potential and live independent fulfilling lives. Staff had a clear understanding of the values and vision of the service and told us how they supported people to be as independent as possible and live their life as they chose. There was a positive culture within the staff team and staff spoke of the impact their work made to the lives of the people they supported. One staff member said, "We are a passionate team and we are very committed to provide the best possible life to the people we support." Staff spoke passionately about their work, the people they supported, and their achievements.

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff, at the appropriate level, made decisions about people's care and support. Staff knew who they needed to go to if they required help or support. Staff told us they felt supported by their team leaders, line managers and registered manager. One member of staff said, "I feel very supported by the managers. It's very much an open door policy." Another member of staff said, "The registered manager is very approachable. We've got a good senior team here."

There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Staff told us they met with the management team regularly and discussed specific needs relating to the people they supported, resources, recruitment, training and support needs. Records showed the service held regular staff meetings. These meetings were used to discuss and learn from incidents, highlight best practice and identify where any improvements were needed.

The service worked in partnership with other organisations to make sure they were following current practice, providing a good quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, learning disabilities nurses, and community mental health services. The service also worked closely with community services to ensure people using the service felt a part of their local community.

People were encouraged to share their views and were able to speak to the registered manager when they needed to. The service encouraged feedback from people and their relatives and used this information to improve the quality of care provided. Annual questionnaires were sent out to people, relatives, staff and other representatives who were asked to rate various aspects of the service.

There was an effective quality assurance system in place to drive continuous improvement within the

service. The provider had a comprehensive programme of audits to assess the quality and safety of their service and ensure people's needs continued to be met effectively. For example, accident and incident reports were reviewed monthly, as well as any safeguarding alerts or incidents to ensure they had been managed appropriately. The registered manager then reviewed this information to look for any trends or themes and help ensure the service continued to meet the needs of the people they supported. The area manager also completed an audit of the service every six months. These audits looked at every aspect of the service including each person's care and support, risk assessments, health action plan, environment, finances and medicines. Staff supervision, skills and knowledge were also evaluated.

Records were well maintained and stored securely, when we asked to see any records, the registered manager was able to locate them promptly.