Extel Limited

Daventry Road

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

The inspection took place on 28 and 29 January 2016 and was unannounced.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provides accommodation and personal care for up to 16 younger people with learning disabilities or autistic spectrum disorder. Fourteen people were living in the three houses provided by the service at the time of our inspection.

Support workers understood their responsibilities to protect people from harm and were encouraged and supported to raise concerns under the provider's safeguarding and whistleblowing policies. The registered manager assessed risks to people's health and welfare and people's care plans included the actions support workers should take to minimise the risks.

There were enough suitably skilled and experienced support workers on duty to meet people's care and social needs. The registered manager checked support workers suitability to provide care and support during the recruitment process.

The registered manager regularly checked that the premises were suitable for people's needs and properly maintained, to minimise risks to people's safety. People's medicines were managed, stored and administered safely.

People's needs were met effectively because support workers received appropriate training and support. Support workers read people's care plans and observed experienced support workers until they knew people well and understood their needs and abilities. Support workers were encouraged to reflect on their practice and to develop their skills and knowledge.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were only deprived of their liberty under the authority of the local supervisory body. For people with complex needs, their families and other health professionals were involved in making decisions in their best interests.

Risks to people's nutrition were minimised because staff knew about people's individual dietary requirements and preferences. People made their own choices about their food and were supported to maintain a balanced diet.

People were cared for by kind and compassionate staff who knew them well. Staff knew about people's

individual preferences for care and their likes and dislikes. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health and when their health needs changed.

Support workers were attentive to people's feelings and behaviours and understood how to reassure them. People were supported to feel empowered, to develop their independence and to maintain relationships with those people were important to them.

People and their representatives were involved finding creative ways to enable people to live as full a life as possible Care was planned to meet people's individual needs and abilities and care plans were regularly reviewed.

People told us support workers were kind and respected their choices. People were encouraged to give feedback at care plan review meetings, to ensure improvements in the quality of the service focused on people's needs. Support workers were guided and supported in their practice by a management team they respected.

The provider's quality monitoring system included regular reviews of people's care plans and checks on the premises, equipment, medicines management and staff's practice. The focus of the service was to ensure people enjoyed the best possible outcomes and lived the lives they wanted to live.

The provider's plans to improve the quality of the service included improving staff retention, redecoration and refurbishment in accordance with people's personal tastes and seeking out opportunities for people to be more involved in their community.

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 understood their responsibilities to report any concerns about people's safety and to minimise risks to people's health and wellbeing. The provider assessed risks within the home and took action to ensure people lived in a safe and comfortable environment. The registered manager checked staff were suitable to deliver care and there were enough staff to support people safely. Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective. People's needs were met by staff who had relevant training and skills. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards. People were supported to maintain a balanced diet that met their dietary needs and preferences. People were supported to maintain good health and to access other healthcare services when they needed them.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate towards people. Staff knew people well and respected their privacy and dignity. Staff promoted people's independence by supporting them to lead their lives in the way they preferred.

Is the service responsive?

Good

The service was responsive. People's care and support was planned in partnership with them and their relatives. Staff knew people's preferences, likes and dislikes. Staff supported people to maintain their interests and were actively involved in building links with the local community. People were told about the provider's complaints policy and supported to raise any concerns.

Is the service well-led?

Good

The service was well led. People were encouraged to share their opinions about the quality of the service. The management and staff team shared the same values and were determined to

provide an effective, good quality service that delivered the best possible outcomes for people. Improvement plans were aimed at delivering a more personalised service.

Daventry Road

Detailed findings

Background to this inspection

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

This inspection took place on 28 and 29 January 2016 and was unannounced. The inspection was undertaken by one inspector.

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 also reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with four people who lived in the three houses provided by the service and one of their relatives. Most of the people who used the service were not able to tell us, in detail, about how they were cared for and supported because of their complex needs, but we observed how staff engaged and interacted with them.

We spoke with the registered manager, the assistant manager, two team leaders, five support workers, two agency staff, an external health professional and the maintenance person. We reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered.

We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us they felt safe because support workers were always around and always went out with them.

People were safe and protected from the risks of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. Support workers told us they attended safeguarding and whistleblowing training and knew how to report any concerns. Support workers understood people's own behaviour or their interaction with other people who shared the accommodation, could put them at risk. There were posters in each office, which reminded staff who to contact if they thought anyone was at risk of abuse. The registered manager notified us promptly when they referred incidents to the local safeguarding team.

People's individual risks to their health and wellbeing were minimised because support workers read and understood people's care plans. The registered manager assessed where people maybe at particular risk and identified the actions support workers should take to minimise these in their care plans. For example, care plans described how support workers should support people with their personal care, finances, behaviour, health and nutrition. A support worker told us, "The risk assessments include a description of the risk and possible triggers." Where a risk was identified, a care plan was put in place.

Support workers told us they read everyone's care plans when they started working at the service. Support workers were able to explain the signs and different behaviours that alerted them a person was in need of support. Support workers explained the actions they took to minimise risks and how they distracted and redirected people away from risky situations. One support worker told us, "I know the triggers and body language that precede behaviours. I have learnt the strategies to redirect and change their thinking."

Accidents and incidents were monitored and analysed and actions taken to minimise the risk of a re-occurrence. Support workers recorded accidents and incidents in people's personal daily records, and in an accident and incident log for the registered manager to review and analyse. A support worker told us a recent analysis for one person's incidents showed a pattern in the location where they occurred. They told us they were currently monitoring incidents closely in order to better distinguish usual and persistent behaviours from unusual incidents.

The provider assessed risks to the premises and took action to manage the risks. Records showed support workers in each house checked the safety of essential supplies, such as the water, gas and electricity, and that the security measures, such as the front door, gate and fences, operated effectively. The emergency folder included the provider's policies for emergency situations, such as in the event of a fire and missing persons, and emergency contact numbers for equipment suppliers and people's and staff's next of kin. The emergency folder included a personal emergency evacuation plan (PEEP) to be followed in the event of an emergency for each person. One person who used the service told us they were pleased to see their photo was included in the PEEP, because it meant anyone would know who they were and how to support them in an emergency.

A person who lived in one of the three houses told us, "When the door handle fell off the staff sleeping room, they had to fix it." Support workers told us maintenance issues were dealt with promptly because they maintenance person was on site three days a week. Records showed support workers recorded maintenance issues, which were marked off when completed.

People told us there were enough staff to meet their needs. One person told us there were always enough support workers on duty at each house and to go out with them. Several people were out with staff when we inspected the home, but there were also enough staff on duty in the home to meet people's needs.

The registered manager told us they used a dependency needs assessment to determine how many staff were needed. People's needs were assessed in consultation with their representatives, who knew them well, and the local authority, who agreed how many hours each person needed for one-to-one or shared support. A support worker told us, "The level and hours of support needed at all times of day are in the care plans, as part of the risk assessments for mental and physical health." Support workers told us the staffing plan worked well because, "Staffing is agreed according to support needs" and, "We have additional staff hours three days a week to keep paperwork up to date."

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager showed us the records of the checks they made on support workers' suitability to work at the home. They requested references from two previous employers, checked staff had the right to work in the UK, and whether they were known to the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The registered manager told us they assessed new support workers' knowledge, experience and behaviours during the application and interview process, to ensure they would 'fit' well with the team and ethos of the service.

We saw medicines were administered in accordance with recent guidance from the clinical commissioning group that medicines should be, 'person led'. Support workers took people's medicines to them, rather than expecting people to go to a designated point in the house. A support worker told us, "We have moved from prescriptive care to empowering care." The support worker told us, "We don't rush people. For example, there is a two hour window for morning meds."

Support workers recorded and monitored when people declined their medicines. A support worker explained, "If a person declines for more than 48 hours, we report to their GP and record it as an incident." People's care plans described how they liked to take their medicine, for example one person liked to chew their vitamin supplement and another person preferred to have a vitamin supplement with yoghurt. The registered manager had checked with the person's GP that this was an appropriate and safe practice.

People's medicines were managed and administered safely. Medicines were kept in a locked cupboard, so only support workers could access them. Medicines were delivered by the pharmacy in named, sealed pots, colour coded for the time of day they should be administered and with an accompanying medicines administration record (MAR) with a picture and description of each medicine in the pot. Each person's MAR included their photo, the name of each medicine, the frequency and time of day it should be taken, which minimised the risks of errors. The MARs we looked at were signed by two support workers and up to date which showed medicines were administered as prescribed.

Support workers regularly checked that medicines were managed and administered safely. Medicines were always administered by two support workers, one to observe the other, and both signed the MARs. Pain relief medicines that were supplied in boxes were counted twice a day to make sure no errors were made in administration or recording. Support workers told us only trained workers could administer medicines and

their competency was checked by the registered manager.

Good

Is the service effective?

Our findings

Three people told us support workers gave them the support they needed. Two people told us support workers went shopping with them and supported them to manage their day to day lives. Most people were not able to explain how they were supported, so we spoke with staff and looked at people's daily records.

Support workers had the skills, training and knowledge needed to support people effectively. People's care plans described people's abilities to communicate, and the instructions for support workers described how the person responded to verbal and non-verbal communication. We saw and heard support workers engage with people in way that was appropriate to people's needs and abilities. A support worker told us, "It's about getting to know people better, then you can do more. People are more relaxed with staff they know."

Support workers told us their induction programme included reading the policies and procedures, attending training, meeting the people who lived in the three houses and observed how experienced support workers supported people. They told us reading care plans, and watching experienced workers was invaluable in helping them to understand how individual people demonstrated their needs and responded to support, both verbally and through their body language.

Records showed support workers attended training in subjects that were relevant to people's needs, such as autism awareness, and how to manage self-injurious behaviour and challenging behaviour. Support workers told us, "After I had training I took a slightly different approach. I now give people time to consider their options" and "Learning is applied when you get to know people. It needs context to be effective."

Support workers told us their training was effective and staff worked well as a team. They told us, "I have had training for physical intervention. Each situation is different, sometimes it is threatening body language. If voices are raised, then we raise our alertness and watch for changes in body language, which is a sign of escalation. We are always alert at work." All the support workers told us the support and shared understanding from their co-workers and the managers enabled them to be effective. They told us they had regular one-to-one meetings with their line manager to discuss their practice and consider their professional development.

The registered manager told us newly recruited support workers now completed the Care Certificate as part of their induction programme. They told us completing the Certificate extended the probation period from six to nine months, but ensured support workers felt properly prepared with a recognised profession qualification. The Care Certificate was launched in April 2015 and replaced the previous Common Induction Standards (in social care) and the National Minimum Training Standards (in health). The Care Certificate will help new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities under the Act. All of the people who lived in the three houses were subject to a DoLS. Support workers told us they had training in the MCA and DoLS and understood their responsibilities under the Act. Support workers told us, "It is frightening to think of people going out alone. We know what's out there, but they don't, so in their best interests, we accompany them" and "We need to know where people are at all times. People go to their own rooms when they like, but we know where they are."

A support worker told us, "MCA is about making your own decisions or decisions being made in your best interests if you can't understand the risks." Support workers encouraged people to make their own decisions whenever possible, for example, about what to wear, what to eat and where they would like to go out. People's care plans explained who made specific decisions in people's best interests. Some of the decision makers had been agreed several years ago under a previous management regime. The registered manager told us they would review people's nominated representatives and decision makers to ensure they had the legal right to make decisions on their behalf.

People were supported to eat a balanced diet that met their needs and preferences. People told us they chose their own meals and we saw people ate when it suited them. A person in one of the three houses was eating their breakfast and told us they had chosen the main lunch time meal. The menu board in the dining room showed a picture of a cooked meal marked, "[Name's] choice" and included pictures of the other options available that day. A person in the second of the three houses told us their breakfast of cereal and banana was their favourite. People's food likes, dislikes, preferences and specific dietary needs were identified at their initial assessment and were recorded in their care plans so staff could check if people were not able to state their preferences.

People were supported to store and prepare food safely. Two people who lived in the third of the three houses showed us around their kitchen, pointing out the facilities available to them. One person was not able to explain verbally, but their understanding of the importance of good food hygiene was clearly demonstrated by the things they chose to point out to us. They showed us the poster that explained how food should be stored in the fridge and a poster reminding support workers to check the temperature of the fridge and freezer. When we asked if they did the washing up they answered by opening the door of the dishwasher.

In each of the three houses there was a folder which contained the menus and people's choices, a record of what each person had eaten and the results of the daily checks that support workers made to ensure food was stored and served safely. For people with identified nutritional risks, their dietary plans were included in the folder, with advice about healthy eating choices. Support workers told us they could advise and encourage people to eat a balanced diet, but people made their own choices. A support worker told us one person had followed the healthy eating advice. They told us, "[Name] is eating more salads and has more energy."

People were supported to maintain their health and were referred to other health professionals, such as GPs, dieticians and podiatrists, when needed. Care plans included a health action plan and a 'hospital

passport', which explained the person's social and health care needs. One person told us staff had arranged a hospital appointment for them to discuss treatment options for an on-going healthcare issue. They told us their relative and a support worker would accompany them at the appointment. Support workers told us they felt well informed about people's health because they shared information about people's appetites, behaviours and health at shift handover meetings. An agency support worker told us, "We have written and verbal handover. We know what's happened, events, incidents, appetites, and visits to other health professionals."

Good

Is the service caring?

Our findings

People told us the support workers and managers were kind and they made their own daily living decisions. One person told us, "I can choose who comes out with me. It depends who is on duty."

People were treated with dignity and respect. People chose whether they spent time in the same room as support workers. We saw people were relaxed with support workers and carried on with their daily routines. Support workers told us, "We are here for people, here to make sure they have a good life" and "There is a level of trust needed on their part." An agency support worker was equally aware of the importance of building caring relationships with people. They told us, "New staff are always introduced by the permanent staff. People need to trust this face."

Support workers recognised and understood people's diverse needs and supported them accordingly. People were involved in discussions about how they were supported, and in writing their care plans. One person told us, "I have my own file. It's in the office. I talk to my key worker about it." People's care plans included a section in picture format entitled, 'My Life', which was written in the person's own voice, for example, 'About me, how I communicate, things I like and don't like, my home and people who are important to me'. A support worker told us, "It's about understanding the person's perspective. How would you feel if someone were brushing your teeth?"

Some people were not able to verbally explain their preferred routines. Records showed people's relatives and representatives were included in care plan discussions, to make sure people's histories and preferences were known. Care plans included the facial expressions and body language people used to express their emotions and the actions support workers should take to reassure and promote a more positive mood. Support workers told us which trigger words we should avoid in our conversations with people. An agency worker told us, "Everybody is different. It takes time to get to know people. Agency staff are never left alone with people, because people feel more confident with workers they know well."

Support workers told us understanding people's 'motivators' and anxieties was key to supporting them in their preferred way and to promoting their independence. A support worker explained that promoting people's independence included encouraging and supporting people to care for themselves as much as possible, with minimum intervention from staff. Care plans included detailed instructions for staff about the level of support each person needed. For example, one care plan detailed who should run the bath water, who should apply toiletries, how long the person liked to spend in the bath. The care plan reminded support workers to maintain a continuous dialogue with the person explaining with the words, 'now and 'next', to reassure the person about the sequence of actions. A support worker told us the level of detail on care plans promoted maximum confidence and minimum anxiety for people.

Important information was available in a format that was appropriate to people's needs and supported their decision making. One person showed us some words and pictures they had written and drawn of things that were important to them. In people's personal files we saw people's health care plans, personal emergency evacuation plans and 'my favourites' plans were in words and pictures.

Good

Is the service responsive?

Our findings

One person told us they had a keyworker who they talked to about how they wanted to be supported. The person was happy the keyworker understood them and helped them to plan their day, and they were excited about their plans. A relative told us their relation was supported to maintain their preferred routine, which gave a structure and purpose to their life.

People's support was planned in partnership between them and their support workers. One person told us they were satisfied with their plan for the day and could choose who would support them to go out for lunch and then on to their chosen activity. People's care plans included a section entitled, 'I enjoy', which listed their interests and preferred activities for each morning, afternoon and evening. The registered manager told us everyone had an agreed number of hours of one-to-one support to ensure they lived the lives they wanted to live. The registered manager told us, "People's choices are related to their individual needs and are planned weekly for each person. It should be like their own home."

People were encouraged to maintain links with their community. Most people went out every day to the places they chose, such as a day centre and classes, where they could socialise. One person liked to visit a friend who lived in another of the three houses. We saw they were made welcome by the registered manager and support workers and were greeted with smiles and a cup of tea. All the support workers we spoke with knew the person well and understood their preferences for how and where they spent their time. Support workers told us the freedom to visit the other houses increased the person's sense of empowerment and actual independence

Support workers understood people's social and cultural diversity and were innovative in suggesting pastimes. People who did not like to socialise, followed more individual pursuits, such as long walks in the countryside, listening to music and watching films. We saw there was a punch bag hanging up in one house, to encourage people to release their aggression in a controlled and positive way. One support worker told us, "We are always looking for creative solutions. It's about understanding how their mind is working."

People's favoured and routine activities were known to support workers. In each of the three kitchens we saw the menu plans included a 'packed lunch' for those people who regularly planned to be out over lunch time. One person told us they liked to go out for lunch, and they listed all their favourite venues. They told us that when they planned to eat a meal at home, a support worker helped them to plan the meal, write a shopping list and go shopping.

People were encouraged to self-manage according to their abilities. One person told us they managed their laundry, with support from staff. A relative told us their relation was encouraged to help prepare meals and drinks and to do their laundry. People's care plans explained which domestic tasks people were willing and able to engage in. People's daily records and support workers' observations of people's behaviours were analysed to identify changes in people's needs and abilities.

Care plans were regularly reviewed by the support workers and were reviewed annually at a meeting with

their social workers and other health professionals. A health professional told us, "We work as a team. Staff do listen and try different things. They understand [Name]."

A support worker told us they were currently monitoring one person's behaviour to support an application for more staff hours during the evening. They told us, "We record behaviours continuously at home and while we are out and families monitor when people are on home visits. We send diaries out when people go on home visits." Another support worker told us their analysis of incidents of challenging behaviour led them to consider, "How we show [Name] a better life, how to move on and not look back and give them the opportunity to become a grown up, take control."

The registered manager was proactive at building links with the local community to drive social inclusion for people who lived in the three houses. The registered manager told us they had attended a local residents committee in the village, which gave people an opportunity to be involved in community events. As a result, the registered manager had baked and donated cakes for a summer fayre. People had attended the summer fayre and the local pantomime production. A support worker had additionally been given a lead role in investigating new events and opportunities for people to engage with the community.

The provider's complaints policy was explained to people and their representatives when they moved into the home. The policy explained that no-one would be discriminated against if they made a complaint. The registered manager showed us the log they had prepared to record complaints. People's care plans included the complaints policy in picture format. Records showed people and their representatives were encouraged to comment about their care and support, but no-one had made a negative comment that could be classified as a complaint.

Good

Is the service well-led?

Our findings

People told us they were supported to lead their lives in the way they wanted. They were confident support workers listened to them and were supportive in resolving any concerns. A relative told us, "I do feel [Name] is happy there." People were not able to explain the management structure of the service, but we saw they were relaxed in the registered manager's company, because she engaged them in a way they were comfortable and familiar with. A support worker told us, "The registered manager and assistant manager are seriously fantastic. They both step in. They are not afraid to get their hands dirty."

The registered manager had developed a positive culture in the service and acted promptly when issues or concerns were raised. The registered manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. The registered manager led by example and encouraged teamwork. Support workers told us the registered and assistant managers were approachable and promoted an open and transparent culture. Support workers told us, "They tell you if you do something wrong, and you sort it out, but they draw a line under it and move on" and "There's no feeling of hierarchy, that's invisible."

Support workers were clear about their roles and responsibilities. They told us, for example, "Shift leaders complete the paperwork and check work is completed" and "Team leaders do spot checks and report to first line manager and seniors do the supervisions." Support workers told us they attended regular supervision sessions and were encouraged to reflect on their practice and develop their skills. Support workers told us, "It's a really good team. They support me well, day and night. There is always someone willing to swap shifts and to cover when needed" and "I do love working here."

A relative told us staff stability had improved recently. The registered manager told us feedback from stakeholders had identified staff turnover was a cause of concern, so the registered manager had implemented a new management and staffing structure. The registered manager told us the plan to improve consistency and stability for people who used the service included creating new layers of management and responsibilities, with incremental increases in pay, so staff knew their skills were recognised and appreciated. They told us two staff had achieved nationally recognised qualifications in leadership and management and three staff were working towards that qualification. They told us, "The new intermediate levels of seniority support development, responsibility and recognition and create loyalty." Support workers told us they appreciated the opportunities for development.

The registered manager told us they held team meetings and ad hoc meetings for changes and de-brief meetings after incidents. They told us, "If we have concerns about increased needs leading to increased risks, we put additional measures in place. For example, we arrange for a support worker to stay on after handover and do a 'sleep in' shift so they are on-site to support the night staff" (if there has been a high level of incidents during the day). The registered manager told us their recent analysis of incidents had resulted in identifying a new training course for physical intervention techniques. The new training promoted less 'invasive', or softer techniques, such as encouraging a person to sit on a beanbag, rather than on a sofa, when they presented behaviour that challenged.

Support workers told us their suggestions for resolving issues were welcomed and acted on. For example, when one person's behaviour changed about going to bed, a new mattress was obtained and the person was no longer presenting as anxious about their bed.

The registered manager and assistant manager had recently attended trainers' training, which meant they were qualified to deliver training in-house. The assistant manager told us, "Staff training is booked according to staff's preferred individual learning style, which might be through working with booklets or face to face. I listen to feedback and adapt to individual staff's learning styles." A support worker told us the changes in training delivery were appreciated, because, "It will reduce our time and costs of travelling to training."

The provider's quality assurance system included a regular survey of people and their relatives to find out their opinion of the service and their suggestions for improvements. Records showed people attended one-to-one meetings, if they needed support to consider the survey questions asked. We noted that when a relative said they had not seen the provider's statement of purpose, the registered manager gave them a copy, which showed the registered manager responded to feedback appropriately.

Records showed all the staff were involved in the provider's quality monitoring system through a system of daily audits. Team leaders and senior support workers checked medicines were managed and administered safely, that people's monies were accounted for with receipts and two signatures, that tasks were signed for when completed and that care plans, risk assessments and daily activities' records were up to date. A support worker told us there were rarely any mistakes or omissions because support workers mostly worked in pairs and were vigilant about each other's practice.

The registered manager told us their on-going plans for improvements in the quality of the service included involving people in refurbishment and redecoration of their bedrooms and the communal area, and to promote more involvement in the community. Actions had already been taken towards achieving these objectives.

The maintenance person showed us additional work they had undertaken to support the personalisation of the service. They had painted one person's internal doors in their preferred colour and had created a built in desk where the person liked to sit. People understood this was the beginning of the refurbishment programme, for example, one person told us about this recent refurbishment and told us their room would also be redecorated in a style they liked.