Leicestershire County Council

Waterlees Supported Living Service

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?	Requires Improvement

Summary of findings

Overall summary

We inspected the service on 20 July 2016 and the visit was announced. We gave notice of our inspection because we needed to be sure somebody would be available at the office.

Waterlees Supported Living Service provides personal care and support for people with learning disabilities in their own homes. At the time of our inspection 13 people were using the service. People's flats and the provider's office were located within the same building.

At the time of our inspection there was a manager in place. This person was in the process of registering to become the registered manager. It is a requirement that the service has a registered manager. 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 felt safe with the support offered. Staff could describe and understood their responsibilities to support people to protect them from abuse and avoidable harm. The provider dealt with accidents and incidents appropriately however, the recording of investigations was not always thorough. Risks to people's well-being had been assessed. For example, where people could have shown behaviour that challenged, staff had guidance available to them.

People's equipment was regularly checked and there were plans to keep people safe during significant incidents, such as a fire.

People were satisfied with the availability of staff and we found there to be enough to support people safely during our visit. Staff had been checked for their suitability before starting work for the provider so that people were protected from those who should not work in the caring profession.

Where people required support to take their prescribed medicines, this was undertaken in a safe way by staff who had received regular guidance. Staff knew what to do should a mistake occur when handling medicines.

People were receiving support from staff who had the appropriate skills and knowledge. Staff received regular training and guidance. For example, staff met regularly with a manager to discuss their working practices and to receive feedback to enable them to provide effective support to people.

People were being supported in line with the Mental Capacity Act (MCA) 2005. The provider had undertaken some mental capacity assessments where there were concerns about people's ability to make specific decisions. Staff understood their responsibilities under the Act and appropriate support had been sought where they were looking to lawfully deprive a person of their liberty.

People chose their own food and drink and were supported to maintain a balanced diet. They had access to healthcare services when required to promote their well-being.

People received support from staff who showed kindness and compassion. Their dignity and privacy was being protected including staff discussing people in a professional manner. Staff knew people's communication preferences and the provider had made information easier to read for those that required it. For example, pictures were used to aid people's understanding of activities that people could choose to take part in. People were supported to be as independent as they wanted to be. For example, by looking after their own medicines. Staff knew people's preferences and had involved people in planning their own support. Where people needed additional support, advocacy services and information were available to them.

People or their representatives had contributed to the planning and review of their support. For example, we saw that one person, at their request, was supported with a regularly reviewed plan, to undertake gardening as a hobby by having individual tasks to complete such as buying equipment. People had support plans that were person-centred and staff knew how to support each person based on their individual requirements. People took part in interests and hobbies that they enjoyed including voluntary work.

People knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives. This included how the provider would learn from complaints if one was received.

People were complimentary about the manager. People, their relatives and staff had opportunities to give feedback to the provider. For example, staff attended regular staff meetings where they could offer suggestions to improve the service. We saw that the provider took action where this was necessary following the feedback received.

Staff felt supported and received feedback on their work through individual meetings with a manager. Staff understood their responsibilities including reporting the poor practice of their colleagues should they have needed to.

The provider was regularly checking the quality of the service. For example, checks of people's care records were taking place to make sure they included the correct information for staff to follow.

The provider had aims and objectives for the service that were known by staff. This included promoting people's independence. We saw examples of this incorporated into the practice of staff during our visit.

The manager was largely aware of their responsibilities. However, statutory notifications of significant incidents had not always been submitted to the Care Quality Commission as required by law.

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 from abuse and avoidable harm by staff who knew about their responsibilities for supporting them to keep safe. The recording of incidents was not always thorough.

The provider had a thorough recruitment process to check the suitability of prospective staff.

People received safe support with their medicines where this was required.

Is the service effective?

Good

The service was effective.

People received support from staff who had received regular guidance and training.

People received support in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act and the provider had considered people's capacity to make decisions for themselves.

People chose their own meals and had access to healthcare services when required.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff and their privacy and dignity was respected.

People were supported to remain independent by staff who knew their preferences.

People had received information on advocacy services that were available to help them to speak up. People were involved in planning their own support where they could.

Is the service responsive?

Good

The service was responsive.

People or their representatives had contributed to the review of their support needs. They received support based on their preferences and aspirations.

People undertook hobbies and activities that they were interested in and enjoyed.

People knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The manager was mainly aware of their responsibilities but statutory notifications, as required in law, had not always been submitted to the Care Quality Commission.

Staff were supported and knew their responsibilities. There were opportunities for people, relatives and staff to give suggestions about how the service could improve.

The provider had checks in place to monitor the quality of the service.

Waterlees Supported Living Service

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.

The inspection visit took place on 20 July 2016 and was announced. 48 hours' notice of the inspection visit was given because the manager has responsibility for another service. We needed to be sure that they would be in. The inspection team included 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 care service.

Before the inspection visit, 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 that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us as required by law.

We spoke with six people who used the service and with two relatives of other people. The manager was not available during our visit so we spoke with a senior manager within the organisation and with two deputy managers. We also spoke with five support workers who directly worked with people. We were invited to visit three people in their own homes and we undertook this during our inspection.

We looked at the care records of four people who used the service and three staff files. We also looked at other records in relation to the running of the service. These included medicines records, health and safety checks and quality audits that the manager and deputy managers had undertaken.

We asked a deputy manager to submit documentation to us after our visit. This was in relation to some health and safety checks. The deputy manager submitted this to us in the timescale agreed.

Good

Is the service safe?

Our findings

People told us they felt safe with the support they were receiving from staff members. One person said, "I feel safe living here". Another told us, "Yes, I feel very safe here. I think we are all very safe here there isn't anything that is dangerous or might cause a problem".

Staff members knew the signs and symptoms of possible abuse and could describe what they would do if they were concerned about a person they supported. One staff member told us, "I would report and record anything to a senior member of staff. I would go to a manager if the person I reported it to took no action". Staff confirmed that they had policies and procedures available to follow so they could respond appropriately to abuse or avoidable harm. One staff member described how there was a reporting procedure in place as well as an on-call rota so that staff would be able to gain the support from a senior manager if they needed to. We also saw that staff received training in safeguarding adults. In these ways people were being protected from abuse by staff who knew what action to take should it be necessary.

Risks that impacted on people's health and well-being had been assessed and regularly reviewed. For example, one person's skin was being monitored as they spent periods of time in the same position. We saw that the person required support to move from one place to another and their risk assessment guided staff to do this safely. This meant that staff had up to date guidance on how to support people in a safe way.

Some people displayed behaviour that could have caused harm to themselves and others. Staff knew how to offer safe support should this have occurred. One staff member told us, "There's no physical restraint. We use gentle touch support but only because we are trained". We saw that risk assessments and support plans were in place to support people when they became anxious. Staff could describe these and told us about strategies that they used to help people to relax. We saw that some staff had received, whilst others were due to attend, positive behaviour support training. Positive behaviour support aims to enhance the life of people who can show challenges and looks at ways of focusing on the good things that people achieve. In these ways staff understood and knew how to respond to people's behaviours.

The provider had a system for monitoring and taking action following an accident or incident. We saw that staff recorded accidents and incidents and then passed the record to the manager to review. However, when we looked at the accidents and incidents that had occurred we found that the recording was not always thorough. For example, it had been highlighted in one record that a person had possibly sustained a fracture. It had not been documented fully in the person's care records how this incident had been investigated. However, we saw that the person received the appropriate care and treatment. The senior manager looked into this on the day of our visit and found that the incident had been investigated by a social worker and that they would remind staff about the importance of clear recording. Other accidents and incidents had been recorded and investigated thoroughly to reduce the likelihood of a reoccurrence where possible. For example, we saw that health and social care professionals had been approached for support where required.

People's home environment was regularly checked by staff members to maintain their safety. For example,

we saw that equipment was regularly serviced such as specialist baths. We also saw that fire protection equipment was being regularly serviced and checked.

People could be sure that staff knew how to support them to remain safe in the event of an emergency. This was because the provider had individual plans in place that staff knew about to evacuate people from their homes should they have needed to. We also saw that there were plans to keep people safe if, for example, their homes became unavailable. Temporary accommodation had been identified in the local area. This meant that the provider had considered people's safety should an incident have occurred.

People received support from staff based on the amount of hours their social care professional had commissioned for them. People were satisfied about the availability of staff to provide this. One person told us, "I think there is enough staff for us here". A staff member commented, "On the whole it works but we have to cover like everywhere. We can use another one of our services for staff if needed but we try and keep staff continuity for people". People's relatives had no concerns about the availability of staff. On the day of our visit, we saw that people were being supported in line with their support plans and that cover for staff sickness had occurred.

The provider had a recruitment policy in place which we found was followed when new staff joined the organisation. The process included obtaining references, checking right to work documentation and undertaking a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Records within staff files confirmed that these checks had been carried out. This meant that people were being supported by staff who had been appropriately verified.

Where people required support with their medicines, this had been undertaken safely. One staff member told us, "We do a lot of double-checking to make us feel better. The shift leader also checks". We saw that people had medicine profiles to guide staff on how they preferred to take their medicines. For example, we read, 'Put the tablet into a pot and empty it into my mouth with water'. These were updated monthly so that staff were aware of any change to a person's preferences or support requirements. Where people had as and when needed medicines these had been made available to them in line with their GPs instructions. One person told us, "They offer me paracetamol if I need it". We looked at the medicine administration records of three people and found that these had been completed thoroughly to show that medicines had been offered and, where necessary, administered.

Staff knew what to do if a medicines error occurred. They told us that they would report the error to a manager and seek the support of a GP if needed. We saw that where a medicine error had occurred, these had been investigated by the manager and the staff member involved to look at lessons that could be learnt to reduce the likelihood of a reoccurrence. Staff received regular guidance to make sure the support they offered to people in relation to their medicines was appropriate. For example, staff had training in the safe handling of medicines and a manager undertook regular competency checks with them. In these ways people received their medicines in a safe way and staff knew their responsibilities.

Good

Is the service effective?

Our findings

People received support from staff who had the required knowledge and skills. One relative told us, "Yes they are skilled, the staff are good. If we have any problems we can just get in touch". We observed a handover between staff leaving their shift and others starting theirs. Staff communicated effectively with each other providing information on how people were and about their changing needs. For example, one person had a change to their medicines and staff informed their colleagues about this.

Staff members received regular training in relation to their roles and staff were complimentary about this. One staff member said, "The training is absolutely excellent. It can take time to get it but we get it". Staff told us, and records confirmed, that they received training in, for example, first aid and moving and handling. Where a training course was required, we saw that the manager had plans in place to meet staff's training needs. We also saw that additional training had been arranged to make sure that staff were trained in areas that were specific to some people's health conditions. For example, epilepsy training had been undertaken by staff members. This meant that staff had, or were due to receive, up to date guidance when supporting people.

Staff members received effective and regular support to enable them to undertake their duties. For example, staff received an induction when they had started to work for the organisation. Staff also had regular individual supervision meetings with a manager to discuss their work with people and their performance. One staff member told us, "They are every three months. We also have mini-supervisions if things can't wait". We saw that supervisions covered staff's health and well-being, their performance and considered learning and development needs. This meant that staff had received guidance on how to provide effective support to people.

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 provider was working within the principles of the MCA and found that it was.

Where people could, they told us that they had consented to their support. We saw that the recording of people's consent to their support had not always taken place. A deputy manager told us that they would look at ways to improve this. We saw that where people did not have the capacity to make specific decisions, for example to manage their own finances, the provider had undertaken some mental capacity assessments. The senior manager told us that other mental capacity assessments were being written to make sure that people's consent to their support had been fully considered. We saw that people had been involved in mental capacity assessments. For example, one person had been shown coins to determine if they understood the value of each one in order to manage their own monies.

Staff had received training in the MCA and were able to explain their responsibilities. One staff member told

us, "It's about supporting people in the right way to help them to make their own decisions. It's got to be their decision where they can make it". Another staff member said, "Ensuring that we assume everyone has capacity. People may make unwise decisions. We all make unwise decisions but if they have capacity it's their choice. If we have concerns we undertake a mental capacity assessment and then do a best interests meeting if needed. It's also about finding an easy way for them to understand. They may be able to agree to one area but not another. It would go to a social worker if necessary". In these ways people's human rights were protected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. We saw that the provider was following this guidance. For example, we saw one person's care records that a request to a social worker had taken place to consider how to safely and legally deprive someone of their liberty to keep them safe. Staff also showed an understanding of the need to gain such authorisations before they could deprive someone of their liberties.

People chose their own food and drink. One person told us, "We get to choose our menu on a Wednesday there is always something that I like on it". We saw menus in people's homes that reflected their likes and dislikes. We also saw that people undertook their own food shopping with the support of staff members where needed.

Staff knew about people's nutritional requirements. This was because the provider had detailed these in people's care records. For example, we read, 'When I am eating and drinking out of bed I can use mugs and glasses, these should only be half filled due to my hands shaking'. Staff could describe this when we asked them. Where people required guidance with their eating and drinking this was in place. For example, one person was overweight and was supported and encouraged to eat a healthy diet which had resulted in weight loss. This meant that people received effective support from staff to meet their nutritional needs.

People were supported to maintain good health. One person told us, "I get to see the doctor if I need to". We saw that staff members recorded when people had been to see a healthcare professional. For example, we saw that people had seen their GP and a dentist where necessary and the outcomes of these had been recorded. We also saw that people were involved in decisions about their health. Staff had documented in people's care records that health procedures had been explained to them and made sure people understood what was to happen. We also saw that people had information about their medical conditions and support requirements in their care records that they could take into hospital in the event of an admission. This was so that healthcare professionals would know how to provide them with the right support. This meant that people's health and well-being was promoted.

Good

Is the service caring?

Our findings

People received support from staff who showed kindness and compassion. One person told us, "The staff are very caring". Another said, "They are nice staff. They help me with cooking, making sure we do the jobs like cleaning. It has to be done! They are kind". People confirmed that staff spent time talking with them about things that were important to them.

Staff knew the different ways that people communicated. This was because people had communication passports. These documented how people preferred to communicate and guided staff on how to spend time with them. For example, we read how one person said hello by using sign language. One staff member told us, "We've done signing training. One person uses these. We also use pictures of, for example, town, the minibus and the pub so he can choose". We found that this was reflected in the person's support plan and staff members knew about this person's communication methods.

The provider had made written information easier to understand for people that required this. For example, we saw that the complaints procedure was written using pictures to aid people's understanding. We also saw that pictures were used with some people to support them to make choices about how to spend their time. We heard staff talk to people using their preferred methods of communication and, where needed, repeated and used words that they understood. This meant that people received information in ways that were important to them.

People were treated with dignity and respect. We saw staff put people first during our visit. For example, discussions with the inspector stopped when a person requested support. We also saw that staff knocked on people's doors and waited to be let in. We joined the handover where staff leaving their shift gave information to other staff coming onto theirs. Staff spoke about people in a kind and person-centred way. We heard how people had spent their time, how their health was and how staff were reminding people to drink adequately as it was a hot day. This meant that staff showed a caring approach to the people they were supporting.

Staff knew about the people they were supporting. A relative told us, "Yes they understand that he sometimes might not understand and may need reminding of things as his memory is poor". A staff member described how they read people's support plans to know people's preferences and what was important to them. Staff were able to describe how one person liked to watch shows at the local theatre and how they had supported them to choose the ones to book tickets for. We saw in this person's care records that they had been supported to visit the theatre many times.

People were involved in planning their own support where they were able to. One person told us, "Yes, I am involved in my care plan with my mum and dad". One staff member said, "We try and get information from as many sources as possible, for example their family. Some people wouldn't understand their support plans so are not involved". Another staff member told us, "With goal planning we involve them and review these with people. One person signs these herself to show she has taken part. We just need to give a little extra support to help them understand sometimes". This meant that people had been involved in making

decisions about their lives.

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves. We saw that there was information in a communal area on advocacy services. We also saw in one person's support plan that an advocate had been involved to support them to make decisions about their finances. This meant that people were supported to be actively involved in decisions about their support.

People were supported to be independent. One person told us, "Yes I do most things for myself". Staff told us about how they encouraged people to be as independent as they wanted to be. One said, "We do goal planning with people. Things they would like to do, how they would like to do it and then we support them to achieve it with just a little guidance where it is needed". We saw that people's support plans detailed things that people could do for themselves and what they needed support with. For example, we read how one person looked after their own medicines whilst another person was receiving support from staff to find work experience. In these ways people received support from staff to retain or learn new skills.

People's sensitive information was being handled carefully. We saw that the provider had secure lockable cabinets for the storage of people's care records and we saw staff making sure that people's information was stored correctly. We heard staff share information about people in a discreet and sensitive way so that conversations were not overheard by others. We also saw that the provider had made available to staff confidentiality and data protection policies. This meant that people's privacy was being protected by a provider who had suitable procedures and by staff who knew about these.

Good

Is the service responsive?

Our findings

People had contributed to the planning of their support where they could. One person told us, "Yes I have a support plan, it's in the yellow folder. It's about us. I was involved in it. It's all correct. If I want a different goal I can mention it". We saw that where people could not contribute to the planning of their support, their representatives had given information to the provider. For example, we saw that people's care records contained information from relatives about how people preferred to be supported. We saw that people were being supported to achieve things that were important to them. For example, one person was interested in gardening and the provider had made available a greenhouse to support this. We saw that a plan with the person had been made with support from staff. This had detailed how they were going to achieve growing plants that the person was interested in and what had happened so far to meet this goal. This meant that the provider was responsive to people's individual needs and aspirations.

People's support plans were written in such a way that staff supporting them would have known how people wanted to receive their support. We saw that people's routines were detailed in relation to days of the week. We read, 'I like to choose my breakfast each day and staff need to support me to do this'. We saw people's likes and dislikes were detailed. For example, we read, 'I like to soak in the bubble bath in the evening'. Staff were able to describe people's preferences for their support which matched what we read in their support plans. For example, we read that one person enjoyed going out every day and staff told us about the different places they had supported the person to visit. This meant that people received support based on their preferences and in a person-centred way.

People's support requirements had been reviewed regularly. One person told us, "I have reviews every six months". Another said, "They ask me questions and I tell them what I think". We saw that people's support plans were reviewed every month. Staff told us that people's support requirements could change regularly. They described how they observed and shared information with their colleagues about people every day to make sure that the support they offered met people's needs. One staff member said, "We talk to people and observe how they are. If something needs to change we try to talk with people if we can about this and then record it". This meant that staff had up to date information and guidance on how to provide support to people in ways that were important to them.

People were supported to follow their interests and hobbies and their support plans confirmed this. One person told us, "I go to work. I work two jobs I enjoy that". Another said, "I can go out when I want. I do things I want". Another person explained how they independently undertook activities that they were interested in. They told us, "I do my own thing. We occasionally go out on trips, I would like to go on more trips". A deputy manager told us that people received individual support but they we looking at other group activities for people who had requested these. When we spoke with people in their own homes they spoke enthusiastically about the activities they had undertaken. This meant that people were undertaking opportunities that made them happy.

People knew how to make a complaint should they have needed to. One person told us, "I would contact the manager and I would feel confident talking to them about any problems". Another said, "I can make a

complaint to the manager". Relatives commented that any concerns raised were appropriately addressed. One told us, "If I have any issues I talk to staff and they always sort them out for me". We saw that there was a complaints procedure in place available to people in a communal area that was written using pictures to support them to understand what to do if they had concerns. A deputy manager told us that they had received no formal complaints in the last 12 months. They described that if any were received there was a policy to follow to make sure that the service learnt from mistakes where these were found to have taken place.

Requires Improvement

Is the service well-led?

Our findings

There was a manager in place on the day of our visit. They were in the process of applying to become the registered manager. We found that the manager was largely aware of their responsibilities. For example, there were arrangements for monitoring the working practices of staff and specialist support and guidance had been requested where there were concerns about the safety of people using the service. However, we were concerned that statutory notifications had not always been submitted for significant events. Providers are required to ensure that the Care Quality Commission (CQC) is informed of significant events that happen within the service. We saw there was one allegation of physical abuse in March 2016 that had been discussed with a social worker. Although this allegation had been fully investigated and found to be unsubstantiated, a statutory notification had not been submitted to the CQC. We also saw that in the last 12 months a suspicion of a significant injury had been referred to the local authority's safeguarding team. Although after further medical advice it was found that there was no significant injury, at the time of the incident, the provider had not submitted a statutory notification to the CQC. When we spoke with a senior manager about this they told us that they would discuss the requirement for statutory notifications with the manager to ensure that these are submitted without delay in the future.

People and a relative were complimentary about the manager and the service provided. One person told us, "They let us know what is going on". A relative said, "I have met the manager and she seems approachable".

Staff spoke positively about the manager and felt supported. One staff member told us, "I like the new manager. She deals with things. She makes rational judgements". Another said, "I believe it's one of the best places I've worked. It performs really well". Staff commented that they could make suggestions for improvements to the service. One staff member told us, "I have given a suggestion and it was acted upon. One person has behaviour that can challenge. I suggested breaks for staff from working with the person as it can be hard. We have these now". We saw these to be in place during our visit. We also saw that in the manager's absence, the deputy managers were available to staff to answer their questions and to offer support where required. This showed effective leadership.

The provider had a whistleblowing policy that had been made available to staff about how they should raise any concerns about a colleagues' practice should they have needed to. This also detailed the protection for staff if they raised concerns. Staff understood their responsibilities to report poor practice. One staff member told us, "If I was to see something going on that wasn't right it's my duty to report it. There's a policy in place in the main office. There's guidance on the board for us". Another staff member said, "I would document everything. I would go to the deputy manager or manager. If I got no joy then I'd go higher. I'm confident they would deal with it". This meant that the provider was open to receiving and dealing with poor practice should it have occurred.

The provider had a statement of purpose that was available to people, their visitors and staff. This detailed the aims of the service. For example, we read that the service sought to support people to remain independent and to live in their homes for as long as possible. Staff knew about the statement of purpose. One staff member told us, "The aim is to support individuals to live an independent and active life. To

support choices that people want to do. To have a fulfilled life". We saw that these aims were incorporated into the support offered to people. For example, people's care records and our observations showed that staff were supporting people to make decisions about how to spend their time. This meant that staff knew about the goals of the service and offered support in line with these.

Staff received regular feedback and guidance on their work from a manager during individual supervision meetings to understand the provider's expectations of them and to check their values. Staff described these meetings positively. One staff member told us, "I get feedback on my work, for example, if I'm doing well. It's really useful". We saw that staff meetings regularly occurred and covered topics such as people's individual support requirements, reminders for staff about checking people's medicines and gave opportunities for staff to give feedback to the provider. This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

People and their relatives had opportunities to give feedback to the provider. One relative confirmed they had been asked for their comments on the service. We saw that questionnaires had been sent to people and their relatives in the last 12 months asking for their comments on the quality of the service provided. These had been made accessible to people with communication differences by being written with the use of pictures to aid their understanding. The feedback provided was largely positive. Where the provider was asked to make improvements by some relatives, they told the relatives what action they were taking. We spoke to a deputy manager about providing feedback to people who had completed the questionnaires as we could not see that this had happened. The deputy manager told us they had not previously completed this but would do so when they next sent questionnaires to people.

The managers carried out quality checks of the service to make sure it was of a high standard. A deputy manager told us, "I work alongside staff to look at their practice, for example, we look at medicines and how they are handled. I do it to see what's happening and how staff offer support to people". We saw that a senior manager within the organisation had visited the service in the last 12 months to undertake a health and safety check. Actions had been identified which the manager was addressing. We also saw that managers were completing regular health and safety checks, weekly medicines checks as well as reviewing people's care records on a monthly basis and auditing people's finances. Any action needed had been documented and once carried out, had been signed off by the manager carrying out the check. This meant that the delivery of the support people received was being regularly reviewed.