

# Wycar Leys (Leicester) Limited

## Church View

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 1 June 2015 and was unannounced and we returned on 2 June 2015.

Church View is registered to provide residential care and support for eight people with a learning disability who present behaviours which challenge and who have complex needs. At the time of our inspection there were seven people using the service. The service is a converted residential property which provides accommodation over three floors. Communal areas are located on the ground

floor; bedrooms are all single with en-suite facilities. There is an accessible garden to the rear of the service. The service is located within a residential area with nearby shops and other community facilities.

At the last inspection of the 17 December 2013 we asked the provider to take action. We asked them to make improvements in the reporting and management of safeguarding concerns and to ensure a member of staff with a qualification in first aid was on duty. We received

# Summary of findings

an action plan from the provider which outlined the action they were going to take which advised us of their intention to meet the regulation by 17 March 2014. We found that the provider had taken the appropriate action.

Church View 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 at Church View and that they had information about who to contact if they had any concerns. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Where people were at risk, staff had the information they needed to help keep them safe.

People were supported by knowledgeable staff who had a good understanding as to people's needs. Staff provided tailored and individual support to keep people safe and to provide support when their behaviour became challenging.

People received their medicines in a timely manner. People told us they were able to request additional medicines, which they were prescribed, when they needed them. These helped them to manage their anxiety and behaviour.

Staff were seen to support people in a confident manner as they were knowledgeable about their needs. We saw people were relaxed in the company of staff and talked openly with them about issues affecting their health. People told us they attended regular health care appointments with staff support. Staff understood people's health care needs and referred them to health care professionals when necessary.

Staff told us that training had helped them to understand the needs of people, which included their right to make decisions about their day to day lives. People told us that decisions about their lifestyle choices were supported by staff and were not restricted.

People's dietary needs were met and people were encouraged to take part in grocery shopping and to prepare and cook food if they wished to.

People were supported by staff who had developed positive and professional working relationships with them, this gave people who used the service the confidence to speak with staff and talk about issues affecting them. People were relaxed in the company of staff and were able to talk about their lifestyle choices and the impact their decisions had on their well-being and future plans.

People had their needs assessed by the registered manager prior to moving into the service to ensure their needs could be met and that they would complement and fit in with those already receiving a service.

People were involved in the day to day running of the service, which included the recruitment of staff, social events and activities along with household chores. People attended meetings within the local community and within the service to ensure their views were heard. People were confident that any concerns were responded to by the provider and registered manager.

The registered manager and staff were committed to meeting the needs of people and improving their sense of well-being by encouraging people's independence and the achievement of their goals and aspirations.

Staff were complimentary about the support they received from the registered manager and regular meetings, supervision and appraisal provided an opportunity for them to develop and influence the service they provided.

The provider had a robust quality assurance system which assessed the quality of the service. Information gathered as part of the quality audits was used to continually develop the service and look for ways in which people using the service could achieve greater autonomy.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was consistently safe.

People felt safe at the service and staff knew what to do if they were concerned about their welfare.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safely recruited, with the involvement of those using the service, to ensure they were appropriate to work with the people.

Medicine was safely managed in the home and administered by trained staff.

Good



### Is the service effective?

The service was effective.

Staff were trained and supported to enable them to provide the support and guidance people required.

People's consent to care and treatment was sought in line with legislation and guidance. People were supported to make decisions which affected their day to day lives.

People had sufficient to eat and drink and were involved in grocery shopping and the preparation and cooking of food.

Staff understood people's health care needs and referred and supported them to attend appointments and manage their health.

Good



### Is the service caring?

The service was caring.

People said the staff were supportive and had a good rapport with them.

Staff encouraged people to make decisions and provided support to enable them to make positive choices about their lives.

Staff supported people with regards to their equality and diversity.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed prior to moving into the service and they were involved in the on-going review and development of their care.

People we spoke with told us that the staff team were approachable and that they had the opportunity to influence and comment upon the service and said their views were listened to and acted upon.

Good



### Is the service well-led?

The service was consistently well-led.

Good



# Summary of findings

The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices within an inclusive and empowering environment.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the services' development.

The provider and registered manager undertook audits to check the quality of the service provided and used the findings of audits to continually develop the service.

# Church View

## 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 1 and 2 June 2015 and was unannounced.

The inspection was carried out by one inspector.

We contacted commissioners for social care, responsible for funding some of the people that live at the service. We also contacted health and social care professionals who work alongside the service supporting those who used the service and the staff and asked them for their views about the service.

Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned to us.

We spoke with four people and had the opportunity to meet everyone who used the service. We spoke with the registered manager and three members of staff. We looked at the records of three people, which included their plans of care, risk assessments, health action plans and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

# Is the service safe?

## Our findings

At our inspection of 17 December 2013 we found that systems for the management and reporting of incidents within the service were not robust. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made. People who used the service and staff had a good understanding about abuse and who to report their concerns to.

People we spoke with told us they felt safe at Church View. "I'm safe here." And "I'm safe here because I've staff around me and I feel secure." People knew who to contact if they had concerns about themselves or others. "If I wasn't happy I would speak with [operations manager or general manager]. I could also speak with my social worker." A second person told us, "We talk about what we would do if we were worried at resident meetings, [registered manager] is always reminding of us of who to contact and contact telephone numbers are on the notice board if we need them." Minutes of residents meetings confirmed that the importance of raising concerns was always discussed which showed that the provider ensured people had the necessary knowledge and information to raise any concerns which might affect their rights.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. All the staff we spoke with understood their responsibilities with regard to safeguarding. They knew the different types of abuse and how to identify them. They also knew who to report any concerns about abuse to, and who to approach outside the service if that was required, which would support and protect people.

One person told us about the anti-bullying poster they had put on the notice board. They told us they had done this as they were aware that some people were bullied because of their hobbies and interests, and recognised how some people were judgemental. They said no one at the service bullied them or those they lived with, but they wanted to

raise people's awareness. This showed that people using the service were knowledgeable about issues which may affect their well-being and who had the opportunity to raise awareness within their own home.

People were supported on an individual basis by one or two members of staff for differing periods of time dependent upon their assessed needs and the activities they took part in. Staff ensured people were kept safe and their right to make decisions about their day to day lives were respected and their independence and choices promoted. People's records included risk assessments and plans of care which included potential triggers and the strategies to be used to support people when their behaviour became challenging. This enabled those who used the service to access the wider community with the confidence that their needs would be met and that staff had strategies to provide the support they may need.

People's records included risk assessments which identified areas of potential risk and the role of staff in reducing risk whilst promoting people's independence and choices. One person told us that they wanted to make sure they were safe when they went out to the local shops and that they didn't want staff to go with them. However they wanted staff to be close by in case they needed support. The person told us that they went out by themselves but felt safe as staff followed them at a discreet distance. A second person told us how staff supported them when they went to the local bank to withdraw money; they told us they were accompanied by two staff which made them feel safe as issues relating to finances caused them to be anxious. "I have two (staff) to one (myself) to make sure I don't get anxious." The person recognised how this promoted their safety whilst enabling them to be independent.

We found there were sufficient staff on duty to meet people's needs and keep them safe. People we spoke with told us staff were always available to support them when they needed them. Records showed that no one worked at the service without the required background checks being carried out to ensure they were safe to work with the people who used the service. Staff recruitment files that we looked at had the required documentation in place.

## Is the service safe?

We looked at the medicine and medicine records of three people who used the service and found that their medication had been stored and administered safely. This meant people's health was supported by the safe administration of medication.

People we spoke with told us they received their medicines on time and were aware that they were prescribed prn medicine, (prn medication is administered as and when

needed). People told us that if they needed something to help them to become calm, they would ask for their prn medicine. People's plans of care included information about the medicine they were prescribed, which included protocols for the use of prn medication. This ensured people's prn medicine was administered consistently to support their health.

# Is the service effective?

## Our findings

At our inspection of 17 December 2013 we found that there was not always someone at the service who had a qualification in first aid. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made. Staff had attained a qualification in first aid, to enable them to provide effective care.

We spoke with a member of staff who had been working at Church View for a few months and asked them about their induction. They told us they had had an initial five day induction where they had been introduced to people using the service. They had looked at people's plans of care and other records and read the policies and procedures for the service. Following their initial induction they told us they had completed an induction booklet. They told us they had discussed with the registered manager undertaking the Care Certificate. The Care Certificate, which has recently been introduced, is a set of standards for care workers that upon completion would provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

Staff told us they were supported by the registered manager through the practical on-going assessment of their work, which included observed practice, supervision and annual appraisal. Staff had a developmental plan which identified planned training for the forthcoming year. This ensured people were supported by staff whose training was up to date and reflected changes to legislation and new guidance and that promoted good practice from external organisations.

Staff at the service had accessed information to enable them to communicate with people with a hearing impairment who used British Sign Language (BSL) and Makaton. An external organisation which supported people with a hearing impairment worked with people who used the service and staff to facilitate communication and had training planned to enable staff to communicate using BSL.

We observed staff and people who used the service who did not have a hearing impairment communicating through the use of BSL, this showed that people worked together to meet people's needs effectively.

Staff told us there was effective communication between people who use the service and staff and between the staff team. They told us that the team leader facilitated a 'handover' of information at the beginning and end of each shift to ensure everyone had up to date information about people who used the service and the day to day running of the service. We saw people returning from health care appointments and noted that the person using the service and staff ensured that information was recorded within the person's records as to the outcome of the appointment, which ensured information was up to date.

We looked at the records of some of the people who were subject to a DoLS and found that these were regularly reviewed. We found mental capacity assessments had been carried out, which included a person's capacity to determine the management of their finances. Where it had been determined that people had capacity people's plans of care and risk assessments had been developed by staff with the involvement of people using the service to determine the level of support each person wanted from staff. One person told us "I have my own bank account and card, I have control of all my finances and when I need support I ask for it."

People we spoke with were aware that in some instances staff had to use restraint when their behaviour became challenging. One person told us, "Sometimes I get upset and angry and the staff try to calm me down, but it doesn't always work so they have to make sure that I don't hurt myself and others." People told us that their plans of care, which included risk assessments were discussed with them regularly by their keyworker so that they knew what information was recorded about them and told us they signed their records to show they understood and agreed what was written about them, this showed that people were involved in decisions about their care which protected their rights and met their needs.

One visiting professional advised that in their view the service was effective in meeting the needs of the person they represented who had behaviours which challenged, stating that the service managed and minimised these behaviours through diversion and de-escalation techniques.



## Is the service effective?

We spoke with staff about the use of restraint on people when people's behaviour became challenging. They told us they had received training that was comprehensive and regularly reviewed. We asked staff how the training enabled them to provide the appropriate support. "It helps you to recognise what level of behaviour is being displayed and therefore what support is required."

Staff training records recorded staff had attended Management of Actual or Potential Aggression (MAPA) which is a British Institute of Learning Disability (BILD) accredited course that provides theoretical and practical knowledge and skills on how to support individuals who may display behaviour that challenges. Staff told us that this training was regularly reviewed and that clear guidance was in place for the implementation of MAPA.

Incident reports were completed when people's behaviour became challenging and external agencies which included social services and the Care Quality Commission (CQC) had been informed where restraint had been used. This ensured people's rights were protected and their safety monitored and maintained. Staff told us that they had the opportunity to discuss their involvement and approach to incidents and staff supervision records detailed how 'lessons learnt' influenced how staff would consider their approach should a similar situation occur.

People got together on Sunday to discuss the menu for the following week. The discussion is led by someone who uses the service who has been appointed by those at the service to represent them. The representative records people's wishes for the weekly menu, to which everyone signs their agreement. People told us those that wish to, accompany a member of staff on a weekly basis to do the grocery shopping at a local supermarket.

We saw people access the kitchen for drinks and food with staff providing support where necessary. People were encouraged to be independent and make choices as to what they wished to eat. People using the service offered

visitors including ourselves drinks upon arrival and throughout the day, which showed people were confident within their own living environment. In the evening we saw everyone sitting together for their meal accompanied by staff. In some instances people required a diet which met their health care needs. This included a diet to support someone with diabetes. The person was aware of their dietary requirements and managed their dietary needs.

It has been recommended by the Government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. These had been completed with the involvement of people and had been signed by them.

We saw staff responding to people's questions about their health, which included the planning of appointments with their GP. We saw people opening letters from health care professionals about health related appointments and saw they recorded these appointments on their calendar or mobile phone or other computer device. One person returning from a GP appointment spoke to the registered manager about what had been agreed. They and the member of staff who had supported them to attend their appointment updated their daily record and health action plan.

People with on-going health care needs, which included diabetes, attended routine health screening appointments, to monitor their health and identify any changes. People we spoke with were fully aware of their health and spoke to us about this and the affect it had on their day to day lives. One person told us they checked their blood sugar levels as they were diabetic. Records showed people had regular access to a range of health professionals for the monitoring and improvement of their health, which included dentists, chiropodists, GP's and psychiatrists.

# Is the service caring?

## Our findings

People told us that Church View was their home and staff working at the service were there to support them in their everyday lives. A member of staff said, “The service is for the people who live here, it’s their home, we’re here to support.”

People gave us their views about the staff. “I love the staff here; they help me when I need it.” And, “The staff know all about me and I trust them.”

We asked people whether they felt staff respected their equality and diversity. They told us, “It’s how the staff keep us safe when we are out about and about should someone take the ‘mick’ (make fun) of us. A second person said, “They (staff) treat us like equals and meet our needs, respect our dignity and privacy.” We asked staff how they promoted people’s privacy and dignity and promoted their rights and diversity, they told us, “It’s about empowerment and individual choices.”

One visiting professional advised that in their view the service was caring and considerate towards the needs of people using the service, stating that they had observed a good rapport between people using the service and the registered manager, they went onto say that they had witnessed the registered manager being able to listen attentively to the concerns of someone and had supported them to be part of their assessment without talking for or over them.

Staff told us they liked working at the service because they had the opportunity to spend time with people, enabling them to go out to a range of activities, provide people with support when making decisions and were able to encourage and promote independence.

People told us that they had contact with family and friends, which for some people meant visiting relatives and

friends in care homes, to which staff supported them. One person told us they visited their relative every week, spending time with them and having fish and chips. They told us they kept in contact with their relative by telephoning them regularly and staff supported them where necessary.

A visiting health care professional told us that the staff had a great rapport with people using the service and that nothing appeared to be too much trouble. They went onto say that when they spoke with people they always spoke about what they had been involved in.

People made decisions about their day, deciding when to get up, when to eat, answering the front door when the doorbell rang and telling staff who were supporting them what they wanted to do, if they wanted to go out, where to. People were supported individually by one or two members of staff dependent upon their needs. This meant people had developed positive relationships with those that supported them and throughout our inspection there was an open dialogue and rapport between everyone, with much laughing and joking.

One person took us to their bedroom as they wanted to show us their budgerigars, which they were very fond of; they told us that they looked after them and that they had been happy when they had been able to bring them to Church View with them. They showed us the things in the room that were important to them and told us how staff helped them look after their room.

People we spoke with told us that their keyworker reviewed their plans of care, health action plans and risk assessments with them. One person told us they had set themselves goals to which they were working towards with the support of staff. People’s records were signed by them which showed their involvement and agreement.

# Is the service responsive?

## Our findings

People had had their needs assessed by the registered manager, who told us they met with people to discuss their needs and liaised with health and social care professionals. The registered manager told us that meeting people's individual needs was important, however they also considered whether the person would 'fit in' with those already living at the service to ensure people already in residence would not have their needs compromised and their day to day home life disrupted.

One person told us how they had in the past managed their own finances; however felt that they needed support with this. They told us they had discussed this with the staff and an appointee was now in place to help them budget. They told us, "I discuss my goals and improvements I want to make with my key worker, losing weight and budgeting money."

People told us they were involved in the development and reviewing of their plans of care and that for many they had set themselves goals. One person told us, "I sit and speak with my keyworker and discuss my goals and aspirations, discussing my support plan, and what I want to achieve." They went on to tell us that they hoped in the future to move out of Church View, living independently. They told us how staff had responded to their goal to achieve greater independence, which had included undertaking voluntary work. Records showed how the level of support the person had received in accessing voluntary work from staff had gradually been withdrawn as the person gained greater confidence and independence.

A second person told us about their hobbies and interests, which included visiting events where they met people who were like minded. They told us how they had organised themed parties at Church View to which everyone had participated, which they had named 'may the 4th be with you', a play on words from Star Wars, as the event had taken place on the 4 May.

We noted people going out during our inspection during the day and in the evening, people accessed facilities within the local area, which included shops and cafes. In addition people went out to local shopping centres and to the cinema. One person told us, "We do different activities, I have a structured week, I volunteer at a local shop three days a week, go to pub quizzes at a public house in Oadby

and on Tuesday evening I go to a disco at a social club. Yesterday evening I signed up to the Monday club, which is for people with Asperger's and autism and provides outdoor activities and events, my Psychiatrist recommended it."

We also saw people engaged in activities within Church View, which included reading, playing board games, watching television, using mobile phones and laptops to access the internet and keep in contact with people. One person told us they used 'Facebook' to keep in touch with friends, whilst others told us they visited family and friends and had friends visit them at Church View.

During the inspection two people left in the evening to attend a meeting at the local Vicarage, the meeting was to discuss the occupants of Church Views' participation in the forthcoming street party. The following day those who had attended the meeting told us they had agreed to provide tables and chairs and food. They told us they had taken part in themed street parties in the past and that they were very much part of the local community, with some people attending the local Church.

People's plans of care included information as to how staff were to respond to people when their behaviour became challenging. The plans were comprehensive and provided clear guidance for staff to follow, which included the use of distraction techniques, the management of the environment and others around them and what physical restraint was to be used, should it be necessary. Where people could not express their views or had difficulty expressing themselves verbally, their plans of care provided information as to how staff should interpret body language and facial expressions as communication and what the person was attempting to convey. This ensured people were supported by staff who knew their communication style and were able to respond to them in a consistent manner.

Regular meetings were held for those living at Church View, the meetings were chaired by the service user group representative who recorded and produced the minutes, recording the issues discussed. People we spoke with told us they attended the meetings and that they provided a forum for them to discuss issues affecting their daily lives, which included everyone helping out in the day to day running of the service; including making sure everyone equally did the washing up. They told us they talked about activities, holidays, staffing and any issues affecting them.

## Is the service responsive?

People we spoke with knew who to speak with both internal and external to Church View should they have any concerns. One person told us they had raised concerns with the registered manager some time ago, about the attitude and approach towards them from a member of staff. They told us this had been investigated by [registered manager] and they were happy in how the issue had been dealt with. They told us they had been supported throughout.

A visiting social care professional advised us that the registered manager had been proactive in providing all relevant information, documentation and interviews in relation to the investigation. The registered manager had kept CQC informed as to the progress of the investigation and the support provided to the person. This showed people's concerns were valued and that matters raised were dealt with in an open, transparent and honest way and included the involvement of external agencies.

# Is the service well-led?

## Our findings

People had the opportunity to influence the service they received through the service user group 'representative' and through the attending of meetings to discuss the day to day running of the service, which included their involvement in household chores and activities. People were involved in the development and reviewing of their plans of care, setting goals and aspirations for themselves which were kept under review and discussed with their keyworker.

At the most recent meeting involving people who use the service the registered manager had brought to people's attention the Care Act 2014. This showed that the registered manager brought to the attention of people changes which may affect them. We asked people if they felt this would impact on them, to which they replied "no". Minutes of meetings also showed that visits carried out by statutory agencies which included social services, health and safety and infection control personnel were discussed. The findings of visits by statutory agencies were shared and discussed. As part of the infection control audit it had been identified that the service did not have 'hand gel' for the reduction of cross infection. People using the service had discussed this and had agreed they did not want to have 'hand gel' sited throughout the service as they all knew when they should wash their hands. This showed that people's views were encouraged and their decisions listened to.

Two people at Church View took part in the recruitment process for staff, during our inspection interviews for care staff were taking place and we observed two people taking it in turns to welcome people to the service by opening the door and asking them to 'sign in' the visitors book. The two people in question took it in turns to take part in the interviewing of people with the registered manager. They told us "I set the questions and ask them. After the interviews the two of us get together with [registered manager] and discuss how the interviews went."

The registered manager showed us the questions which had been written by people using the service, which reflected the issues important to them, which included equality and diversity, staff approach and attitude to supporting them when going out.

A member of staff told us they had been interviewed by someone who used the service and the registered manager, they told us the questions they had asked had been thought provoking and had given them insight as to the importance the registered manager had on the involvement of people using the service in its development and running.

A visiting health care professional who we contacted as part of the inspection process told us that the staff were supported well by the registered manager.

The registered manager and team leaders ensured all staff employed were regularly supervised and had their work appraised. Records showed that the needs of people using the service were central to these discussions and included the need for on-going training to further develop staff's knowledge. Regular staff meetings had taken place and were used to discuss people who used the service, staff training and the values and visions of the service. Staff meeting were used to inform staff as to the outcome of visits and inspections carried out by statutory agencies, which included social services, health and safety and the fire department. This ensured staff knew how the service was performing.

The registered manager told us that there were sufficient resources and support which enabled them to develop the service, the staff team and to make improvements. Staff records showed staff received training in topics which recognised and promoted the rights of people who used the service and looked to motivate and encourage staff in the provision of person centred care. Staff when asked about the visions and values of the service told us, "I am here to support with daily living skills, to ensure people have a good quality of life and support them with their independence and get the best out of life."

The registered manager talked to us about the recently introduced Care Certificate, which they planned to implement for newly recruited staff. They told us they had enrolled on a course facilitated by the local authority which would enable them to ensure they assessed staff in a robust manner to attain the Care Certificate. This demonstrated the registered manager's commitment to the development of staff in order that they had the necessary skills to deliver high quality care.

We asked the registered manager how they assured themselves of the quality of the service they provided. They

## Is the service well-led?

told us, 'I complete monthly internal audits which highlight areas I need to address, and also any areas which may have major financial implications for the company and which the Operations Manager may have to ok / action. These will be highlighted on my monthly manager's report which go to the Operations Manager, and will then be discussed at my management meeting which is usually the following month.

The Operations Manager, or the home's Responsible Person, will visit monthly and conduct an audit which will highlight areas which require attention; again these will be discussed at my next management meeting. These meetings also act as supervisions and quality checks to ensure that actions set have been achieved (these will be highlighted on the next management report).

We have also recently introduced Peer Audits with managers from other Wycar Leys homes. Every two months we will visit each other's homes and audit specific areas (e.g., medication) and write a report for the other manager to consider. This is in its early days and has not been completely established yet.'

We looked at the most recent audit carried out by the registered manager. This had focused on the analysis of events which had taken place in the service, which included incidents where people's behaviour had become challenging. This information was analysed to reflect what

actions the service had taken, which included alerting external agencies to events. In addition the audit focused on staff recruitment and development and the environment. The audit set short, medium and long term goals to continually show how the service could improve, for example by staff training and improvements to the environment.

Before the inspection the provider sent us the completed PIR, which identified areas for improvement over the next twelve months. The registered manager had detailed their intention to invite a representative of those using the service to staff meetings and for them to then feedback to resident meetings.

The PIR identified that the service had received a recognition award certificate from Leicester City Council for consistent good practice. The registered manager stated they attended local provider forum meetings to ensure that they were informed of local and national initiatives. They told us they read the learning disability journal each month ensuring that anything that is relevant is passed onto the staff team. The registered manager and staff accessed training organised by local councils and other external agencies to enable them to keep up to date with good practice and provide the appropriate care and support to people.