

Royal Mencap Society

# Mencap - West Suffolk Domiciliary Care Agency

## 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

Mencap - West Suffolk Domiciliary Care Agency provides domiciliary care and support to 85 people with learning disabilities in their own homes. However at the time of the inspection only 55 people received the regulated activity of personal care. The service is provided at 15 different supported living schemes in West Suffolk and to people living in their own homes within the community.

We inspected the offices on 12 December 2016 and telephoned people, their relatives and staff for their feedback about the service on 13 December 2016. We gave 48 hours' notice before the inspection to make sure that some people who used the service, staff members and the management team were available to talk with us. At our last inspection on 21 January 2014, the service was found to be meeting the required standards in the areas we looked at.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. The registered manager was supported by service and assistant service managers responsible for the day-to-day operation of each location where people received care and support.

People told us that staff helped them stay safe, both where they lived and when supported out and about in the community. Staff had received training in how to safeguard people from abuse and were knowledgeable about the potential risks and how to report concerns.

Robust recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's support needs. Plans and guidance were in place to help staff deal with unforeseen events and emergencies in a safe and effective way. People were supported to take their medicines safely and at the right time by trained staff. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People who received support, relatives and health care professionals were positive about the skills, experience and abilities of staff employed at the service. Staff received training relevant to their roles and had regular one to one meetings with managers to discuss and review their personal development and performance.

People were encouraged and helped to maintain good health and had access to health and social care professionals when necessary. They were also supported to eat a healthy balanced diet that met their individual needs.

Staff obtained people's agreement to the support provided and always obtained their consent before helping them with personal care. Staff supported people in a kind and caring way that promoted their

dignity. Staff had developed positive relationships with the people they supported and were clearly very knowledgeable about their needs and personal circumstances. At the time of our inspection we found that the provider was working within the principles of the MCA where it was necessary and appropriate to the needs of the people they supported.

People who received support, and their relatives wherever possible and appropriate, were involved in the planning and reviews of the care provided. People were helped to learn and acquire life skills which made them more independent and able to move on to live independently.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences and routines. People were supported to pursue social interests and take part in meaningful activities relevant to their needs.

Relatives told us that managers and staff listened to them and responded positively to any concerns they had. People were encouraged to raise any concerns they had and knew how to make a complaint if the need arose.

People, their relatives, staff and health and social care professionals were complimentary about the management team and how the service was operated at all of the locations where support was provided. The management team monitored the quality of services and potential risks in order to drive continuous improvement.

## 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 helped to stay safe by staff who were trained to recognise and respond effectively to the potential risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were suitable for the roles they performed.

Sufficient numbers of staff were available to meet people's support needs at all times.

People were helped to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

### Is the service effective?

Good ●

The service was effective.

Staff obtained people's agreement and consent before support was provided.

Staff were trained and skilled to meet people's need effectively. They felt supported by managers to carry out their job roles effectively.

People were supported to eat a healthy balanced diet that met their needs.

People's health needs were met and they were supported to access health and social care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives were involved in the planning and review of their care needs.

People were supported in a way that promoted their dignity and respected their privacy.

The confidentiality of personal information had been maintained.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised support that met their needs and took account of their preferences and personal circumstances.

People`s care plans offered sufficient guidance for staff to provide personalised care and support.

People were helped and supported to pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives knew how to raise concerns and were confident these would be dealt with appropriately.

### **Is the service well-led?**

**Good** ●

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

Relatives, staff and health care professionals were very positive about the managers and how the service was operated.

Staff understood their roles and responsibilities and were well supported by the management team.

# Mencap - West Suffolk Domiciliary Care Agency

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 12 December 2016 by one inspector. On the 13 December 2016 another inspector contacted people, their relatives, staff and health and social care professionals for feedback about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with five people who used the service, three relatives, five staff members, three service managers and the registered manager. We also received feedback from health and social care professionals. We looked at care records relating to five people who used the service and seven staff files.

# Is the service safe?

## Our findings

Everyone we spoke with supported by the service felt safe. One person said, "Yes I feel safe. It's nice to know they [staff] are around if we need them." Another person commented, "Yes, I feel safe." People's relatives told us they were confident that their family members were kept safe and well protected from potential risks of abuse and avoidable harm. One relative told us, "Safe, yes completely so. My [relative] has lived in many places [supported living schemes] over the years and has never been happier." Another relative said, "There are some difficulties [with person's behaviour] but the staff keep my relative safe."

People told us that staff gave them help, advice and support about how to stay safe, both at home and in the community. One person explained the advice they received about being cautious when they were at home on their own. They told us they knew to ask for people's identification when they opened their door and not to let strangers in their home. They told us, "I would ask for a badge or identity card. If they cannot show me one I know not to let them in and phone for help." People who received care and support from the service were also educated about safeguarding and what abuse meant. They were helped to speak up if they felt vulnerable or at risk. For example a staff member told us about a person who used a service felt at risk and vulnerable when they were using public transport independently. They felt intimidated by a group of individuals. The staff were able to identify by the description given to them by the person that the group were wearing a known uniform. They had contacted the organisation they identified and the matter was resolved promptly. They told us the person was happy with the outcome of their report and this gave them confidence to continue to use public transport independently.

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Staff told us about safeguarding incidents they had been involved in the past which they reported to their manager and the situation was managed through the local safeguarding authorities. One staff member said, "It's important not to judge or assume about anything people say but to report it and follow it up." Another staff member told us how they made sure people's finances were managed safely. They told us, "If I need to go shopping for someone there is a key safe and I ask the person's permission to get some money. We take the money out together and I would write it down. After shopping we put the receipts and the change back and write how much we spent and the person signs it also."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed to take account of people's changing needs and circumstances. This included in areas such as health and welfare, sports and activities, the preparation of hot food and drinks, use of kitchen utensils, accessing the community, use of public transport and the management of personal finances.

Staff adopted a positive approach to risks to ensure that people's independence was supported and promoted in a safe way that reflected their individual needs and personal circumstances. Some people when they started to use the service had no awareness about how to use a phone in case of an emergency or how to manage their own needs safely without staff's constant supervision day and night. Staff

encouraged them to learn and acquire skills in looking after their personal safety and care needs which meant that people needed less support from staff as they could manage their needs and risks better. For example one person learned how to use the phone in case they needed help and they learned to manage their own needs safely during the night. They become more independent, their support needs changed and they only needed help from staff during the day not at night. Another person learned to stay safe and were able to move to live on their own.

One social care professional told us, "The service is safe, they [staff] have a good understanding of safeguarding policy, referring people promptly and appropriately. Also, they [staff] are willing to take positive risks and support people to achieve more in their life." This meant that people received a service which was enabling them to take positive risks and promoted people's independence.

All incidents and accidents that occurred at locations where people received support were recorded, investigated and reviewed by the service managers. This was to ensure that steps were taken to identify, monitor and reduce risks. The registered manager used a risk management system designed to enable them to identify trends, themes and learning outcomes to be identified and discussed at team meetings. For example we looked at staff meeting minutes and found that these were discussing areas like, environment issues, cleaning, support needed for specific tasks for people, any emerging risks.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which may affect the services provided or the people they support. This included relevant training, for example in areas such as emergency first aid and fire safety. People were also supported to understand about these emergencies and what they had to do in case of a fire.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles performed. One staff member commented, "I had an interview and I had to wait for my references and other checks to come through before I started work." People who used the service took part in the interviews of prospective candidates and had a say about who was employed to provide them with care and support.

There were enough suitably experienced, skilled and qualified permanent staff available at all times to meet people's individual support needs. Staffing at each service location was based around the dependency levels and assessed needs of the people it supported. For example, some people were provided with significant periods of 'one to one' support they needed, whereas others required much less day-to-day help from staff. One person told us, "I have staff to help every day throughout the day. I don't have staff at night."

People were provided with individual weekly planners so they knew what their commitments were and which staff members had been assigned to help and support them. All the staff we spoke with felt the staffing levels were good. One staff member said, "We are a good team we look out for each other and try to cover if one of the team needs extra time off. We want to give consistency to people and are supported to do so by the managers." Another staff member we spoke with worked in the community. They told us they had their rotas planned a month in advance and if any changes were made they were notified. They were given sufficient time to travel and to carry out the support required by each person they supported.

Relatives said they had never had an issue with staffing, there were always enough staff. One relative said, "Staffing is an issue everywhere as it's hard to get such good staff on such pay but they manage and they always cover for each other."

People had support from staff to develop their skills and understanding how to administer their own



medication. Their ability to do so was regularly discussed with them and adaptations were made according to people's wishes. For example a person has been helped by staff to develop skills and take their medicines on their own. Staff regularly reviewed this person's ability together with them to make sure they were taking their medicines the right way. In the discussions staff held with the person they had identified that the person become anxious and worried due to the responsibility placed on them and they asked staff to take over the management of their medicines until they felt confident again. One person told us, "They [staff] remind me about my medicines then I take it." Another person said, "I am always helped with my tablets."

People's medicines were stored, managed and disposed of safely at each of the locations where services were provided. Staff who supported people to take their medicines at the right time and in accordance with the prescriber's instructions were trained and they had their competencies regularly checked. One staff member told us, "For example on person I support will tell us when they need their medicine and so we get it for them and a drink of water and they take it. We always record and check the medicines." We saw evidence that people's medications was regularly reviewed and staff updated people's medication profiles whenever there was a change.

# Is the service effective?

## Our findings

People received care from staff who had been trained and supported to meet their needs in a safe and effective way. All the people we spoke with told us how good the staff were. One person told us, "They know what to do and they are good." Another person said, "Yes the staff are good they help me." A third person said, "They are there if I need them and they will come if I need them."

Staff received training and regular updates to help them perform their roles effectively. This included areas such as food safety, moving and handling, medicines and safeguarding. They also had opportunities to receive specialist training relevant to some of the people they supported. For example epilepsy, autism and challenging needs training. Staff were encouraged and supported to obtain nationally recognised vocational qualifications and managers and assistant managers took part in the provider's management development programme.

Newly employed staff were required to complete a structured induction during which they were trained and shadowed experienced colleagues. They were not allowed to work unsupervised until they had been assessed as being competent in practice in the work place. One staff commented on how good the induction period was saying, "We got all the information we needed and were well supported." Another staff member said, "When I joined the service the induction prepared me for the role I was going to do."

Managers held regular one to one meetings with staff to discuss and review their personal development and performance. All the staff members we spoke with told us they felt valued, listened to and were very well supported. They were also encouraged to have their say about how the service operated and any concerns they had at regular staff meetings. One staff member said, "We have regular supervision every three months and training is part of that. For example we are asked if there is any training we feel we need or we are reminded about any updates that maybe required."

People told us that staff sought their consent before supporting them and they were encouraged to make their own choices. One person said, "Of course they ask my consent!" Another person said, "I always chose what I want and staff help me to do it." All relatives we spoke with confirmed that people were enabled to make choices. One relative said, "We [family] don't interfere it's their [Person's] life. They choose their own clothes which would not be our liking but they like them, their room is a mess sometimes but they are encouraged to tidy it."

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported.

Staff were clear about the principles of the MCA and seeking consent. They put emphasis on people's

choices and if a person said `no` they respected the person`s decision and gave them space. One staff member told us about a person who refused a medical intervention because they didn't like hospitals. Staff involved them and key professionals in a best interest meeting and the decision was taken to uphold the person choice as it was in their best interest.

A social care professional told us how impressed they were about staff`s knowledge and ability to advocate for people using the service. They told us about a best interest meeting they were involved in with staff from the service where the health care professionals involved insisted for one to one support to be provided for the person. They told us, "I was very impressed how Mencap staff built a professional argument for a person centred support plan which was accepted by health and avoided the service user to be deprived of their liberty." This meant that staff had people`s best interest at heart and they were not afraid to challenge others in order to achieve a better outcome for people.

People who used the service said they normally had support with their food. One person said, "Staff prepare my meals but I give the ideas. I can make my lunch and staff help if I need it." Another person said, "I do like cooking. I need a little help from staff. I plan my weekly menu and I do my own shopping."

Staff were very knowledgeable about people's nutritional needs and supported them to eat a healthy balanced diet wherever possible. They had access to detailed guidance about people's dietary needs and personal preferences. The levels of support provided varied in accordance with people's individual needs and abilities. Some people needed no support whereas others required help to plan menus, shop for ingredients and prepare meals.

Staff had regular discussions with people in case they put on or lost significant amount of weight and they were not having a healthy diet to make sure people understood the implications of not having a healthy balanced diet and to discuss alternatives to the foods they were eating. For example a person told us they liked a type of softy drink which they had in excess and they were putting weight on. They told us they discussed this with staff and a staff member organised a blind drink tasting session for them which helped them realise that the sugar free version of the drink was as good as the other one. They were only drinking the sugar free drink at present and they started losing weight. This meant that appropriate steps were taken to ensure that people's nutritional needs were met in an effective way.

People's identified needs were documented and regularly reviewed to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. Staff were knowledgeable about people`s medical history and any medical condition they had and needed support with. For example some people had epilepsy. Staff had detailed guidance at hand in people`s care plans to know how to recognise any symptoms and how to keep people safe in case they had a seizure.

Staff helped people to access appropriate health and social care services in a timely way and supported them to receive the ongoing care they needed to meet their individual needs. Information about healthcare appointments was included in people's weekly planners and staff were assigned to help or accompany them where necessary.

## Is the service caring?

### Our findings

When we asked people what they thought of the staff who supported them, they were all very positive. Comments included: "They [staff] are caring and helpful", "They always take their time I am never rushed", "Staff are kind, they listen", "I love the house and the staff", "I like to be here."

One person told us, "Staff know what my interests are and how I like dogs. I go to places where there are lots of dogs. Staff also come to bingo with me." Another person said, "I go out every day, I go to different day services and staff help me with trips out."

Relatives spoke highly of how good the staff were, "They enable my [relative] to enjoy life and feel happy and secure." Another relative said, "The staff are full of enthusiasm and very caring." A third relative said, "Staff are extremely caring they do a lot of activities with people. They put ideas together and go to great lengths to make additional events happen."

People we spoke with told us they had a care plan and they helped create it. They told us the care plan detailed the support they needed and how they wanted the support to be delivered. Each relative spoken with said they were happy with the service people received. One relative said "My relative is very settled happy and secure. Staff know them and help him in a caring way."

Staff demonstrated to us positive examples of how they uphold and promote people's privacy and dignity. One staff member said, "We always knock and ask permission before entering people's rooms. If we support them with personal care we keep the doors closed and encourage them to do as much as they can and that they are covered as much as possible." Another staff member said, "We must make sure we never talk about people we support in front of others but respect their privacy and dignity."

Staff had clearly developed positive and caring relationships with the people they supported and were very knowledgeable about their individual needs, personal circumstances and factors that influenced their moods and behaviours. For example staff told us about a person they supported and how they knew when the person was not in a good mood. They told us, "[Persons' name] has grown so much since [Person] joined Mencap. They are more confident and more independent. I know when they are not in a good mood they will have their hoody on. Then I will give [person] space."

Every staff member we spoke with told us they liked their jobs and were fond of the people they supported. One staff member told us, "I just love the job I do. I do feel I am making a real difference to the people I support. We talk about right and wrong, respect and dignity and sometimes more difficult subjects like sexuality. It is so rewarding to be part of their development and see how they [people] become more confident and independent." Another staff member said, "I just don't want to work anywhere else. I am very passionate about my job."

People were helped and supported to maintain positive relationships with friends and family members. They were encouraged to regularly visit their family and form new relationships. For example a person

become friendly with another person who lived at the same location. They regularly met and socialised together.

People who received a service, and where appropriate their relatives, were fully involved in the planning and reviews of the care and support they received. Each person had a 'key worker' assigned to them who was responsible for ensuring they received the support required to meet their individual needs. One person told us, "I know my key worker and we discuss regularly my [care/support] plans." A staff member told us, "[People we support] receive a very good service. We involve them in every decision about their care and they make the choices they feel it is right for them. We just make sure they are as safe as possible and they learn how to be safe."

## Is the service responsive?

### Our findings

People who used the service said they were fully involved in their care and in making any changes to the way support was delivered to them. Relatives confirmed that they were involved when appropriate and felt the service responded well to their relative's individual needs. One relative said, "My relative has the opportunity to create and review their care plan. They do find decision making difficult but they all manage. Their care plan is really detailed about what they like and don't like and all the things they enjoy."

People who used the service received personalised care and support that met their individual needs and took full account of their preferences and personal circumstances. Detailed information and guidance had been drawn up to help staff provide care in a person centred way, based on people's individual health and support needs. This included information about people's preferred routines, medicines, dietary requirements and personal care preferences.

People said their care plan was reviewed regularly. One person said "Yes I do get reviews but I am always happy as I am." One staff member said, "Everyone's care plan is personalised as we are all so different with all different needs and likes and dislikes. If people want to do something we support them. They choose what they would like." Staff knew about people's care and said the care plans were very detailed and person centred and gave good guidance in how people wish to be supported.

One person told us they had difficulties walking and staff suggested to us a walking aid. They told us the aid has really helped them and they could walk much better. Staff explained how they sought advice from healthcare professionals for people when they saw people's needs were changing. They gave examples of people getting help with mobility aids or bath aids. This meant that staff were able to recognise and involve other professionals to help ensure people had all equipment they needed to be more independent and safe. One relative told us how all the people and staff in the supportive living service where their relative lived underwent mobility training. This was because a person had visual problems and staff and the people who lived in the same supported living scheme wanted to understand what the person's needs were and what it meant and how to help keep the person safe.

People were encouraged to pursue hobbies and social interests and to take part in activities relevant to their individual needs, both in their homes and in the wider community. One person told us, "I am very busy. I am working and I am planning a lot of things. I want shelves in my shed for my tools." Another person told us, "I am growing my own vegetables, carrots, courgettes and tomatoes." People were supported to take part in sponsored events to raise money for charities of their choice and achieve their goals in life. For example one person went on a hot air balloon ride; another person volunteered in a local coffee shop.

People were supported to plan and take holidays of their choice, accompanied by staff, both at home and abroad. For example there were people who were going abroad for skiing, other people were going to the sea side. We saw that each person had a holiday pack completed which prompted them what to take with them, emergency phone numbers and procedures they followed in case they got lost.

People were also supported to enrol at college and to take part in educational courses online. Details of people's activity commitments were included in their weekly planners and information about other opportunities were contained in schedules drawn up by staff, for example day centre, swimming, clubs night.

People who use the service all said they could speak to any staff if they had any concern and they knew they would sort it out. One person said, "I have never had a complaint about the staff but I did about one of my neighbours and the staff helped me sort it out." Another person said, "I can always talk to one of the staff if I am worried."

All relatives spoken with had confidence that any complaint they had would be dealt with thoroughly. None had felt the need to raise any issues; all said they had frequent contact with staff. One relative said "I have never had any concerns but am sure [manager] would deal with it." Another relative said, "If I had any concern I would speak to Head office and I think it would be acted upon very conscientiously."

Staff were clear about supporting people to complain or raise any concerns. One staff member said, "I would firstly sit and listen to them and calm them if necessary and then help them write it all down on our concerns form so it could be dealt with properly." Another staff member said, "We have a complaint form which we can give to relatives or a member of staff can support someone to complete it or an advocate." All staff said they would alert the manager about any complaint and they knew that any complaint or concern raised was followed through and acted upon.

People told us they were consulted and updated about the services provided and were encouraged to provide feedback about how it operated. There were regular meetings organised where staff and people who attended suggested different activities which they organised at each location or jointly. For example one person suggested a `speed dating` activity, to give them the opportunity to meet other people with similar support needs who may have been interested in building relationships. One person told us how successful this activity was and they proudly told us they met their partner there and they were very happy.

Complaints, 'grumbles' and concerns were recorded, investigated and resolved by service managers to the satisfaction of all parties.

## Is the service well-led?

### Our findings

People supported by the service and their relatives were very complimentary of how the service was run. One person told us, "The manager is very nice. She listens to me." Another person said, "We have meetings and we say how we want things."

Staff and people who used the service said there were regular meetings and good communication with all the staff team and managers. One staff member said, "It's a happy working environment with a good staff team. We all work together and for the same aim." Another staff member said, "I would be happy for one of my relatives to be supported here."

Every relative spoken with had only praise for the way the service was run and their contact with staff. They told us they were always kept informed of not only about their relative's situation but about how the service operated and encouraged to contribute their ideas and thoughts. One relative said, "I really want to praise them. You only hear negative feedback in the media but these [managers and staff] are really excellent they promote an excellent lifestyle and accommodation." Another relative said, "Communication is really good within the organisation. It is easy to get through to managers or area managers they are really good at getting back and things get done." A third relative said, "Four times a year we meet up with people who use the service and relatives and other people involved in supported living and go through if anything needs looking at. It is a good system."

Staff were clear about their responsibilities and felt well supported by the management who all said were clear and supportive in their leadership skills. Each staff member spoke positively about the managers and felt the service was well led. One staff member said, "It [service] is well managed. If you have a problem you can get help straight away. There is always a manager on call and they are really quick to respond. I feel we are all really supported."

The management team and staff understood the provider's values and the purpose of the services provided. Staff also understood these values, their roles, responsibilities and what was expected of them. A staff member told us, "I just love working for Mencap. It is very clear from day one that the emphasis is on people and it is a very inclusive approach." Another staff member commented, "I know the values and the ethos of the company and I do follow them. It is about being positive, trustworthy, caring, challenging if we don't feel something is right and inclusive. I do feel valued and supported by all the managers."

Managers were very knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. They ensured that staff had the tools, resources and training necessary to meet the individual, complex and varied needs of all the people they supported. □

We found that the views, experiences and feedback obtained from people's relatives and professional stakeholders about how the service operated had been sought and responded to in a positive way. Service managers also carried out regular checks and audits in a range of key areas, for example in relation to the



management of medicines, health and safety, resources, complaints, safeguarding, accidents, incidents, staff performance and people's support plans. These were reviewed by the registered manager and senior representatives of the provider. The information gathered was used to identify both shortfalls and good practice, develop action plans, and reduce identified risks. For example some people reported that they would have liked having staff available more often later in the evenings to accompany them to pubs or other evening clubs. This was then discussed with management, staff and people and arrangements were made so people could stay out longer in the evenings.