

Together for Mental Wellbeing

# Together for Mental Wellbeing Supported Living Branch

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

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 carried out an announced inspection on 4th December 2017. The last inspection of this service took place on 28 October 2015 and the service received the overall rating of Good..

Together for Mental Wellbeing Supported Living Branch provides care and support to people living in a 'supported living' setting, so that they could live in their own home as independently as possible. People's care and housing were provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service provided support for people living with mental health conditions. Not everyone receiving support from Together for Mental Wellbeing received the regulated activity. CQC only inspects the service being received by people provided with the regulated activity 'Personal Care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, the service supported 35 people in two locations in Surrey and one in East Sussex. At the time of our visit, they provided regulated activity of personal care to 13 people

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run. The registered manager was managing one of the sites within the Together for Mental Health Living Branch. They were supported by two service managers managing other two sites of the service. All of the three managers had appropriate training and experience to manage the regulated activity of personal care.

The service helped to protect people from avoidable harm. Staff received training in safeguarding people and they knew how to recognise and report safeguarding concerns.

Risk to people's health and safety had been assessed and staff had sufficient guidelines on how to support people safely and reduce identified risks. The provider's robust recruitment systems ensured people were protected from unsuitable staff. Sufficient staffing levels ensured that people's needs were met promptly. Appropriate arrangements around medicines management supported people in taking their medicines safely and as intended by a prescriber. However, the registered manager had not notified the CQC about incidents as required by regulations.

People had their needs and choices assessed prior to moving into the service and there was an additional settling in period following their admission which aimed to help make the moving in process more comfortable.

New staff received an in-depth induction and other staff received regular refresher training that the provider considered mandatory. Staff had regular support from their line managers, which was in the form of one to

one supervision meetings, team meetings and day-to-day conversations.

Staff supported people to have a nutritious diet that was in line with their dietary needs and personal preferences. When people's health deteriorated, staff took appropriate action to ensure people had access to respective health professionals and services.

The service worked within the principles of the Mental Capacity Act 2005 (MCA) and staff sought people's consent before providing any care and support.

Staff who supported people were considerate and compassionate. Staff and the management team placed people who used the service at the centre of the care and support provided to them. People were encouraged to express themselves and stay in touch with their personal needs and cultures. Staff supported people in protecting their privacy and dignity at all times.

Care provided to people was individual and reflected people's care needs and personal preferences. People were involved in planning and reviewing of their care, which was discussed with them regularly throughout their stay at the service. Consequently, staff had sufficient information and guidelines on how to support people effectively and in line with their preferences.

The provider had a complaints policy in place and staff supported people in using the complaints process when required.

Staff thought the service was well led and they spoke positively about the management team. Staff felt informed about the matters related to the service provision. Staff were involved in the development of the service and, they said, their suggestion and ideas were taken into consideration.

The service sought people's opinion about the service and people said they could speak to staff and the management any time if they had any problems or concerns. The management team had systems in place to ensure on-going monitoring and improvement of the service. Appropriate policies and procedures provided staff with guidance to help them to carry out their roles safely and effectively.

The service received positive feedback from external health and social care professionals.

We found one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise potential signs of harm and abuse and they knew how to report their concerns so appropriate action was taken.

There were procedures in place to manage and monitor accidents and incidents and actions were taken to stop accidents and incidents from reoccurring.

Risks to people's health and wellbeing were assessed and staff had sufficient guidelines to support people safely.

The provider had robust recruitment processes in place and people were protected from unsuitable staff.

### Is the service effective?

Good ●

The service was effective.

People had their needs and choices assessed prior to moving into the service. Additional assessment and settling period was provided to ensure the service was the most suitable support place for people.

Staff received sufficient training and support to help them to support people in a safe and effective way.

People were supported to have a healthy and nutritious diet that was in line with their needs and personal preferences.

Staff supported people to live healthy lives and have access to health professionals when required.

The service worked within the principles of the Mental Capacity Act 2005 (MCA) and staff obtained people's consent about decisions regarding people's care.

### Is the service caring?

Good ●

The service was caring.

People using the service were at the centre of care and support provided. Staff were considerate and compassionate when caring for people.

People were encouraged to make decisions about various aspects of their life and care received from the service.

Staff knew how to communicate with people effectively and in the way people understood it.

Staff respected people's personal preferences, backgrounds and individual ways of living and people were encouraged to stay in touch with their personal needs and cultures.

People's privacy and dignity were protected when receiving personal care.□

### Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised, thoughtful and in line with people's needs and personal preferences.

People's care plans were person centred and consisted of comprehensive information about people's care needs and preferences.

Staff supported people to develop their life skills and to follow their interests so they could be independent and enjoyed their life as much as possible.

The provider had a complaints policy in place and it was available to people. There were open door/drop in session where people and their relatives could come and discuss any concerns about the service provided.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The service did not have a system in place to ensure that all required notifications were made to the CQC.

Staff spoke positively about the management team and they said the service was well led.

There was a good communication between the management team and the staff. who felt well informed and involved in

development of the service.

The service regularly sought people's opinion about the service and how this could be improved.

There were systems in place to ensure on-going monitoring and improvement of the service.

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# Together for Mental Wellbeing Supported Living Branch

## **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 checked 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 4th December 2017 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone was available to talk to us during our inspection.

This inspection was carried out by one adult social care inspector and one Expert by Experience. An Expert by Experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we gathered information from 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.

Prior to our inspection, we spoke with two people who were using the service. During our visit, we spoke with two service managers. The registered manager was not present at the time of our visit and we spoke with them on the phone on 8th December 2017.

On the day of our visit we looked at records, which included care records for four people, recruitment, supervision and training records for five staff members.

Following the inspection, we contacted and received feedback from three staff members and one external health professional.

The service is provided from the provider's main office address, which was based in the London Borough of Islington. People received the registered activity at three different locations two in Surrey and one in East Sussex. This is where various documentation related to the running of the service was stored. We requested that the registered manager and respective service managers submitted additional evidence via email. Therefore, before and after our inspection the service had emailed us a range of documents relating to the management of the service, such as, medicines audits, training matrix, periodic service reports, meeting minutes and policies and procedures.



# Is the service safe?

## Our findings

One person using the service told us, "I definitely feel safe with staff. They have arrangements in place for me. They check to see I am ok and taking my medicines."

The service helped protect people from harm and abuse. There was a safeguarding policy and procedure in place letting staff know how to report any concerns if they thought a person might have been at risk of harm from others. Staff told us this was available in the form of a flowchart in the staff office and staff told us they referred to it when reporting any safeguarding concerns.

Records showed that safeguarding concerns had been dealt with by respective service managers promptly and we saw that actions had been taken to ensure people were safe. We saw that the service managers had informed the local authority about these concerns. Records showed that the service worked together with the local authority and other professionals to ensure people were protected from avoidable harm. However, we noted that the registered manager had not informed the CQC about safeguarding matters as they should have done as required by the Regulations.

Records showed that all staff had received training in safeguarding adults. Staff we spoke with had good understanding of safeguarding people and knew the providers process for dealing with any safeguarding concerns they might have.

The provider had appropriate procedures in place to manage and monitor any accidents and incidents. All accidents and incidents were recorded on electronic, online software and immediately reported to the provider's senior management ensuring they knew about it and could monitor it. Accidents and incidents were discussed in staff team meetings and individual supervisions if needed. This was to ensure lessons were learnt and measures were put in place to minimise the risk of them reoccurring. For example, we were told about an incident when staff had not informed emergency services and the management about a risk to person's health and wellbeing. This had been discussed with the staff member and they received additional training and support in the form of more frequent supervision. Staff we spoke with confirmed that any accidents and incidents were discussed and measures were put in place to avoid the situation from happening again. As with matters relating to safeguarding, the service had not notified the CQC about some notifiable accidents and incidents which they should have done as this is required by the Regulations.

Staff assessed risks to health and wellbeing of people using service and they had guidelines in place to help people minimise these risks. Each person had a comprehensive and individualised risk assessment in their care file. We saw that each risk assessment was regularly updated and consisted of detailed information on identified risks. These included descriptions of early warning signs indicating the person might be at risk, guidelines on how to manage a risky situation and what to do if a risky situation occurred. Examples of risk assessments we saw included self-neglect, cooking and food serving, medicines mismanagement and a substance misuse risk assessment. Staff we spoke with told us they knew risks to people's health and wellbeing as they formulated and reviewed people's risk assessments documents. They also discussed these risks in staff individual supervisions as well as handovers and staff meetings.

The provider ensured that people lived in a safe environment. In people's files, we saw records of up to date environmental risk assessments as well as Personal Emergency Evacuation Plan (PEEP) describing arrangements for emergency evacuation for people in case of fire.

The provider had robust recruitment processes in place and they ensured people were supported by suitable staff. Staff personnel files consisted of evidence that appropriate checks were undertaken before staff began work. These included, checks on people's references, right to work in the UK and Disclosure and Barring Service (DBS) results. DBS checks are criminal checks that help employers to prevent unsuitable people from working with people who used the service.

People told us there were enough staff deployed to meet their needs. One person told us, "There are enough staff on duty to help me. The staff are regular so they know me and understand my needs they work shifts and it seems to work." Staff told us, and the rotas we saw confirmed, there were at least two staff members on each day shift and one person sleeping in at night. Staff reported this was enough to support people in a safe and effective way.

The majority of people took their medicines independently and they did not need staff to administer. However, staff prompted and observed people to ensure they took their medicines safely and as intended by a prescriber. Records showed that people had medicines agreements in place showing they consented to such arrangement and giving staff guidelines how to support people safely and effectively. People told us they were happy with how staff supported them with their medicines. Their comments included, "They undertake regular checks to ensure I am not stockpiling my medication" and "In respect to my medication they understand it and I have been involved in discussing this with the staff."

The provider had arrangements in place to ensure appropriate infection control at the service. Records showed that staff received training in infection control. Staff we spoke with confirmed they received the training and the topic of effective infection control and appropriate personal protection equipment (PPE) were discussed in staff meetings.

# Is the service effective?

## Our findings

People had their needs and choices assessed at the point of their admission to the service. People were also given the opportunity to visit the service prior to them moving in to assess if they liked it and if they would like to live there. Following people's admission, there was an additional assessment period allowing staff and people time to consider if the service was the most suitable support place for them. In people's files, we saw various documents related to the assessment process. These included initial assessment documents completed by staff with people and a "resident induction list" stating which area of the service provision were discussed and agreed with people.

People told us they thought staff were trained and they knew how to support people effectively. One person said, "The staff seem well trained, they seem to know what they are talking about". Another person said, "They seem to know what they are doing, they do not really listen but they do help me I think."

New staff were required to undertake an induction which included completing on-line and face to face training that the provider considered mandatory. This included safeguarding, infection control, mental health awareness and moving and handling. New staff were also required to complete an induction workbook which aimed at introducing new staff to the tasks and responsibilities in their role as well as consolidating staff knowledge. Through their induction staff were supported by a 'Buddy', who was a staff member working alongside them to ensure new staff were supported when conducting their duties. New staff were assessed for their readiness for their role in three and six monthly probation meetings with their line manager. Staff we spoke with confirmed they had undergone a robust induction process and they said they felt prepared for their role. In staff files we saw completed documentation related to their induction process. These included certificates of induction training, induction checklist, induction workbook and three and six monthly probation reports.

Other staff received regular mandatory training every two or three years depending on the subject. Additionally, each staff member had a personal training development plan in which staff decided which training they would benefit from to increase their professional skills. Staff told us the plan was discussed during their monthly supervisions and a yearly appraisal meeting. Records showed that additional training completed by staff included personality disorder awareness, mood disorder and stress management training.

Staff told us they felt supported by their line managers. Their comments included, "[Manager] is very approachable and my supervisions are personalised" and "Yes I am supported I have frequent supervision with [line manager] and I feel comfortable approaching [my manager] with any questions." Records showed that staff received regular supervisions and a yearly appraisal, in which they discussed people's care needs as well as staff professional development and training requirements.

Staff supported people to have a healthy and nutritious diet that was in line with their needs and personal preferences. A person using the service told us, "The staff ask me what I have eaten today, they go shopping with me once a week. They help me choose food." A staff member told us, "We support people with general

advice on healthy eating and we create weekly healthy meal plans so they eat healthy". In people's care plans we saw important information related to people's dietary requirements as well as guidelines for staff on how to support people effectively and safely. For example, one person using the service lived with a disorder that affected their digestive system. In their file, we saw instructions for staff on what food the person could eat and what food they should avoid. Another person did not eat meat and asked for staff support with shopping and preparing vegetarian meals which were nutritious. We saw that activities related to food preparation were risk assessed to ensure people and staff were safe. For example, one person received support with cooking. In their files, we saw risk assessment giving staff instructions on how to ensure food was in date and that it was served at the right temperature so the person was not scalded.

Staff supported people to live healthy lives and have access to health professionals when required. A person using the service told us, "I feel my health needs are being met in a good way" and "If I am feeling unwell I tell them and they will do welfare checks." We saw evidence of staff supporting people in contact with other professionals. These included records of various appointments and evidence of staff correspondence with other professionals, such as, Community Psychiatric Nurse (CPN), a general practitioner (GP) or hospital. Staff told us, they accompanied people at their medical appointments if people requested it. Staff also said they encouraged people to have regular health checks to ensure they were in good health. Furthermore, people's health had been discussed in team meeting and daily handovers. Staff had also attended meetings with other professionals to ensure information about people's health was shared and people received the best possible support. One staff member told us, "We attend Care Programme Approach (CPA) meetings to discuss how a person is doing. We do it to share information." CPA is an approach of providing care to people with mental health problems based on assessing and planning care with people to ensure people's needs were met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 found that the service worked within the principles of the act. The majority of people using the service had the capacity to make decisions. However, staff told us if people's capacity had at times diminished due to their mental health they would discuss this with the relevant professionals to assess the person's ability to make decisions and to take the best course of action to ensure people's needs were met in their best interest and in line with their human rights. For example, two staff told us about a person who had recently been assessed for their capacity in making financial decisions and they were in the process of being appointed a legal representative to help them with this matter.

We saw that staff obtained people's consent about decisions regarding their care. In people's files we saw written consent to share information with other professionals, welfare flat checks consent and various joint agreements between a person and staff describing how they would work together on supporting the person. We saw that if people had not agreed to certain aspects of their care, this was respected and recorded in their files. For example, one person did not want information on them being stored on the provider's new electronic database. This request was clearly recorded on the front of the person's paper care file and staff told us the information was not transferred to the online database. One person did not want to have their photograph taken and another person did not wish to complete a one-page profile document giving basic information about them. There was a note made by staff in both files stating people's lack of consent for these specific elements of their care.

Records showed that staff received the MCA training and they understood the principles of the Act. Staff told us, "We cannot assume that people do not have the capacity, everybody has the capacity unless it is proven otherwise", "People may lack the capacity in one area of their life, such as, financial decisions, but they can have the capacity in other like what they would like to do during the day, what to do eat and wear."

## Is the service caring?

### Our findings

People were supported by considerate and compassionate staff and people using the service were at the centre of care and support provided to them. People using the service told us, "The staff are all caring. They watch me take my medicines. They check I have done my housework and eaten" and "It depends upon how you define caring, I think they are Ok. They operate within the boundaries." In one person's care file we saw a compliments note thanking staff for support they received during a difficult event in their life.

The registered manager told us, "Service users are at the centre of everything we do." Staff confirmed the service had strong person centred values that included compassion for people, a service users lead approach and respect for people.

Staff listened to people and followed their lead as to how people wanted to have their support provided. People had regular key-working sessions in which they were encouraged to discuss various aspects of their life, the care received and what they needed support with. A person using the service told us, "I have a key worker session once a month and we go through what went well, what worked, what did not work well and come up with strategies".

Staff knew how to communicate with people effectively and in the way people understood. Each person had information in their care plan on their communication skills, preferences and vulnerabilities and staff had access to it. For example, in one person's file, we read that they had a speech impairment. They were worried that others would not understand them and staff needed to be mindful of this when communicating with the person. Another person's care plan stated how they communicated being in pain and which words they used to agree or disagree with something. The registered manager told us that staff had always made sure they communicated with people at the level of their understanding. This could include using pictures, signs or brail. However, he stated there was no person at the service at the time of our inspection that needed this type of support.

People's personal preferences, backgrounds and individual ways of living were respected and staff encouraged people to express themselves and stay in touch with their personal needs and cultures. For example, we were told about the recent initiative at one of the sites at the service where people using the service set up an LGBT (lesbian, gay bisexual and transgender) support group. We saw a poster inviting everyone interested to attend the group and a note in a "tenants meeting" informing everyone about the group. We also saw that the manager at the site had encouraged people to set up any groups of their interest and resources would be made available in order to support them.

Staff protected people's privacy and dignity and were respectful towards people's wishes. Staff told us, "If a person tells us that they would like to stay in their flat and they do not wish to see us that day, we have to respect this." Another staff member told us, "If people want to have a private conversation with staff we go to their room, so they can talk in privacy rather than in front of other people." In people's care plans we saw guidelines for staff on how to support people so their dignity was protected. For example, in one person care file we saw staff were instructed to prompt a person to wear appropriate and clean clothes. Staff told us,

"We make prompts to ensure people keep up good hygiene and they wear clean clothes." The registered manger commented, "We speak gently to people to remind them about wearing clean clothes. We do it in a supportive manner considering how we would feel if somebody discussed such a subject with us."

## Is the service responsive?

### Our findings

Staff provided care that was personalised, thoughtful and in line with people's needs and personal preferences. People told us they were involved in planning and reviewing of their care and they could decide how they would like their support to be provided. They told us, "I have a care plan which I helped to write, they took my views on board" and "My care plan is reviewed at the monthly meetings with my keyworker. I have the time to make decisions with my keyworker."

Each person was assessed for their care and support needs before they moved in to live at the service. Staff had completed with people a support needs checklist to ensure all support area were covered and people received the support they needed. Staff had also created a list of goals with people which they wished to achieve while living at the service. For example, in one person's file we saw that their goal was to start taking their medicines independently without staff support. Another person's goal was to manage their diet so it was healthier and more balanced. A staff member told us, "Our aim is to support people whilst they are here. Our support is very bespoke and depends on what people's needs are." One person told us, "They have so much paperwork on me."

The care plans we viewed were comprehensive, person centred and consisted of a range of information on people's care and health needs as well as on their individual preferences. These included, details of people's medical diagnosis, physical health and care needs, their medicines, living skills and their interests and things they liked to do. Staff and people told us, and records confirmed, that care plans were reviewed monthly and changes were made when people's needs had changed. Additionally quarterly placement reviews helped to ensure people were receiving care they required and that the service was the suitable place for them to receive the support. A staff member told us, "We create and review the support plan with people. They tell us what they need and we support them with it. It is about supporting them as each individual person."

People were supported by staff to develop their life skills and be as independent as much as they could. In people's care files, we saw records of discussions with people on what they would like to do during the week. People had a weekly planner session in which, with staff support, they planned their week. The aim was to help people to build and sustain a structure to their week. The activities included outings in the community, a budgeting session, weekly scheduled appointments and cleaning of their flat. Staff told us, "We give information to people so they can form decisions themselves about what they would like to do. However, ultimately it is their decision." Another staff member told us, "We help people with day to day activities, such as dealing with formal appointments and personal documents, etc... If we cannot support them we sign post them to those who can."

Staff supported people to follow their interests and do things they liked to do. Each person's file had a detailed description of people's leisure activities they liked to do. These included places they wanted to visit and people they liked to spend their time with. Key-working session's records showed that people discussed with staff various education, work and leisure opportunities that people would like to pursue. One staff



member said, "People tell us that they have interest in something and staff helps them to explore it." If people did not feel confident and had difficulties with social interactions, records showed that staff encouraged them to take small steps to build their confidence. For example, one person was encouraged to take part in outings and spend more time in the communal area of the service she lived in. We were told about two other examples of people following their interests. One person using the service successfully secured a position of a volunteer in a local charity shop and another started working as a volunteer in an animal sanctuary.

Staff supported people to use modern technology to develop their skills and to be more independent. People were taught how to use the internet, how to set up an email account and how to use computers, tablets and smart phones. These tools were used in people's key-work sessions and, staff told us, they carried out discussions with people about online safety. For example, we were told about one person who liked to purchase goods on the internet. They had an arrangement with a staff member that the staff would join the person when purchasing these goods to ensure the person understood the terms and conditions.

People were encouraged to maintain and build positive relationships with people who mattered to them. Records showed that staff supported people in exploring matters related to family, friends and relationships. Staff offered conversations and emotional support when people needed it or referred to counselling and therapy services if more appropriate

The provider had a complaints policy in place and it was available to people. There was also a compliment and complaints box in which people could make their comments anonymously. Additionally, the respective managers had arranged a quarterly open door/drop in session where people and their relatives could come and discuss any concerns and dissatisfaction with the service provided. The registered manager told us any complaints were usually dealt with straight away as they occurred or in people's key-working sessions. We were told that since our last inspection there were three formal complaints across all three sites of the service. Respective managers dealt with them to the satisfaction of people who used the service. For example, one person complained that there were only male staff on the shift. This was addressed by explaining to the person the reasons behind this rota arrangement (no female staff available at the time). The lesson had been learned and since then if possible male and female staff were on the shift. If this was not possible, people were informed about this in advance and they were offered support if required. There was a flow chart available for staff guiding them how to deal with complaints. Staff told us they would support people if they were willing to make a complaint about the care received from the service or about any external bodies. A staff member told us, everyone has the right to make a complaint and we need to support people in doing so. If there is something, we missed in supporting them they can bring it to our attention and we can improve it."

## Is the service well-led?

### Our findings

We identified that CQC had not been notified of specific events and incidents as required by law. These included one safeguarding matter and five other events that affected health and wellbeing of people who used the service. We spoke about this with the registered manager and respective service managers. They explained that at the time of our inspection there was no clear, established system in place to ensure such notifications were submitted as required.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

Following our inspection improvement action was taken by the registered manager to ensure they service fully complied with the Regulations. The management team established an appropriate system to ensure the Care Quality Commission (CQC) was informed about any notifiable events. Since our inspection, the Commission received a notification informing us about a safeguarding matter at the service.

Staff spoke positively about the management team and they said the service was well led. Their comments included, "[name of the manager] is very approachable", "The service is well led. Everyone is working together and the manager leads by example rather than delegating" One staff member told us, "The service is well led. There is a lot of pressure on managers and a lot of paperwork they have to complete. At times, they cannot focus on things that would improve the service. Regardless, the managers do everything they can to manage it well."

We observed clear communication between the management team and the staff. There were regular team meetings, handovers and day-to-day conversations in which the management and staff kept themselves updated about the matters related to the running of the service. Staff told us they felt well informed about matters related to the service provision and they were listened and encouraged to contribute to the service development. A staff member told us "Team meetings are good time to share ideas, talk about clients, reflect on our practice and follow up on previous matters."

People were frequently asked for their opinion about the service and how this could be improved. This was done in the form of regular meetings, use of the 'How is it Going' form where people could express their opinion in writing and regular one to one key work meetings. A person using the service told us, "We have a residents meeting here once a month, it is very good, the meeting is useful. If I have any problems or complaints, I would speak to the team leader. He seems to lead the team well."

There were systems in place to ensure ongoing monitoring and improvement of the service. We were provided with examples of the periodic service reports and quality audits completed by respective service managers. These showed that areas monitored by the management team included medicines management, matters relating to staffing, care provided to people and health and safety at the service. We saw that where gaps in the quality of the service were identified actions had been agreed and recorded on any improvements that had been identified as a result.

There were policies and procedures in place, staff were able to access these through the providers intranet portal. This meant that staff had the appropriate guidance required for their role and they were able to access information easily.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person must notify the Commission without delay of any injury and/or any allegation of abuse in relation to a service user.</p> <p>Regulation 18 (1)(2)(b)(e)</p>