

Solutions in Service Ltd

# Solutions in Service Ltd

## 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

This inspection took place on 25 January, 2018. The inspection was announced.

Solutions in Service Ltd is registered to provide domiciliary care to younger and older people who have complex support needs. The registered provider supports 54 people across five separate shared houses. Each person within each shared house has their own separate tenancy agreements and are supported by staff 24 hours a day, seven days a week.

At the time of the inspection there were two registered managers 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 managers had a number of different systems in place to assess and monitor the quality of the homes, ensuring that people were receiving safe, compassionate and effective care. Such systems included weekly, monthly, annual audits and the relevant health and safety and infection control checks.

We reviewed medication management processes which were in place. Medication was administered safely by staff who had received the appropriate medication training. Medication audits were being completed on a weekly basis. However, we did discuss with the registered managers at the time of the inspection that the medication audit could be further developed in order to capture all aspects of the medication processes and procedures.

We recommend that the medication audit process is further reviewed.

People we spoke with during the inspection expressed that they felt safe. People explained that they felt staff were approachable, responsive and would listen to their views and opinions. Staff were knowledgeable around the area of safeguarding procedures and knew how to report concerns and who they would report their concerns to. Staff had completed the necessary safeguarding training and there was an up to date safeguarding policy in place.

Care files contained individual care plans and risk assessments were in place for people who were being supported by the registered provider. Care records we reviewed contained important information about the person and staff were familiar with people's care needs, risks and support measures which needed to be implemented.

Recruitment was safely managed. Staff personnel files which were reviewed during the inspection demonstrated that safe recruitment practices were in place. This meant that all staff who were working for the registered provider had sufficient references and Disclosure and Barring System checks (DBS) in place.

There was an up to date 'Accidents and incidents' reporting policy and procedure. Accidents/incidents including safeguarding incidents were being routinely recorded by all staff and trends were being monitored and analysed. People's care records were being updated accordingly and actions were being taken by the registered provider when trends had been established.

The registered provider operated within the principles of the Mental Capacity Act 2005 (MCA) People were supported to remain independent, to have 'choices' and to be fully involved in the decisions about the care which needed to be provided. People who were being supported by the registered provider had all consented to the care being provided. Staff were also aware that any decisions made on behalf of people, due to fluctuating/lack capacity must be made in their 'best interests'.

Staff expressed how they were fully supported in their roles. Staff had received all the necessary training needed to perform to the best of their abilities and regular supervision and appraisals were taking place.

Staff supported people to make their own decisions around their own nutrition and hydration. People's choices, preferences, likes and dislikes were taking in to account and people told us that staff would provide advice and guidance around balanced diets.

People expressed that staff were caring, kind and compassionate towards them. People felt they were treated with respect and staff provided dignified and compassionate care. Relatives we spoke with told us they felt the staff were kind, caring and provided good quality care. The registered provider has appointed a dedicated dignity champion, this was an area of care which was being prioritised for people who were being supported.

There was a complaints policy and procedure in place and people knew how to make a complaint. Complaints were also reviewed as part of the registered providers 'annual review' as to ensure trends were being established and managed accordingly.

The registered managers had a number of different systems in place to ensure the provision of care was being routinely assessed. Systems included quality checks and audits, health and safety checks, care plan and risk assessment reviews, staff, 'service user' and external professional surveys. There was also a rolling 'live' action plan which was continuously being reviewed and updated.

The registered provider worked in conjunction with the local housing association to ensure the environment was well maintained and the health and safety measures provisions were being safely managed. Health and Safety audit tools were in place to monitor, assess and improve the quality and standards of the home.

The shared living accommodation we visited was clean and well maintained. There was a daily and weekly cleaning rota in place and there was evidence to suggest that infection control policies were being adhered to. This meant that people were living in a safe and well maintained environment.

Policies and procedures we reviewed during the inspection were up to date, relevant and contained the necessary guidance for staff to follow. Policies and procedures were available to all staff and they were able to discuss specific procedures and processes with us during the inspection.

The service was well-led and staff and managers promoted a culture of warmth, kindness and compassion towards the people who were being supported. Staff expressed that they felt supported by the registered managers and explained that the team worked collaboratively for the benefit of the people they were providing care for.

The registered managers were aware of their regulatory responsibilities and were aware that CQC needed to be notified of events and incidents that occurred in accordance with the CQC's statutory notifications procedures.

## 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.

Medication management systems were in place although we have recommended that the registered provider improves their medication audit process.

Staff were familiar with safeguarding and whistleblowing policies and people were protected from avoidable harm.

There were safe recruitment practices in place which ensured staff were suitable to work with vulnerable adults.

Care plans contained up to date information about people's support needs and regular reviews were taking place.

### Is the service effective?

Good ●

The service was effective.

The service was working in accordance with the principles of The Mental Capacity Act 2005 (MCA)

Staff received training to support their roles and they felt supported by the registered managers.

Regular supervisions were taking place to support learning and professional development.

People were supported with their nutrition and hydration support needs.

### Is the service caring?

Good ●

The service was caring.

People expressed that staff provided kind, compassionate and genuine care.

Staff were familiar with the support needs of the people they were caring for.

People were treated with dignity and respect.

Confidential information was safe, securely stored and was not unnecessarily being shared with others.

### Is the service responsive?

Good ●

The service was responsive.

There was a complaints process in place and people informed us that they knew how to make a complaint if they needed to do so.

People's care plans were person centred and contained information in relation to their needs, wishes and preferences.

People were supported with different activities and organising social events.

### Is the service well-led?

Good ●

The service was well-led.

Audits and checks were in place to monitor and assess the provision of care being provided.

Action plans had been implemented to improve and develop the standard and quality of care being provided.

Staff expressed that there was a positive, kind and caring culture.

Surveys and questionnaires were circulated as a measure of establishing the views of others.

# Solutions in Service Ltd

## 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 25 January and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available on the day.

The inspection team consisted of one adult social care inspector and an 'Expert by Experience'. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information which was held on Solutions in Service Ltd. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the one director, two registered managers, the deputy manager, two clinical leads, one healthcare professional, three members of staff, four people who were being supported by the registered provider and one relative by telephone.

We also spent time looking at specific records and documents, including four care records of people who were being supported, four staff personnel files, staff training records, medication administration records and audits, compliments and complaints, accidents and incidents, policies and procedures, safeguarding

records and other documentation relating to the management of the service.

# Is the service safe?

## Our findings

People and relatives we spoke with had positive comments to make in relation to the safe care which was being provided. Comments we received included "I love it here, I feel very safe here, there's staff here all the time, they're [staff] are very caring", "Staff always check on you and support you when they can", "It's brilliant here, I feel very safe and very cared about" and "It's really good, staff keep [relative] safe."

Medication systems and processes were reviewed during the inspection. Medication was administered by staff who had received the relevant training; medication was stored and disposed of safely and people who were being supported with their medication had signed a consent form which outlined the support staff would provide. Medication administration records (MAR) were appropriately completed by staff and there was an up to date medication policy in place. The medication file was well-organised, contained PRN protocols ('as and when needed' medication) and there was a regime in place for medication/specialist health medication to be re-ordered.

Medication competency assessments were being conducted on staff and medication audits were taking place on a weekly basis. Although medication audits were being carried out, we did discuss with the registered manager that this particular audit form could be further developed to capture all areas of medication processes and procedures.

We have recommended the registered provider consult reputable sources in relation to medication audits as a further measure of medication management.

We reviewed four care records across the course of the inspection. Care plans, risk assessments and 'Recovery Stars' were in place for each person who was being supported. 'The Recovery Star' is a tool that measures change and supports recovery. People sat with their keyworker on a regular basis to review their care plans.

All care plans and 'Recovery Stars' were individually tailored, contained detailed information in relation to the different levels of support, risks had been identified and support measures were in place. Care plans we reviewed demonstrated how staff tailored their approach to the care which needed to be provided and ensured that the care was safe, effective and tailored to the individual. Examples we reviewed included, "Staff will support with one to one time and will encourage you to engage in activities, "[Person] is to be supported with a balanced diet, staff will encourage self-care and may need to help to prepare meals." This meant that people were receiving safe care and support which was in line with their health and well-being support needs.

Care plans included behaviour that challenges, mental health, physical health, substances/alcohol, financial, spiritual/cultural, leisure and accommodation. There was evidence of care plan updates taking place and staff were familiar with the changing support needs which people presented with.

Risk assessments provided staff with information in relation to specific risks which may occur and how to

manage such risks. For example risk assessments we reviewed contained information about the current risk, risk to self and others, the behaviour which could be presented and how to respond to the risks. Risk assessments were reviewed, any changes to people's support needs were communicated with staff and records were updated accordingly. This meant that any risks were being safely managed and the safety of people was not being compromised.

We reviewed the registered providers 'Accidents and incidents' processes. We found that accident/incident were routinely recorded, staff were familiar with the 'reporting procedures' and records indicated that the necessary measures and actions were implemented.

Accidents/incidents were regularly analysed, reviewed by the management team and trends established if changes needed to be made to safely manage any risks. For example, we reviewed an incident which involved one person who was being supported by the registered provider. The same incident occurred a number of times which was compromising the safety of other people who was being supported. We saw evidence of incident reports, communication with other external professionals, interventions which had been dedicated to the person and discussions at management meetings. This meant that accidents/incidents were being safely monitored, trends were being appropriately established and actions were taken to keep people safe.

Recruitment processes and practices were reviewed during the inspection. The registered provider had systems in place to ensure the staff that were recruited were suitable to work with vulnerable people. We found that there were comprehensive records relating to each staff member in place.

Records included pre-employment checks, previous employment histories, identification and application forms. Suitable references were on file prior to an individual commencing work, employment history, identification as well as the appropriate Disclosure and Barring Service (DBS) checks. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the manager to assess their suitability for working with vulnerable adults.

People and staff we spoke with during the inspection expressed that there was enough staff to provide the support which was required. The registered managers explained that they calculated the levels of staff in conjunction with the levels of support which needed to be provided. We were also informed that the registered provider only employed consistent staff who were familiar with the care needs of the people who needed to be supported. One person expressed "There's always enough staff, everyone gets all the support they need" and "Yes, there's enough staff, the staff are great and I get the support I need."

Staff were always available to provide support to people who were living at the shared houses. There was also 'Out of hours' on-call arrangements in place. This meant that staff were provided with the necessary advice and guidance and offered reassurance when they needed it.

Infection prevention control procedures were reviewed during this inspection. It is essential that there are systems in place to ensure people are protected from avoidable and preventable infections and there are measures in place to ensure that environments are safe, hygienic and cleanliness is well maintained. There was a health and safety policy in place and infection control measures implemented. During the inspection we saw evidence of daily and weekly cleaning checks which were in place and it was evident that the cleanliness of the shared house was shared amongst the people who were being supported and the staff team.

There was evidence of health and safety audits being conducted to ensure the people were living in a safe,

clean and comfortable environment. We also saw evidence of partnership working with the local housing association. This meant that both the registered provider and the housing association worked together for the benefit and safety of the people who were being supported. Audits and checks we reviewed included health and safety checks, fire safety procedures, fire risk assessments and environmental risk assessments.

Each person who was being supported by the registered provider had a personal emergency evacuation plan in place (PEEPs). However the plans had not been thoroughly completed. PEEPs are in place in the event of an emergency evacuation. We discussed this with the registered managers who immediately completed the necessary PEEP information.

We spoke with staff about their knowledge and understanding of safeguarding and whistleblowing procedures. All staff were able to describe their understanding of procedures and policies which were in place and how to report and concerns they had. Records confirmed that appropriate safeguarding referrals had been made to the local authority when required and staff were receiving the necessary training. This helped to ensure people were protected from the risk of abuse.

# Is the service effective?

## Our findings

People we spoke with during the inspection expressed that the staff effectively provided support and care which was needed. Comments we received included "We're always listened to", "Staff will support me on appointments when I ask them to come", "Staff do a really good job, there's enough of them around, they're always supporting us" and "There's always staff around, they'd do anything for us."

During the inspection we reviewed if the registered provider was complying with the principles of The Mental Capacity Act (2005). The Mental Capacity Act (2005) 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.

During the inspection there was evidence which demonstrated that consent had been sought from person receiving care. Care records contained signed agreements from the person who was being supported and it was evident throughout the records we reviewed that people were supported with 'choices' and decisions which were being made. This meant that the provider was complying with the principles of the MCA and ensured that people were involved in the decisions which were being made in relation to the care and support being provided.

We reviewed supervision and appraisal processes during the inspection. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. All staff we spoke with during the inspection expressed that they felt supported, they felt listened to and the managers were approachable and responsive to their needs.

We reviewed how learning, development and training was supported by the registered provider. Staff were expected to complete an induction programme as part of their probationary period. Staff expressed that they felt fully supported and the training which was provided enabled them to fulfil their roles. Mandatory training which staff needed to complete included health and safety, safeguarding, manual handling, fire awareness, food hygiene and first aid. We also saw evidence of specialist training being delivered for staff as a way of enhancing and equipping staff with the necessary skills. Such training included EpiPen (Medication which is used in emergency situations to treat an allergic reaction) training, conflict resolution training and diabetes training.

Newly appointed staff were also required to complete 'National Vocational Qualifications'. These are recognised qualifications which ensure that staff have the relevant skills and competencies to deliver the correct level of safe care and support to vulnerable people.

People who were being supported by the registered provider were appropriately assessed from the outset. Care records were appropriate to the persons support needs, risks were identified and the management of risks had been documented. People were supported and cared for by trained staff who were familiar with their needs and wishes. One person we spoke with expressed "Staff really support us, they just get it",

"Everyone gets the support they need", "They [staff] really care, we get all the support we need" and "Staff really know us"

People being supported by the registered provider had access to external health professionals and there was also evidence of annual 'health checks' taking place. People expressed that they were supported with any external appointments which had been scheduled and the relevant guidance and advice provided by healthcare professionals was followed up on by staff.

Care records and risk assessments were well maintained and there was a clear evidence of the support which was being provided by other professionals who were involved in people's care. This meant that people's health and well-being was being effectively supported from a holistic approach and people were receiving the necessary care which could improve their quality of life.

People who were being supported by the registered provider were encouraged to actively be involved with food and drink purchases which took place and it was evident from our discussions with staff that they were familiar with people's likes and dislikes. 'Resident' meetings took place to ensure people living at the shared houses were listened to and their choices and preferences were gathered.

Staff and people we spoke with expressed how there were effective communication systems in place. Daily handovers took place amongst the staff team, communication books were completed on a daily basis, daily records were updated and staff meetings and management meetings were routinely taking place.

Comprehensive daily records were completed for each person who was being supported. Daily records contained detailed information in relation to the day's events and provided staff with important information which needed to be relayed. This meant that staff were always kept informed of the day-to-day activities as well as any significant information which needed to be relayed.

# Is the service caring?

## Our findings

People we spoke with during the inspection expressed how the staff provided good quality care. Comment we received included "I love it, I really love it here. I feel really supported and always listened to", "Everyone gets all the support they need", "They're [staff] very caring. They are interested in what we do and how we're living our lives", "They [staff] help and support me whenever I ask them to" and "The staff are awesome... they're just great." One relative expressed "Staff are warm and welcoming, [relative] is secure."

People received care and support from consistent care staff. It was evident throughout the inspection that staff were familiar with the care that needed to be provided and people expressed that the staff 'knew them well'. This meant people were receiving consistent care and support, positive relationships between staff and people receiving support had developed and the support being provided individually tailored to each person living at the shared houses.

People and relatives we spoke with explained that staff would always treat people with dignity and respect. Records we reviewed evidenced that people were offered 'choice' encouraged to make decisions about their care and supported to remain as independent as possible. We saw evidence of a 'Privacy and Dignity' agreement which was agreed between the person and staff member when the person's care package began. Some of the 'privacy and dignity' agreements we reviewed stated 'Treat me with respect', 'Protect my confidential information' and 'Knock on my door before entering'.

The registered provider had appointed dedicated 'champions' as to ensure that different aspects of care were being focused on. There was a dedicated dignity champion, activities champion and physical health champion. There was a visible 'champions' board for people to familiarise themselves with. This meant that people had the opportunity of discussing these areas of care and support with dedicated staff members. People were familiar with who the champions were and expressed that they could approach those members of staff if they needed to. One person expressed "It's brilliant here, I respect the staff and they respect me."

There was a culture of warmth, kindness and compassion and people expressed that they felt genuinely cared for. It was evident that the registered provider and staff were committed to delivering safe, effective and compassionate care. One relative we spoke with expressed "Staff are really caring, really good, [relative] has a good friendship with them [staff], they will do anything for [relative]"

People who were receiving care by the registered provider needed to be supported with a range of different equality and diversity support needs. We saw evidence throughout the inspection that demonstrated how people's cultural and religious support needs were accommodated, how staff were familiar with specialist health needs and how people were treated with respect around their equality and diversity needs.

There was a communal area within the shared house which was homely, inviting and encouraged people to socialise with others. There was a large notice board which contained up to date information in relation to 'resident' meetings, activities programme, 'breakfast morning', 'Sunday lunch', nutritional information, fire safety, house rules, improvements which were being made, specialist health information and infection

control measures. This meant that people were being regularly updated with important information and there was accessible information available for people without having to consult staff.

For people who did not have any family or friends to represent them, contact details for a local advocacy service could be made available. At the time of the inspection there was nobody being supported by a local advocate.

During the inspection we reviewed how confidential information was stored and protected in line with the Data Protection Act 1998. All care records, personnel information, risk assessments and other protected information was safely secure at the registered address. The registered address is the address which has been registered with the CQC. This meant that all sensitive and confidential information was not being shared with other people unnecessarily.

## Is the service responsive?

### Our findings

People who we spoke with during the inspection expressed that the staff were responsive to their needs. Comments we received included "The staff are really supportive, they're all really approachable, we get lots of choice and independence, we're listened to", "I feel listened to here, when I've ever raised anything with staff they've responded to me" and "My care plans are regularly reviewed, I'm happy with my plan....staff do a really good job, I couldn't ask for better care."

It was evident from the inspection, that people had a good amount of involvement in the care which was being provided. We saw examples which evidenced that a person centred approach to the care was being delivered. 'Person centred' care means that care is provided based on the needs of the people using the service.

Care records we reviewed contained a good level of information which then allowed staff to provide tailored care and support which needed to be given. Care records contained person centred information such as '[Person] enjoys swimming, cinema and shopping', 'Hopes for the future is to gain employment', 'We [staff] will work with you to become more independent', '[Person] dislikes noisy neighbours' and '[Person] enjoys spending time with family.'

Care records contained person centred information and each person who was being supported by the registered provider was completing their own 'Recovery star'. The 'Recovery Star' enabled each person to take ownership of their lives by identifying objectives and goals they wished to achieve.

'Recovery Stars' helped people to focus on their mental health, physical health and self-care, social networks, relationships, living skills and trust and hope. This was reviewed every three to four months and allowed the person to take responsibility for aspects of their lives. One person expressed "I get to do things I've never done in my life before, I get the support I need", "We have lots of choice and independence living here", "It's easy to live here, there are house rules but I never break them, this is the first time in years I've lived like this, I'm happy here."

People expressed that they were supported with social activities and their views, opinions and ideas were taken into account by the staff team. There was a monthly 'residents' meeting, where people had the opportunity to raise their ideas about the activities which were arranged. One person expressed "I've been able to go to Blackpool and we've stayed over in Wales, it's lovely doing things I've never done before" and one relative said "There are lots of activities [relative] has something to do every day....walking, mini-bus trips, pub -tea, [relative] goes for coffees and to the cinema."

The registered provider had a complaints policy and process in place. A copy of the complaints process was made available in each person's care plan file and people were familiar with the process and how their complaint would be responded to. Comments about the complaints processes included "I would ask for a complaints form if I needed to make a complaint but to be honest I feel comfortable just going to staff", "I would know how to make a complaint if I needed to" and "I feel listened to whenever I have to raise things."

At the time of the inspection there was one formal complaint being responded to. We saw evidence of the complaint and we were provided with information about how complaint was being managed. We discussed with the registered managers that complaints should be managed according to the registered provider's complaints policy and there should be evidence of the response recorded. The registered managers agreed that the evidence of the response needed to be demonstrated and this was something which would be followed up on.

People were provided with a service user hand book and service user guide. These contained clear Information about the level of care and support which could be expected and provided people with information about the staffing structure, therapeutic activities, complaints procedure, confidentiality policies, equal opportunities and privacy and dignity. People expressed that they were provided with this information when their support began and understood what they could expect from the registered provider.

## Is the service well-led?

### Our findings

There were two registered managers at the time of the inspection. The registered managers were aware of their responsibilities in relation to their regulatory requirements. Statutory notifications were submitted in accordance with regulatory obligations.

As of April 2015, registered providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. As the registered provider had only been registered with the CQC since 2016, no previous ratings had been awarded. Once the registered provider is in receipt of the final report they will be expected to display their ratings at the registered address and on the registered provider's website.

Prior to the inspection, we reviewed the statutory notifications which had been submitted to CQC. Notifications enable CQC to monitor any events that affect the health, safety and welfare of people who use the service. The registered provider was submitting all the necessary notifications as well as updating the local authority.

Staff we spoke with were very complimentary about the management team. Comments we received included "The managers are brilliant", "The managers here are the best ones I've ever worked with", "I've been completely supported by everyone" and "I'm 100% supported in my role, everyone is great." One relative expressed "Its excellent, better than I expected, [relative] has come on well" and "Excellent service, could not get better."

We reviewed the different quality assurance systems the registered provider had in place during the inspection. We saw evidence of medication audits, care plan audits, health and safety audits as well analysis of accident/incident and safeguarding alerts. The quality assurance systems which were being completed enabled the registered managers to identify areas of improvement which needed to be addressed and when such areas of improvement would be completed by.

There was evidence of an 'annual rolling action plan' which identified areas which needed to be focused on, who would be responsible for completing such actions and the date the actions would be completed. At the time of the inspection all identified actions had been completed by the deadline dates which had been specified.

The registered provider also assessed and monitored the provision of care against CQCs five key questions (safe, effective, caring, responsive and well led) and the associated Key lines of Enquiry (KLOES). There was a good level of understanding and awareness of CQCs fundamental standards and the requirements of the Health and Social Care Act 2008.

There was as an up to date Business Continuity Plan (BCP) in place which contained all relevant guidance and emergency contact details in the event of an emergency situation. The BCP supports staff to make

important decisions and to contact the necessary people in the event of an emergency.

We saw evidence of regular staff meetings taking place. Team meeting discussions included 'resident' updated, accident/incidents and near misses, safeguarding alerts, health and safety issues and concerns, environmental issues and performance related business. As well as team meetings there was also regular manager and senior support meetings which discussed record keeping, consent forms, privacy and dignity, compliments and complaints and care plans and risk assessments.

We saw evidence of satisfaction surveys being circulated to people who were being supported, staff and external professionals. Surveys were circulated on an annual basis and had been designed to gather essential feedback about the quality and standard of care which was being provided. Surveys explored areas such as culture and fairness, communication, respect and dignity and staff skills and training. The feedback which was received was positive and it was evident that the standards and quality of care which was being provided was regarded as good quality.

The registered provider had up to date policies and guidance in place. Policies we reviewed included confidentiality, health and safety, duty of care, data protection and medication administration. Staff were familiar with the range of different policies they could access and understood the importance of adhering to the processes which were in place.