Community Integrated Care

# Newgate Lane

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 2 November 2016 and was announced. At the last inspection on 19 January 2014 we identified a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 which is now Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). We had not received an action plan following that inspection. At this inspection on we saw that improvements had been made and the service was meeting regulations.

Newgate Lane is part of a national organisation called Community Integrated Care which is a social care charity. It is a care home providing care and support to four people with a learning disability. At the time of the inspection it was fully occupied.

There was a registered manager employed at this service who had been registered with the Care Quality Commission (CQC) only one week when we carried out the inspection but had worked at the service since April 2016. They had responsibility for four services, one of which was Newgate Lane. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was sufficient staff working at the service during the day and at night to meet people's assessed needs. They were recruited safely with references and background checks completed.

Staff were aware of who to alert if they had concerns about anyone's safety. They had been trained to recognise abuse and had clear procedures to follow.

Medicines were managed safely although there had been some confusion because out of date records had not been archived. This was dealt with immediately. We have made a recommendation about quality assuring the service.

Risk assessments were in place where there were any environmental risks. Servicing and maintenance checks were up to date. The environment was clean, tidy and well maintained.
There were risk assessments in place relating to people's physical and mental health which were regularly reviewed.

Accidents and incidents had been recorded and analysed.

Staff had appropriate knowledge and skills to care for the people who lived at the service. When they started working at the service they had an induction followed by training in subjects relevant to their role. Staff were supported through supervision and appraisal.

People were supported to eat and drink and were encouraged to be as independent as possible where they could. Where people required support advice from the speech and language therapy team had been sought and acted upon.

The environment was homely but modern. There were appropriate adaptations made to meet the needs of people who used the service.

Staff had a caring approach and obviously knew people well. They had good relationships with people who used the service. They were respectful when speaking with people and each person was able to communicate in a meaningful way.

People had a care and support plan which reflected their needs and wants. The plan was regularly reviewed. Within the plan was an activity support plan which outlined the activities which people enjoyed.

People knew who to complain to if they had concerns.

The service was well led by a registered manager who had been at the service for six months. They had begun to make changes which benefitted people who lived at the service. They were a visible presence within the service.

There was a quality assurance system in place with an annual audit cycle. This would benefit from being more robust in some areas.

## 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 were recruited safely and there were sufficient numbers of staff on duty to meet people's needs.

Risks to people's safety were assessed and risk management plans were in place to guide staff. Maintenance and servicing of equipment was undertaken to ensure the safety of the environment.

Medicines were managed safely.

### Is the service effective?

Good

The service was effective.

Staff were supported through training and supervision which gave them the skills to provide appropriate care.

People's needs around eating and drinking were assessed and managed by staff to ensure that people received their food and drink safely.

People's capacity to make decisions was assessed in line with the Mental Capacity Act (2005) and their best interests were protected.

### Is the service caring?

Good

The service was caring.

People told us that staff cared for them and we observed that staff had good relationships with people.

Staff respected people's privacy and dignity.

### Is the service responsive?

Good

The service was responsive.

People had care plans which reflected their individual needs.

These were reviewed regularly.

Staff had information about people's likes, dislikes, their lives and interests which supported their activities.

People knew who to speak with if they had a complaint. The complaints procedure was in a written and pictorial format.

## Is the service well-led?

Good

The service was well led. There was a registered manager employed at the service.

There was a quality assurance system in place with an annual audit cycle. This would be improved if audits were undertaken in a more robust way.

The requirement to notify CQC of any event that affected the running of the service had been met.

# Newgate Lane

**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 2 November 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults with a learning disability who were often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was asked to submit a provider information return (PIR) before this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received the PIR within the required timescale.

On the day of the inspection we were introduced to all of the people who lived at this service and spoke with one person at length. We spoke to the two members of staff who were on duty and the registered manager. The area manager arrived later and listened to our feedback.

We looked around communal areas of the home and in people's bedrooms. We observed practice throughout the day. We spent time looking at records, which included the care records for three people who lived at the service, the recruitment records of two members of staff and other records relating to the management of the home, including quality assurance, staff training records and documentation relating to two people's personal money.

Following the inspection we contacted two relatives of people who used the service, a specialist speech and language therapist working with the local authority learning disability team and the local authority

commissioning and safeguarding teams.

Good

# Is the service safe?

## Our findings

People told us that they felt safe living at Newgate Lane. One person said, "Oh yes I feel safe here and staff look after me." A relative told us, "To be honest I visit every week so they daren't do anything wrong. I do think [Relative's name] is safe. A second relative told us, "I have always been comfortable that [Relative's name] has been well looked after. I get positive vibes."

We saw that there was sufficient staff on duty to meet people's needs. There were two staff and the registered manager on duty to provide care and support to four people. No one was rushed and staff had time to spend sitting and talking to people. When one person was going out who required support an additional member of staff arrived to take them. This person had 20 one to one hours a week provided by staff so that they could be supported to go out.

The registered manager told us that the standard staffing levels were two care workers throughout the day and overnight. Additional bank staff were asked to work when people required more support. We checked the staff rotas and saw that these staffing levels had been maintained. The bank staff had been identified on the rotas.

Staff were recruited and managed safely. We checked the recruitment records for two members of staff. These records evidenced that an application form had been completed, references had been obtained, the person's identity had been confirmed and checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out background checks on individuals and check that they are not barred from working with certain groups of people. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with adults who may be vulnerable. Staff told us that they had not been able to start work until their DBS check had been received. We saw that when one person's practice was not satisfactory this had been dealt with as a disciplinary matter using the provider's policies and procedures.

Staff knew who to alert if they had any concerns about the safety of people who used the service. There was a safeguarding lead at the service who was available to advise and guide staff. The registered manager told us in the Provider Information return (PIR) that all staff at the service completed training on safeguarding adults from abuse, and that the principles of whistle blowing were included in this training. The staff who we spoke with told us they had completed training on safeguarding vulnerable adults from abuse. The training records that we saw showed us that all staff had completed this training. Staff told us that they would report any concerns to the registered manager and that they were confident they would be listened to and that appropriate action would be taken.

We spoke with the local authority safeguarding team who confirmed that two safeguarding alerts had been received in the last 12 months, one of which related to a medicine error and one relating to a choking incident. Both had been reported to the local authority learning disability team and a referral made for a speech and language assessment to check why the person had started to choke. No further action had been required by the local authority as these matters had been appropriately managed by the staff working with the speech and language therapist (SALT). This demonstrated that the staff at this service were open and

honest where there were areas of poor practice and worked with professionals to improve.

Medicines were administered safely. Each person had a lockable cupboard in their bedroom where their medicines were stored. Medicine administration records (MAR's) were also stored in peoples bedrooms. Staff gave medicines at the specific times indicated which meant that no medicine rounds were carried out but that administration of medicines was specific to each person. MAR's were clearly recorded and up to date.

We saw records of recent orders and returns to the local pharmacy. These were clearly completed and signed by two staff. There were clear instructions for how, where and when creams should be applied. There were also clear instructions for 'when required' medicines giving staff clear information about why they should be used.

We checked the controlled drug (CD) cupboard and register. A medicine for one person had been stored in the CD cupboard and had been recorded in the CD register. This medicine was not required to be kept in the CD cupboard or to be recorded in the register. This was confirmed by the supplying pharmacist. We saw that the number of tablets in stock was more than those recorded in the CD book. Following further investigation by the registered manager, who was new to the service, and area manager and after consultation with the pharmacist it was clear that the CD book was no longer in use and should have been archived. New paperwork had been put in place which was shown to the inspector to clarify this matter and which identified that the correct amount of the medicine was in stock.

Where people had a specific need a risk assessment had been completed. We saw that everyone who lived at the service had risk assessments in place for areas such as the use of bed rails, specific medical conditions, use of a wheelchair and behaviours. We saw that risk assessments had been reviewed on a regular basis to ensure they remained relevant and up to date, and that they had been scored to identify the level of risk using a red, amber or green (RAG) rating. This gave staff a visual as well as written indication of the risk. We noted that mobility assessments recorded any equipment in use and the number of staff needed to help people to mobilise safely, and that care plans recorded the equipment people had in place.

We saw that any accidents or incidents involving people who lived at the service were recorded and action taken to prevent a reoccurrence. They were analysed and trends identified if appropriate. The registered manager told us that there had been no trends identified with the accidents they had reviewed.

Monthly fire drills took place and people who used the service took part along with staff to ensure everyone knew what to do in the event of a fire. In addition weekly checks were carried out on fire safety equipment such as fire doors. We saw the records confirming fire safety checks had been carried out by the contractors every six months as well as the fire checks by staff. There were sprinklers in place throughout the service as an aid to extinguishing any fires. Staff had a 'grab bag' which contained a plan of the building, peoples personal emergency evacuation plans (PEEPs), spare telephone and charger and details of place of safety. This was to assist the fire service by giving them all the necessary information to assist them when evacuating the building.

On the day of the inspection we saw that the premises were in a good state of repair and decoration. Regular health and safety checks had been completed. There were window opening restrictors in place to prevent avoidable falls from height. We saw that gas safety checks had been completed

Good

# Is the service effective?

## Our findings

At the last inspection we found a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 which was in force at the time. This was because staff were not supported through supervision or training. At this inspection we found that support for staff had improved.

Staff were employed who had the skills, knowledge and behaviours to ensure people were cared for in a person centred way. They completed an induction which gave them the opportunity to shadow other staff whilst getting to know people, do some basic training and to give and receive feedback throughout the process. One care worker told us, "I had a thorough induction." During the probationary period staff had regular meetings with their manager. Probation performance reviews are a way of assessing staff capabilities, reliability and suitability for their new role.

Staff were trained by a variety of methods in order to make sure they had the skills and knowledge they needed. They took part in face to face practical skills training, used workbooks and were checked regularly for competency. We saw that these checks were recorded in staff files.

Staff were well supported through supervision and other means. Supervision meetings had been held with the registered manager for everyone and they planned to delegate some of this work to the senior care workers in future. In a staff survey prior to the registered manager starting work one member of staff had identified that supervisions were not carried out consistently. When we looked at the records we saw that supervisions had been completed every two/three months since they had worked at the service. The supervisions looked at the support needed; training needs and discussed staff practice. Game change, a companywide staff forum met four times a year. Staff comments were taken forward for discussion by the nominated person. In addition staff and people who used the service had access to Yammer. This was a social networking service used for private communication within the organisation. In the network information and success stories were shared. There were senior staff on call 24 hours a day enabling staff to seek support if needed.

There was a lead member of staff for areas such as safeguarding. They were also instrumental in making sure that staff followed good practice guidelines and they could organise any additional training if it was needed. This helped to ensure that people experienced good outcomes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people (aged 16 and over) 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Deprivation of Liberty Safeguards (DoLS) authorisations had been requested for people using this service and one authorisation had been received. The registered manager

was awaiting the outcomes of the other applications. People were supported to make their own decisions where appropriate and where necessary staff sought the views of the person's family. Consent was sought verbally and implied consent was noted but these incidences were not always recorded. Staff had received training about the MCA and DoLS and it was clear when we observed their practice that they understood the need to seek people's consent. Where there were concerns about a person's mental capacity the staff had access to Hampshire County Councils MCA toolkit which gave them guidance about what actions to take. If any complex decisions had to be made about subjects such as a person's healthcare or finances the lead professional would organise a meeting with families, staff and other professionals to determine what was in the person's best interest.

Staff were aware of restraint and how different forms of restraint were managed. Mechanical restraints were used in the form of a specialist wheelchair and bed safety rails for one person. These were identified as a need within the person's care plan and had been risk assessed. There was clear guidance for staff about their use. We also saw that one person displayed behaviours that may challenge staff. This was assessed as a risk and there was clear guidance for staff on how they should manage those behaviours positively. There had been no need for any physical restraint of this person.

We saw that people were supported to prepare their own food when they were able. We heard one care worker offer a person a choice of food encouraging them to make their own toast. Where required, care workers supported people to eat and drink. The person brought their food to eat at the dining table and a care worker brought a drink and sat with them. One person told us that they helped cook Sunday lunch and enjoyed baking on a weekend. They had recently won a star baker award. They were very proud of their achievement. A relative told us, "[Name of relative] loves his food. Anything I think he needs I mention and they get it for him."

We observed another person being given a drink. They needed the support of staff and had been assessed by the speech and language therapist (SALT) to ensure they could safely chew and swallow their food. There was specific guidance in place telling staff to provide, "Normal fluids from a spouted beaker" which they followed.

People who used the service could access food and drinks at any time with staff support and drinks were offered to people throughout the day to ensure they were hydrated. Staff supervised people eating or drinking because of swallowing difficulties or issues with eating which enabled them to be able to respond to any emergency such as choking. The person we observed eating enjoyed their food and ate at their own pace. They realised they were a little late getting ready to go out and started to rush but staff encouraged them to take their time.

One person with swallowing difficulties had an up to date speech and language therapist (SALT) assessment in place and we observed that staff were following the advice given. We spoke with the SALT who told us that the staff had reported that an incident of choking had occurred when the person was eating meat which was not following previous recommendations. When they checked records of foods provided these indicated that meat had been eaten which did appear to suggest the recommendations around food textures were not being followed [fork mashable was the recommended texture]. However, when they spoke with staff they assured the SALT that the meal recorded was provided and texture modification had been carried out. The SALT confirmed that following their visit and the service receiving their most up to date report dated 2 June 2016 staff had followed their recommended changes and were using thickener for this persons drink. This meant that the person was receiving their food and drink in line with recommendations which helped to prevent them choking and reduced the risk of further incidents.

People's health care needs were managed by health and social care professionals. People had an annual health check with their GP but saw them more often if it was necessary. They also had access to learning disability services provided by the local authority. We saw appointments with specialist doctors planned in people's care and support files. This meant that people were supported by health professionals who understood their specific health needs. Where changes in support needs were identified health and social care professionals were involved in the reassessment process. This ensured that any equipment or staff training needs that were identified could be implemented. We saw that one person was seen regularly by the chiropodist and had an annual eye care check.

People lived in a modern but homely environment. When we entered this service it felt as if we had walked into someone's home. There were pictures on the walls in the lounge and dining room. The bedrooms were personalised reflecting people's interests and the communal rooms had recently been refurbished. We saw one bedroom had a specialist bed and there was a wet room on the ground floor. Any changes to the environment were discussed with the people living at the service. One person required new flooring and we saw confirmation that this had been organised for them.

Good

# Is the service caring?

## Our findings

The staff at this service were caring and we observed positive interactions between them and people who used the service. One person told us, "The staff really look after me here." A relative told us, "They are nice people working here."

We observed good practice throughout the day of our visit. We asked one member of staff to tell us about the person they were working with and they were able to tell us about their everyday needs, likes and dislikes. Their comments and explanations were confirmed when we looked at the care and support plans for this person. We observed the interactions between them which showed us the care and friendship that had developed between staff and people. We could see that people knew that they mattered.

The company had invested in a specific programme which allowed them access to personalisation training and personalisation tools. The service used this programme and had a care planning system that focused on what was important to the person and how best staff could support them based on their history, likes, dislikes and their individual personalities.

In one person's care plan it highlighted that the best way to support them was to "Ensure I have a holiday every year as that is really important to me." When we spoke to their relative they confirmed that this was important to them. The planning required for the person's holiday was very detailed. For example staff had researched the holiday accommodation was suitable for the person and they had assessed any risks associated with using equipment and travelling. Two staff accompanied this person on holiday. Staff recognised the importance of maintaining activities that were important to people and which enhanced their wellbeing.

Staff had a person centred approach and were committed to making sure the views of people were heard. They used observation to be able to understand people's needs and wants. It was clear that each person was able to communicate in a meaningful way for them and that they were able to overcome some of the obstacles associated with their disability. This was because staff knew people really well. For instance one person responded to staff voices and was familiar with their environment which was important as they had a visual impairment. Staff spoke as soon as they went into their room to make them aware of who was there.

The staff went out of their way to ensure that they were able to communicate effectively with everyone by using individual communication passports for each person which provided staff with the information they would need. When one person attended a day centre they took with them a notebook that staff had written in. It contained details of what they had been doing since their last visit so that the day centre staff could communicate with them in a meaningful way. We spoke to a member of the local authority learning disability team who told us, "The staff are very good because they know people's communication needs which helps the person."

We observed that staff were kind and patient with everyone. We saw they displayed compassion whilst

empowering people who used this service in a practical way. One example was one person had a history of falls. Special pads they could wear to protect vulnerable areas of their body were made available to protect them from injury and to enable them to move around freely.

We saw staff also understood people's behaviours. One person became upset and staff recognised that they needed to be away from the house for a time to regain their composure so they accompanied them on a walk. Each person was able to access their own personal space as they all had their own rooms. Some required the assistance of staff. We saw one person being taken to their room to have a rest after their lunch. Staff were explaining what they were doing and talking to the person throughout.

Staff were mindful of people's privacy and dignity. They explained what was happening and why. An example was when the registered manager and a member of staff worked together to transfer one person to their bed by hoist. They closed the persons door during this procedure which maintained their privacy and dignity.

Good

# Is the service responsive?

## Our findings

One person who used the service told us about their likes and dislikes which was reflected in their care plan. They said, "I am going to the pub to play pool later." A relative told us, "I know his key worker and they contact me at home to discuss what they are doing."

We could see from the detail in people's care and support plans that this service approached people's care in a person centred way. The service made every effort to involve people in planning their care and listened to them and their relatives. The care plans had been recently re-written in the first person and looked at people's needs holistically taking account of people's needs, dreams, aspirations and life goals. Although the care plans had only recently been changed we could see that people's needs were regularly reviewed.

Each person had a named key worker who knew the person well. They had one page profiles which gave details of peoples individual needs under the headings 'What is important to me', 'How best to support me' and 'What people like and admire about me'. Within these sections of the profile there was detailed information which gave members of staff clear guidance about how this person wished to receive their care and support. One person who used the service was able to tell us about their support plan.

We saw that staff planned ahead. One person became upset if they needed any type of procedure such as having their blood taken. The service had discussed this with the person's GP who had prescribed medicines to help keep them calm and there were detailed instructions in the care plan about what staff should do. Another example was a person who had seizures. All staff were trained in epilepsy awareness and there were clear instructions in the person's care plan about what staff should do if a seizure occurred.

Staff responded to people's behaviours in a positive manner. One person displayed behaviour that was challenging to staff. Staff remained calm and followed the guidance in the care plan. We saw that staff used reassurance and talked calmly to reduce the person's anxiety levels. When the behaviour continued staff suggested to the person that they may benefit from going for a walk which they agreed to and so one member of staff accompanied them. This demonstrated that staff worked positively with people and understood their specific support needs.

There were activity support plans for people with activities scheduled with detailed explanations of the support needed for each activity. For instance the person we spoke with who was going to the pub had an additional member of staff allocated to accompany them.

People were able to access the local community and we saw that people took part in community events. For example one person had done some baking for a charity event recently and another visited a local café regularly for coffee. People were accompanied by staff or their families when they went out. A relative told us, "The staff help me get him into the car and I take him out for an hour's drive every Saturday."

People's interests were encouraged. We had a long discussion with a person and the care worker about the type of music they liked and their interests. The care worker was clearly aware of the persons preferences

and was able to share in the conversation.

We saw that the complaints procedure was in a pictorial format. The registered manager told us that no complaints had been received by the service over the last 12 months so there were no records to review. However people understood how to make a complaint. One relative told us that sometimes staff had not told them about what they described as minor matters but said, "Generally they tell me about everything and I have no complaints. I would tell the staff if I did [Have a complaint]."

Good

# Is the service well-led?

## Our findings

Newgate Lane is part of a national organisation. The national organisation Community Integrated Care (CIC) is a social care charity which has 90 locations registered with the Care Quality Commission(CQC). The charity was founded in 1988 in response to the 'Care in the Community Agenda', with the aim of supporting people leaving long stay, institutionalised hospitals to live in the community. The charity has a board of 13 trustees to provide support to the executive team of six officers. They in turn support four regional directors who oversee the services in their areas.

Newgate Lane had a clear strategy which was to focus on quality standards, be customer focused, develop income growth, develop the services profile, provide value for money and develop the workforce. The registered manager was beginning to develop some of these areas. In particular she had carried out work developing the workforce and the quality of the care plans.

There was a registered manager employed at this service. They had been registered by CQC only the week prior to the inspection but had worked for the organisation since April 2016. They had responsibility for four services within the same area. They were supported by a regional manager and day to day by senior care workers. The registered manager was currently undertaking a management development course run by the organisation to ensure they had the current required skills and knowledge to carry out their role. They already held a diploma in management of health and social care as well as an NVQ level 4 in Care. NVQ's are national vocational qualifications which are work based and are part of the Regulated Qualification Framework (RQF) They were supernumerary which allowed them time to complete the required management tasks.

Although still new to the service people were beginning to get to know the registered manager. People who used the service and relatives knew who the registered manager was but some had not yet met her. They were visible within the service and one relative told us, "I have spoken to [Name of registered manager] who seems really nice. They contact me with updates." A second relative told us "I haven't met the registered manager yet but I have spoken to her on the telephone." We saw that the registered manager knew everyone within the service and stopped to have a chat with them as she passed.

Staff told us that there was good management and leadership at the service and we determined from what had people said that they led by example. One member of staff said, "If you have any problems you can talk to [Name of registered manager]." Other comments received from staff were, "I enjoy my work and enjoy working at Newgate Lane." We saw that the registered manager was approachable and staff asked questions of them or sought advice throughout the day.
The core values of the service; 'We respect', 'We enable', 'We aspire', We deliver' and 'We include' were demonstrated by the registered manager and staff throughout the inspection.

The service had good links with Hampshire local authority learning disability team. One member of the team told us that the staff at the service had notified them when there had been any concerns. There had been two safeguarding alerts to the local authority, neither of which needed any actions. The issues were dealt

with by referral to healthcare professionals and appropriate action had been taken by the staff.

In addition staff had worked closely with the learning disability projects team at the local authority to make applications for DoLS. These, along with other incidents that had occurred had been notified to CQC. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. Notifications had been received as required which demonstrated that the provider was meeting their legal obligations.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to the running of the service. We found that these were well kept, easily accessible and stored securely in paper format. Paper records for medicine administration were kept in people's rooms. Records were kept in line with the Data Protection Act 1998. People's private information was collected with their consent and was not excessive. Records were only kept for as long as it was necessary.

There was a quality assurance system in place with an annual audit cycle. Regular audits were undertaken and entered on to a computerised quality management system. We saw that people's monies had been managed and audited regularly and we carried out a random check of one person's money. Records and amounts were correct. Medicines were managed safely although there had been some confusion because out of date records had not been archived. This was dealt with immediately. An investigation by the registered manager and regional manager was carried out to identify what had happened. The pharmacist had identified that the CD book should have been archived following their last visit. The medicine stock and records were correct following the investigation but not archiving the CD book had led to confusion. The registered manager provided clear evidence to support their findings. This incident had no impact on anyone but did highlight that the audits need to be more robust. When we looked at the overall picture for the organisation we saw that CIC had examined all the areas of breaches across the organisation. They had found that medicines and governance were two of the most common areas where services had breached regulations and there were systems in place to improve these areas which should result in more robust quality audits across these areas.

We recommend that the service looks at current good practice guidance around quality assurance.

The service sought feedback from people who used the service through visits by peer reviewers who visited the services within the company. These were people who used other services within the organisation. In addition the regional manager visited the service every four to six weeks to monitor quality. There were written reports following these visits.

Staff were supported through supervision and one to one meetings with the registered manager and senior staff. These had been more consistent since the registered manager had started at the service. One staff had commented about inconsistency in the staff survey of March 2016. This demonstrated how the registered manager responded to people's feedback and made improvements. In addition staff meetings were held monthly. The last meeting had been on 3 October 2016 where staff discussed people's needs, training, medicines, finance and environmental improvements. Actions were identified and each member of staff signed to say they had read the minutes so making themselves aware of what actions were required.