

Nottingham Community Housing Association Limited

Nuthall Road – Supported Living

Inspection report

499-509b Nuthall Road
Nottingham
Nottinghamshire
NG8 5DG

Tel: 01159780587
Website: www.ncha.org.uk

Date of inspection visit:
11 January 2017

Date of publication:
14 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We inspected the service on 11 January 2017. The inspection was announced. Nuthall Road – Supported Living provides care and support to people with a learning disability. This is a small service and at the time of our inspection seven people were receiving care and support.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who knew how to recognise and respond to abuse and systems were in place to minimise the risk of harm. Risks associated with people's care and support were effectively assessed and managed.

There were sufficient numbers of staff available to meet people's needs. Safe recruitment practices were followed and staff were provided with regular supervision and support. Medicines were not managed or stored safely, however the management team took swift action to rectify the issues identified.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make informed decisions and where a person lacked capacity to make certain decisions they were protected under the Mental Capacity Act 2005.

People were supported to eat and drink enough. People had access to healthcare services and people's health needs were monitored and responded to.

People were provided with information in a way that was accessible to them and staff had a good understanding of how people communicated.

Staff were kind and compassionate and treated people who used the service with respect. People's rights to privacy and dignity were promoted and upheld. People and their families were supported to raise issues and staff knew how to deal with concerns if they were raised.

Where possible people and their families were involved in planning their care and support, staff knew people's individual preferences and tailored support to meet their needs. People were enabled to make choices about their care and support and encouraged to be as independent as possible.

People led full and varied lives and were supported to have a social life and to pursue their interests.

The management team were passionate about the service and friendly, open and approachable. People

using the service and staff were involved in giving their views on how the service was run and there were effective systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

There were systems and processes in place to minimise the risk of abuse. Risks associated with people's care and support were effectively assessed and managed.

Medicines were not managed or stored safely.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received training, supervision and support.

People were enabled to make decisions and where a person lacked capacity to make a certain decision they were protected under the Mental Capacity Act 2005.

People were supported to eat and drink enough. People had access to healthcare services and their health needs were monitored and responded to.

Is the service caring?

Good 

The service was caring.

Staff were kind and compassionate and treated people with respect. People's rights to privacy and dignity were promoted.

People were provided with information in a way that was accessible to them and staff had a good understanding of how people communicated.

People were enabled to have control over their lives and were supported to be as independent as possible.

Is the service responsive?

Good 

The service was responsive.

Where possible people and their families were involved in planning their care and support.

People were supported to have a social life and to pursue their interests.

People were supported to raise issues and staff knew how to deal with concerns if they were raised.

Is the service well-led?

The service was well led.

People and staff were involved in giving their views on how the service was run.

The management and staff team were open, approachable, warm and friendly.

There were effective systems in place to monitor and improve the quality of the service.

Good ●

Nuthall Road – Supported Living

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.

We inspected the service on 11 January 2017. The inspection was announced. 24 hours' notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff or providing care. The inspection team consisted of one 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed 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. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection of Nuthall Road – Supported Living we spoke with two people who used the service and the relatives of three people. We also spoke with three members of care staff, the registered manager and the two assistant managers. We looked at the care records of two people who used the service, medicines records of four people, staff recruitment and training records as well as a range of records relating to the running of the service including audits carried out by the provider.

Is the service safe?

Our findings

People who used the service told us they felt safe. People's relatives told us they felt that their relations were safe at Nuthall Road – Supported Living. One person's relative told us, "My relative is safe here because there is round the clock care. I do not have any concerns about them." Another relative told us, "My relative is always very safe because they have two carers to support them all the time."

There were systems and processes in place to minimise the risk of abuse and staff had received training in protecting people from abuse and avoidable harm. Staff we spoke with had a good knowledge of how to recognise allegations or incidents of abuse. Staff also understood their role in reporting any concerns to the registered manager and escalating concerns to external agencies if needed. One member of staff we spoke with said, "I would raise it with management and document it. I would go up to the next level if I needed to. I have confidence in the managers though. They are quite good." Staff were confident that any concerns they raised with the management team would be dealt with appropriately. A community health professional commented, "There are few safeguarding referrals from this service and many of the tenants have lived there for several years. This is testament to the support they are receiving."

People were protected from risks associated with their care and support. One person's relative told us, "[Relation] is very safe, there are risk assessments and they are well looked after. There are no risks within the house or in the community." People's care plans contained individualised information about how to keep people safe at home and in the community. Risk assessments were included in care plans and detailed risks relating to people's support and how these should be managed. Risk assessments were personalised to each individual and covered areas such as personal safety, health conditions and risks around their home. We looked at the care plan of one person who had epilepsy. There was a risk assessment in place related to this and the person's care plan contained details of measures in place to reduce risks such as the use of an epilepsy sensor mat.

Some people using the service communicated with their behaviour. For these people there were clear plans in place detailing known triggers to the behaviour and how to keep the person and others safe. Staff we spoke with had a good knowledge of how to support people. A member of staff we spoke with described how a consistent staff team and good staff knowledge of how to support the person had resulted in one person who used the service becoming more settled and having fewer incidents connected with their behaviour. They told us, "There has been a dramatic reduction in incidents. [Person] seems happier."

People's care plans contained information about the support people required to manage their money and risk assessments related to this. The registered manager told us that there were procedures in place to ensure that people's finances were managed safely. Feedback from relatives of people who used the service was positive in relation to this. One relative told us, "[Relation's] money is well managed and there is always some in the account." Another relative told us, "They (staff) ask me for money for [relation] and that money is well managed."

There were enough staff available to meet people's needs. People who used the service, their relatives and

staff told us that they felt there were enough staff. One person's relative told us, "There are always enough staff." Another person's relative said, "There are always staff around and the telephone is always answered." A member of staff told us, "Enough staff, yes I think so, any outstanding shifts are always covered."

People could be assured that safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment and were retained by the provider's human resources department.

People who used the service were reliant upon staff to ensure that their medicines were stored safely. However we found a number of concerns about the way that medicines were stored and managed. For example locks were broken on medicines cabinets in two people's rooms. In another bungalow medicines were stored in a cupboard in a communal area, this was not locked. This meant there was a risk that someone could access people's medicines, and a further risk that they could take these. Medicines were not always dated when opened. This meant it was not possible to determine whether the medicine was being used within the manufacturers recommended shelf life.

People could not always be assured that they would be given their medications as prescribed. We found that medicines administration records (MAR) had not always been fully or accurately completed to show that people had received their medicines as intended. For example, in three people's medicines records we saw occasions where the administration of medicines had not been recorded. In addition to this, medicines were not always recorded on the MAR charts. This meant that there was no current record of some medicines in the service or instructions for staff of how and when to administer the medicines. Handwritten changes to MARs were not always signed or checked by two staff. This is important to ensure that accurate information about people's medicines has been documented. For example, we saw a handwritten entry on a MAR chart but there was no signature on the MAR so it was not possible to identify who had written it. The above issues put people at risk of not receiving their medicines as prescribed.

We also found instances where discontinued medicines were still on MAR charts. For example, one person had previously been prescribed eye drops, a member of staff informed us that the eye drops were no longer used however this was not stated on the MAR chart. This increased the potential of a medicine error.

We shared this feedback with the registered manager who following our visit took swift action to make improvements on all of the points we raised. They informed us that new lockable medicine cabinets had been ordered, new MAR charts had been put in place, staff had been reminded about importance of completing medicines records correctly and weekly medicines audits were being implemented.

Is the service effective?

Our findings

People were supported by staff who had supervision and support. Staff we spoke with told us that they felt supported and they had regular supervision meetings. A member of staff explained that managers conducted an observation of their practice and this was then discussed as part of supervision. The registered manager told us and records showed that supervision took place every six weeks for each member of staff.

Staff had received appropriate training to enable them to provide safe and effective support. Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. One member of staff told us, "We have done lots of training and we get a refresher booklet to complete. We can request additional training or if we show an interest in stuff they (managers) will consider it." Relatives of people living in the service told us that they thought that staff had the skills and knowledge required to support their relations. The relative of one person who used the service told us, "Staff are qualified and well trained from what I have seen." We saw records which showed that staff had up to date training in a number of areas including safeguarding adults, equality and diversity and health and safety. Some staff also had training relating to the specific needs of people using the service such as epilepsy and methods for safely supporting people who communicated through their behaviour. Staff we spoke with were knowledgeable about systems and processes in the service and about aspects of safe care delivery.

The registered manager told us that new staff completed the Care Certificate. The Care Certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

Staff were provided with an induction period when starting work at Nuthall Road – Supported Living. The registered manager told us that staff completed a three day core training course followed by a period of shadowing experienced staff members and reading care plans to learn about the needs of the people using the service.

People were supported to make decisions on a day to day basis. People who used the service and their relatives told us they felt that they had control over decision making as far as possible. Someone's relative told us, "They have the freedom to do what they want." We observed staff enabling people to make informed choices and gaining their consent. For example, we were offered a drink by a member of staff, the member of staff was mindful to check with the person who used the service prior to making the drink. People's care plans clearly detailed how to support them to make decisions to maximise their choice and control.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People were supported by staff who had a good knowledge and understanding of the MCA. Both staff and managers we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. One member of staff told us, "It's about people having capacity to make decisions in different areas. We always assume capacity until it's assessed." The provider had also recently distributed cards to staff reminding them of the principles of the MCA. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. Although there was evidence that appropriate decisions were made in people's best interests this was not always clearly recorded. We discussed this with the registered manager during our visit who told us that they would ensure that best interests decisions were clearly recorded going forward.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

One person who used the service had a court of protection order in place to ensure their rights under the MCA were protected. The registered manager was aware of this and communicated with the court appointed deputy as required.

People were protected from the use of avoidable restraint. People who sometimes communicated through their behaviour were supported by staff who recognised how to support the person and how to respond in a positive way. There were care plans in place informing staff of what may trigger the behaviour and detailing how staff should respond. Staff were given training on how to respond to behaviour using the least restrictive methods and the techniques which worked for each person were clearly recorded in people's care plans. We found that staff we spoke with had a good knowledge of these plans. The registered manager told us that the amount of physical intervention used to support one person had reduced in recent months as the staff team had developed a better understanding of how to support the person to prevent the need for restraint. One member of staff told us, "We are aware of the triggers (to behaviour) and we avoid them, we know when [person] is agitated and we use diversion a lot."

People were supported to eat and drink enough. One person who used the service told us that they chose what they wanted to eat each week and were supported by staff to do their shopping. They went on to tell us that staff would help them prepare meals each day. The relative of another person told us, "Food and drink is always available." We saw that when people required specialist equipment such as adapted cutlery and crockery this was detailed in support plans and provided.

Where people had risks associated with eating and drinking there was clear guidance in their support plans and staff had a good knowledge of how to support people safely. One person who used the service was at risk of ingesting non-food items. The person's support plan contained clear guidance about how staff should minimise this risk, for example, by ensuring hazardous items were locked away. Another person was at risk of choking, again there was information in their support plan about how to minimise this risk and staff we spoke with had a good understanding of this and how to respond should the person choke.

There was a risk that people may not be protected from the risk of weight loss as the service did not have any way of weighing people who were unable to use conventional scales, such as people who used a wheelchair. We spoke with the registered manager about this who was already aware of the issue and told

us that they were working with external health professionals and community services to try and resolve this.

People were supported with their day to day healthcare needs. People were given support to attend regular appointments and to get their health checked. People had their healthcare detailed in both their support plan and in a health action plan. The relative of one person who used the service told us, "I spoke with a carer only yesterday as our family have a history of [health condition] and I wanted [relation] to see the doctor to eliminate the possibility of it recurring. They (staff) listened to my concerns and worries and said they would arrange a visit to see the GP." Another person's relative told us, "[Relation] is as healthy as they possibly can be."

Staff sought advice from external professionals when people's health and support needs changed. Staff made referrals to physical and mental health specialist teams when advice and support was needed and we saw the advice received was included in people's support plans and acted on. We received positive feedback about Nuthall Road – Supported Living from two health professionals involved in people's care and treatment. One health professional told us, "During my visit there the staff made arrangements so that one of them could stay with me for the duration of the visit to provide information, which was useful and helpful."

Is the service caring?

Our findings

People were supported by staff who were kind and caring in their approach. This was reflected in the feedback from both people who used the service and their relatives. One person's relative told us, "The staff are kind and caring, especially the long established staff." Another relative told us, "The staff are very caring." A community professional commented, "Staff are caring and have high standards." We observed staff interactions with people and saw staff were friendly and patient towards people when they were supporting them. Throughout our visit we heard conversations between people who used the service and staff and these were warm and respectful.

We observed positive, friendly relationships had developed between staff and people who used the service. Staff knew people well and it was clear that they had a good knowledge of people's support needs and their likes and dislikes. This was reflected in feedback from people's relatives. One person's relative told us, "I would say that staff know [relation] better than I do now!" Another person's relative told us, "The staff know [relation] very well now and know how to handle them." People's support plans contained personalised information about people's interests and preferences and also information about people's life history.

Staff were quick to act when someone who used the service showed signs of distress. They responded by spending time sitting and talking with the person, this appeared to calm them and reduce the impact on others.

People felt involved in decisions about their support and this was reflected in their comments. One person described to us how they made decisions about their daily routines such as how they spent their time, what they ate and what time they went to bed. They told us that if they woke up one day and decided not to go to the day centre, staff respected their decision. During our visit we saw that staff routinely checked with people about their preferences for care and support. We saw that people were offered choices about how and where they spent their time. Staff we spoke with had a clear understanding of their role in ensuring that people had choice and control and we saw that they respected people's choices. Where appropriate people's families were also involved in decisions about their relation's care and support. One person's relative told us, "Staff do involve me in big decisions like hospital visits and I think the smaller decisions are also well made."

Staff had a good understanding of people's communication needs. There was clear information in people's support plans about how they communicated and how staff should communicate with them. For example, we reviewed the care plan of one person for whom routines and predictability were vitally important. Their care plan contained detailed information about how and when staff should communicate with the person about their routines to minimise their anxiety. Staff we spoke with had a good knowledge of how to communicate with this person. We also observed staff that staff had a good understanding of other people's individual communication styles and abilities and tailored their support accordingly. People were provided with information in a format that was accessible to them. We saw that information was provided in a variety of formats including signs, symbols and photos.

People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. Although no one was using an advocate at the time of our visit two people we spoke with told us that they knew about advocacy and when to use an advocate. There was information about a local independent advocacy service on display at the service and this was also discussed at tenants meetings.

People were supported to develop and maintain their independence and this was reflected in the comments of people who used the service and their families. One person said, "I help with cooking where I can." A relative of someone who used the service told us, "[Relation] is encouraged to be as independent as possible within their abilities." People's care plans contained information about what people could do themselves and areas where they needed support. Staff had a good knowledge of this and told us people were encouraged and supported to be involved in household tasks including cooking, cleaning and laundry.

People's rights to privacy and dignity were respected. People we spoke with told us that staff respected their right to privacy. This was also reflected in the feedback from people's families. The relative of one person told us, "They (staff) listen well and respect [relation]'s privacy and dignity." Another relative commented, "I cannot fault them in caring for [relation] with respect and dignity." We observed that people's privacy was promoted throughout our visit. Staff knocked on people's front doors before entering their homes and provided prompts to people to ensure their dignity was maintained. Staff had a good understanding of the importance of respecting people's rights to privacy and dignity. We spoke with a member of staff who explained how they had recently supported someone who used the service to have privacy when they started a new relationship whilst also ensuring their safety.

Is the service responsive?

Our findings

Each person who used the service had support plan which was focused on their individual needs. Support plans were detailed and personalised containing clear information about the person's level of independence as well as details of areas where support from staff was required. Staff we spoke with told us that they were given time to read and contribute to people's support plans and demonstrated a good knowledge of people's preferences and support needs

When possible people were involved in planning their own care and support and given the opportunity to get involved in the development and review of their support plan. Where people were not able to be meaningfully involved in their support plan it was developed on their behalf by staff and others who knew them well. It was clear from the person centred nature of the support plans that these had been developed based upon staff learning of what was important to each person and how best to support them. Where appropriate, the relatives of people who used the service had also been involved in developing people's support plans. The relative of one person told us, "We have gone through [relation]'s care plan but [relation] isn't able to be involved in this."

Plans were reviewed regularly by the staff team and information contained in plans was up to date. The registered manager told us that they had recently purchased electronic tablets for each member of staff at Nuthall Road – Supported Living. Staff we spoke were very positive about the impact of this and described how they used the tablets to ensure that care plans were up to date. One member of staff told us, "We can now sit with people and make changes to their support plans, then we can send an email to other staff to tell them that the support plan has been updated." They went on to explain how this had resulted in staff being able to spend more time with people who used the service instead of on a computer in the office.

People spent their time doing things that they enjoyed and which were based on their individual interests. People who used the service and their relatives told us that they felt that people had enough to do with their time. One person's relative told us, "[Relation] has a better social life than I do, a very good life." Another relative told us, "There is plenty for [relation] to do. They go to the day centre five days a week and go out in the evenings." Records showed that most people using the service spent a lot of their time out in the community at day services, doing voluntary work and running errands. The registered manager described how people were supported and encouraged to get involved in the wider community by taking part in local social clubs, discos and fitness groups to both pursue their interests and make new social connections.

There was a feeling of community at Nuthall Road – Supported Living. Staff told us and we observed that people got on well with each other, we saw photos of people visiting local pubs and going out for meals together. People who used the service also enjoyed arranging frequent social events such as parties and meals at each other's homes. Relationships had developed between people who used the service and the registered manager told us about two people who enjoyed spending time together that were recently supported to plan for and go on holiday together.

People were supported to maintain relationships with their families and friends. People's care plans

included information about people's families and detail of the support people required to stay in touch with them.

People could be assured that complaints would be taken seriously and acted upon. People who used the service and their relatives told us that they would feel comfortable and confident in raising an issue or complaint with the management team. There was a complaints leaflet on display at the service informing people how they should make a complaint. Records of tenants meetings showed that there was a regular slot for 'praise and grumbles' in which people could share any positive or negative feedback or complaints. Staff we spoke with knew how to respond to complaints if they arose and understood their responsibility to report concerns to the registered manager. All complaints and concerns were logged on the provider's computer system and allocated to the registered manager for action. The registered manager explained that progress in resolving the complaint was tracked by 'head office' staff. Records showed that when complaints were made they were recorded and addressed appropriately. The relative of someone who used the service told us about concern they had previously raised and commented, "This was handled very well."

One person we spoke with raised a concern about an aspect of their support with us. With the person's consent, we shared this with the registered manager during our visit and they assured us that this would be explored further with the person following our visit.

Is the service well-led?

Our findings

People who used the service were supported to have a say in how the service was run in regular tenants meetings. These meetings were chaired by people who used the service and records of the meetings showed that they were used to discuss things such as health and safety, safeguarding, activities and events and suggestions for improvements. The meeting agendas were produced in a format accessible to people who used the service. The provider also conducted an annual satisfaction survey for people who used the service. The registered manager informed us that this year's surveys had been sent out to people who used the service just before our visit.

Staff told us that they felt able to contribute their ideas and suggestions about the service. The registered manager told us that due to the nature of the service getting staff together for staff meetings was challenging but they had overcome this challenge by exploring alternative ways of communicating with the staff team. For example, the management team communicated news, updates and other information to staff via email. The registered manager explained that every member of staff had an email account that could be accessed on their electronic tablet. Staff told us that this was an effective method for keeping up to date. The registered manager also told us that they had an, "Open door for service users and staff for listening and we are open to change." They shared an example of this whereby members of the staff team had approached them with concerns that one person who used the service required additional support. The registered manager had sought additional funding for the person and both staff and the registered manager told us that this has resulted in an improved quality of life for the person.

There was a registered manager in place who was passionate about her role and the service. The registered manager told us, "I make sure that I get on the 'shop floor' at least once a day, I like to know people and what is going on." The registered manager was supported by two assistant managers who took responsibility for different aspects of the service. The management team spoke positively about the provider, and told us that they felt supported by them. The registered manager attended regular managers meetings held by the provider where they met with colleagues to share good practice.

Staff we spoke with told us that they enjoyed working at Nuthall Road – Supported Living and were positive about the leadership and support of the management team. One member of staff told us, "It's a good place to work. Things have dramatically improved, [management team] seem to really care about people. They (managers) are really approachable and the service users benefit from that." Another member of staff told us, "It's a good company and a good team." All the staff that we spoke with also commented on the strength of the team. One member of staff told us, "We pull together and work as a team, we are known for it in the company." Another staff member said, "We all pull together, we are a team and we want the best for people."

Staff told us that they would feel comfortable approaching the management team with any concerns that they had and confident that any concerns would be taken seriously. The registered manager told us that they took all staff concerns seriously and were supported by the provider's human resources team to conduct investigations if required. They told us, "I do take everything seriously because it's the safety of the

service users at the end of the day." One member of staff described a time when they had discussed a concern with the registered manager and told us that it had been sensitively resolved

People who used the service and their families were also positive about the leadership at the service. One person who used the service told us, "They (managers) pop in and see me." A relative of someone who used the service told us, "The place is well managed and gives good quality care." Another relative commented, "Yes, there is an open door policy, I would rate this service as a ten out of ten."

The management team had established relationships with a range of community professionals who had frequent contact with the service to support people who used the service and provide advice to staff. The feedback from these professionals was positive, with one professional who regularly visited the service commenting, "The staff team are professional in their approach and are well-led by managers. They take an active role in the management of clients and take on advice positively." Another community professional told us, "The current manager previously worked at a supported living service for many years and has a good reputation."

There were effective systems and processes in place to monitor and improve the quality of the service. A member of the provider's quality and compliance team visited the service monthly to conduct a programme of regular audits. These audits were focused around the CQC key lines of enquiry; was the service safe, effective, caring, responsive and well led. The results were uploaded onto the provider's computer system and used to track progress towards areas for improvement. We saw that these audits were effective in identifying and responding to areas for improvement within the service. For example, a recent audit had picked up that the outcome of quality audits had not been shared with people who used the service. The registered manager told us that they were awaiting the outcome of their customer satisfaction survey and their CQC report after which these would be discussed at a tenants meeting.

We checked our records which showed that the registered manager had notified us of events in the service. A notification is information about important events which the provider is required to send us by law.