Normanshire Care Services Ltd

Normanshire - Supported Living Services Ltd

Inspection report

2b
New Road
London
E4 8ET

Date of inspection visit:
05 December 2018

Date of publication:
24 December 2018

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

The inspection took place on 5 December 2018. This was an announced inspection. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection. The service first became operational in February 2018. This was the first inspection of the service.

Normanshire - Supported Living Services Ltd provides care and support for people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support. Normanshire - Supported Living Services Ltd provides a service to four people with learning disabilities, across two sites in the Waltham Forest and Redbridge area.

The service had been developed and designed prior to the development of the values that underpin the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. However, we saw that people with learning disabilities who used the service were able to live as ordinary a life as any citizen. We saw that people's homes did not house more than six people.

The service had a registered manager. 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.

People and a relative told us they felt the service was safe and there were enough staff to meet their needs. Staff were trained in safeguarding and knew how to safeguard people against harm and abuse. People's risk assessments were completed, regularly reviewed and gave sufficient information to staff on how to provide safe care. Staff kept detailed records of people's accidents and incidents. Staff wore appropriate protection equipment to prevent the risk of spread of infection. Medicines were stored and administered safely. The management of people's finances was not robust however management told us they would start checking people's finances on a daily basis.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). MCA is law protecting people who are unable to make decisions for themselves. People who had capacity to consent to their care had indicated their consent by signing consent forms. However, where people lacked capacity to consent to their care the provider had not followed the principles of the Mental Capacity Act (MCA) 2005. We have made a recommendation about following the principles of the MCA.

Staff undertook training and received regular supervision to help support them to provide effective care. People were supported to choose what they ate and drank.

People and a relative told us staff and the service was caring. Person centred support plans were in place and people were involved in planning the care and support they received.

People had access to a wide variety of activities within the community. People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The provider had a complaint procedure in place. People knew how to make a complaint.

Staff told us the registered manager was approachable and open. People liked the registered manager and found her helpful. The service had various quality assurance and monitoring mechanisms in place.

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 able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were recorded and administered safely.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

The management of people's finances was not always robust.

People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective. Staff felt supported. Staff undertook regular training and had one to one supervision meetings.

The provider did not always meet the requirements of the Mental Capacity Act (2005).

Staff were aware of people's dietary preferences. Staff had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good

The service was caring. People that used the service and their relatives told us that staff treated them with dignity and respect.

People and their relatives were involved in making decisions about the care and the support they received.

People received individualised care to enable them to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People were involved in planning their own care.

Staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

People were supported to follow their individual hobbies and interests. People had access to activities in the community.

People and their relatives knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place. Staff told us they found the registered manager to be approachable and open.

The service had various quality assurance and monitoring systems in place.

Normanshire - Supported Living Services 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.

Normanshire - Supported Living Services Ltd provides a service to four people with learning disabilities, across two sites in the Waltham Forest and Redbridge area. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support. The inspection took place on 5 December 2018. This was an announced inspection. The provider was given 48 hours notice because we needed to ensure somebody would be available to assist us with the inspection.

The inspection was carried out by one inspector. Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted the local authority about their views of the quality of care delivered by the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to one of the sites we spoke with the registered manager, the nominated individual and one support worker. A nominated individual is someone who has been nominated by the provider to manage the service in the absence of the registered manager. We also spoke to on person who used the service. After the inspection visit, we spoke with one person who used the service, one relative and one support worker.

During the inspection we looked at three care files which included people's support plans and risk

assessments, staff duty rosters, three staff files, a range of audits, minutes for various meetings, two medicines records, two finance records, and training information

Good

Is the service safe?

Our findings

People and a relative told us they felt the service was safe. One person said, "The staff make you safe." A relative told us, "Definitely I feel [relative] is safe because he is happy there."

There was a safeguarding policy in place which made it clear the responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities. One member of staff said, "I would inform management. If they weren't dealing with it I would whistle blow to CQC that something is happening." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities in regards to whistleblowing.

The registered manager told us there had been no safeguarding incidents since the service had started. The registered manager could describe the actions they had taken when the incident had occurred which included reporting it to the Care Quality Commission (CQC) and the local authority safeguarding team. This meant that the provider would report safeguarding concerns appropriately.

The provider carried out detailed risk assessments to ensure the risks to people were identified, assessed and mitigated. People's risk assessments were reviewed every six months and as and when people's needs changed. Records confirmed this. Risk assessments covered areas such as medicines, mobility, personal care, nutrition, falls, choking, communication and behaviours that challenge. The risk assessments were specific to the individual need and included information for staff on how to manage risks safely. For example, one person was identified with behaviours that challenged. The risk assessment stated, "Staff must give [person] his personal space if it safe to do when he is in an agitated mood. Communicate with [person] in a calm and clear tone of voice and be patient when you ask what the cause of his mood is." Another person was at risk of choking. The risk assessment stated, "Staff to support me to cut my food in to small pieces and ensure that is soft. Staff to supervise me while having my meals. Staff to remind me to take small sips when drinking." This meant the risk assessment processes were effective at keeping people safe from avoidable harm.

The service supported some people to manage their finances. Records showed two members of staff recorded their initials for each transaction. We checked financial records for two people who used the service. We found a discrepancy for one person who used the service. The person had recorded a balance of £38.74 however the actual amount of money counted during the inspection was £38.90. This meant people were at risk of potential financial abuse. We spoke to the registered manager and nominated individual who advised us the service does a monthly financial audit. Records confirmed this. They told us they would start checking people's finances at the daily handovers.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to and outcomes and actions taken were recorded.

The staff recruitment files showed checks were carried out to make sure that staff were suitable for employment with people who used the service. Each file contained relevant references, which had been verified for their authenticity. There were criminal record checks, evidence that people were eligible to work in the UK and proof of their identity and address.

We found that staffing levels throughout the service were sufficient to meet people's needs. People had been allocated a specific number of support hours by their local authority to be used to support them to live independently, develop life skills and access the community. One person told us, "There is staff. There is always someone to speak to." A relative said, "[Relative] has enough staff. He has two staff as part of his care package." The registered manager and staff told us the service had bank staff available to cover planned and unplanned absences. One staff member said, "I think we have enough staff. If there is a shortage we always have back up." Another staff member commented, "There is always [staff] around. If staff call in sick we have bank staff on call."

People's medicines were kept in their rooms in a locked cabinet or in an office on the site which was only accessible by staff. During the inspection we looked at people's medication and saw that this was being stored securely and safely. We checked a sample of people's medicines to ensure that this had been given as prescribed and found that it had. The correct quantities were being stored for those medicines we looked at, and Medication Administration Charts (MARs) were being maintained which showed when medicines had been given, and by which member of staff. Training records confirmed that all staff who administered or handled medicines for people had received appropriate training. People who required PRN medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. One relative told us, "Staff have to administer [relative's] medicines. I am happy as two of his medicines are PRN and at [previous placement] was giving [relative] maximum [dosage] but now he goes weeks without [PRN] which is good." One staff member said, "We have people who need support with medication. We check medicines on a daily basis. Some people have PRN for managing anxiety and challenging behaviour. Before we administer two staff members have to sign."

During the inspection we did not observe any examples which would require staff to use Personal Protective Equipment (PPE). However, staff we spoke with described using correct infection control procedures, such as using PPE, and had received training in this area. Records confirmed this. One staff member said, "We have gloves and aprons. We also use alcohol gel." This helped protect people from the risk of infection.

Good

Is the service effective?

Our findings

People who used the service and a relative told us they were supported by staff who had the skills to meet their needs. One person said, "[Staff] treat you well. [Staff] do training." A relative told us, "[Staff] who work with [relative] are good."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. The assessment looked at personal care, mobility, medicines, likes and dislikes, social relationships, health risks and environment. A relative told us, "[Staff] went to [relative's] respite and did an assessment there. I was involved with the whole process." Records showed a transition plan was created before a person moved into the service. The transition plan included the service visiting the person and getting information from other health professionals, inviting the person to have lunch at the service to meet staff and people who used the service, and showing the person the local area.

Staff told us they felt supported in their role. Records showed staff had completed training specific to their role. Training included Mental Capacity Act 2005 (MCA), medicines, first aid, fire safety, food hygiene, health and safety, infection control, equality and diversity, challenging behaviour, positive behaviour, active support, learning disabilities, COSHH, safeguarding, GDPR, nutrition and care planning. Staff also did specific training that reflected the needs of the people they were supporting. For example, staff did training on autism and epilepsy. One staff member told us, " I think [training] is good. We have the opportunity to learn a lot. We learn about epilepsy and autism. If you want to go further you can do your health and social care degree. [Provider] supports you." Another staff member said, "Training is appropriate. We sometimes get in-house training and a nurse comes out."

Staff told us they received regular formal supervision and we saw records to confirm this. Topics included a discussion on various policies and procedures, choice and privacy, safeguarding, training, suggestions to improve the service provided, and updates on people who used the service. One staff member said, "Supervision is alright. They see if any issues. We have a good conversation. Talk about any issues and anything I can improve on. Its every two months." Another staff member told us, "We go through if any issues, setting targets, checking on [people who used the service] and how we are feeling. We also identify any training needs." At the time of the inspection annual appraisals were not completed as the service had been running for less than 12 months. The nominated individual told us they would start annual appraisals in the new year.

People were supported to have a meal of their choice. They told us they were choices in regard to what they could eat. One person said, "[Staff] help you prepare food. I can do my own cooking. I can cook the basic things. They help with food shopping." A relative told us, "[Staff] do [relative's] cooking. He is definitely helping because one day he was cutting up vegetables in the kitchen. They ask him to get things out of the cupboard." Care records detailed people's dietary requirements and preferences and gave staff clear directions on how to support them. For example, one care record stated, "I am particular about the kinds of food I eat, I do not like pasta or cabbage and my favourite dish is fish fingers and potato fries and I also like eating fresh tomatoes and cucumbers." Another support plan stated, "I like eating fish fingers and chips and

prawns and rice. I like my meals to be prepared fresh. If I do not like the presentation or smell of the food I will not eat it."

People were supported to maintain good health. Each person had a health action plan. A health action plan is something the Government said that people with a learning disability should have. It helped people to make sure that the service had thought about people's health and that their health needs were being met. People and a relative told us staff helped with various health appointments, this was confirmed by staff and in the records viewed. One person told us, "[Staff] make appointments. I see physiotherapist for my [health condition]." A relative said, "[Staff] got [relative] an eye test." People had a 'Hospital Passport', which was a document in their care file that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. This meant that people were supported to maintain their health.

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 told us staff sought their agreement before delivering care. One person said, "[Staff] ask me if I need helping. They knock first." Support plans recorded how staff should help people to understand how to give permission for various aspects of care. For example, one support plan stated, "Staff to advise me what to wear according to the weather but to make sure that they are giving me choice too." Another support plan stated, "I like being in my own company but so please ask me before you come into my personal space."

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. Staff had received MCA training and they were aware of how the MCA applied within their day to day practice. However, we found that the provider's practice was not in keeping with the legal principles and requirements of the MCA. Records showed people signed for consent however we saw that if a person was unable to sign documents, the provider had asked a relative to sign on behalf of the person when there was no evidence that the relative had a Lasting Power of Attorney (LPA). LPA gives the person who is given power of attorney the power to make decisions about your daily routine (washing, dressing, eating), medical care, moving into a care home and life-sustaining medical treatment. It can only be used if you're unable to make your own decisions. There were no assessments in place to show the person's mental capacity had been assessed or a best interest decision made. We spoke to the nominated individual and registered manager who told us they would follow up with people's relatives if their relative had a LPA in place. This meant consent was not always sought where people lacked the capacity to make an informed decision, or give consent in accordance with Mental Capacity Act 2005 and associated code of practice.

We recommend that the service consider current guidance on the Mental Capacity Act 2005 (MCA) and take action to update their practice accordingly.

Good

Is the service caring?

Our findings

People and a relative told us the service was caring. One person said, "I do like living here." Another person told us, "[Staff] fairly caring. They make time for me." A relative commented," I can see [relative] is happy and settled and comfortable there. I can see [staff] are patient with him. They are actually concerned about him."

Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One staff member said, "I treat [people who used the service] like one of my family. They are human beings." The same staff member commented, "It can be stressful but rewarding." Another staff member told us, "It is a very open relationship. [People who used the service] come to me when they need anything. You listen to them and you are approachable. You need to build the trust over time."

Staff knew the needs and preferences of the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff were able to tell us about people's life histories, their interests and their preferences. One staff member said about key working, "We have meeting with [people who used the service] to identify any likes and dislikes, also pick up any concerns." Records confirmed key working sessions were being regularly completed.

People and a relative were involved in making choices about their care. One staff member said, "[People] are able to say no and yes. If not happy with something we won't change their mind. For breakfast lunch and dinner they can choose. They can choose to go to day centre or watch tv, and what time they want to go bed." Another staff member told us, "[People] do get choices. Choices are about activities and clothes they want to wear. Also in regard to what they like to eat and things they want to achieve in the coming weeks and months." Care records for people were clear they had a choice about the care they received. For example, one support plan stated for dressing support, "Staff should give me two or more outfits to chose from." Another support plan stated, "Staff must offer me choices when planning my daily activity plan. If I don't want to engage in activity I should be given the choice to not take part in it." During the inspection we saw a person who was going to day centre. The person told the staff member they did not want to go to the day centre. The staff member replied, "What would you like to do today?"

People and a relative told us respected their privacy and dignity. One person said, "[Staff] knock on the door when they want to come. I have got my own room and my own privacy." A relative told us, "You can see they respect [relative]. [Staff] are very engaged and concerned about his wellbeing. They look after him well. I can see how he interacts with them."

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us, " I knock on the door and ask to come in. When [person] had stroke he was wobbly on legs, I would guide him to the toilet but I know he likes his privacy so I turn around. He tells me what he likes and doesn't like which of course I listen too." Another staff member said, "Any time we are supporting [people] with personal care you ensure curtains are drawn and door closed. You involve them in the care and ask them what they want

done."

People were encouraged to maintain their independence and undertake their own personal care and daily living skills where possible. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. Staff gave us examples of how they helped people to be independent. One staff member said, "We are trying to make them more independent. [Person] had a stroke so we are encouraging to do some exercise. I want his legs to work properly again. [Person] is learning life skills like washing up. Skills like that help them in their life." Another staff member told us, "Some [people who used the service] are able to do some personal care. If they require assistance we ask them to do as much as they can do. Some are able to do cooking with assistance of staff. Staff just supervise. In that way they can continue to build their independence." Care records reflected people's independence was maintained. For example, one support plan stated, "Staff should prompt me to wash myself as much as my condition permits it, to promote my independence. Staff to encourage me to participate in house chores in order to promote my independence." Another support plan stated, "I can wash my own skin, but I need staff to support me with areas I am unable to reach, like my legs, back and under arms."

Good

Is the service responsive?

Our findings

People and a relative told us that the service involved them in decision making about the care and support they received. A relative said, "I do think [care provided] is very good. I was worried about [relative] moving into supported living but he has settled in well."

Care records contained detailed guidance for staff about how to meet people's needs. Support plans were in place for each identified area of need. People's support plans were easy to follow and provided detailed step-by-step descriptions of people's individual routines. Pictorial aids were included in support plans to ensure they were accessible to people. The registered manager and staff told us that support plans were updated following any changes to people's needs and were also reviewed regularly in order to ensure that they contained up to date information. There was a wide variety of guidelines regarding how people wished to receive care and support including their likes and dislikes, health and wellbeing, personal care and hygiene, dressing/undressing, mobility, finances, eating and drinking, mental health and emotional wellbeing, religious/spiritual needs, daily living skills, hobbies/leisure interests, making decisions, and communication. The support plan also included a section called 'about me' which talked about the person's life history, relationships, medical history and spiritual beliefs. The support plans were written in a person-centred way that reflected people's individual preferences. For example, one support plan stated, "I enjoy talking to people and respond well to people visiting me throughout the day. I can become fixated on something that is making me sad and if is not resolved it can distract me when I am walking and can increase the risk of me falling." Another support plan stated, "Staff should go out with me during the least busy times of the day. This would reduce risk of me getting agitated when I am out because there would be less noise. Also, staff should explain the plan slowly and clearly if they plan to cut my hair or take me out to the barber shop."

People were encouraged by staff to be involved in the planning of their care and supported as much as possible. One person said, "[Staff] go thru [care plan]." Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. One staff member said, "I read their care plan and then spend time with [people]. [Person] likes old movies. [Person] likes music. [Person] is adorable and can be really sweet. He likes dancing. He can get upset sometimes. I find out his likes and dislikes. If they get upset sometimes they don't like high noise, you turn off and give them their favourite things like tea and biscuit. You try and make them happy." Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People's cultural and religious needs were respected when planning and delivering care. Records showed people had discussions of their spiritual faith during the care planning process. Records showed and staff told us people had dietary requirements because of their religious faith. For example, one support plan stated, "I practice [spiritual faith], so I only eat [culturally specific] food. I do not eat anything that contains traces of [food that is not culturally specific] so please read labels of food to make sure my [culturally specific] dietary needs are being met.

Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay,

bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "I cannot discriminate. I treat [people who identify as LGBT] individually." A staff member told us, "We would need to educate other [people who used the service] not from that sexual orientation. We could take them to [LGBT] events and support groups. I love Pride. I would take someone to Pride." Another staff member said, "We would support them accordingly to their needs. We would research more on their sexual orientation and then support them. If any groups they would want to join we would support them. We would support them to refer them to a team that could support them."

People were supported to maintain local connections and take part in social activities. They were actively encouraged and supported to maintain local community links. For example, one support plan stated, "I like watching TV, I enjoy doing my facial exercises with staff, puzzles and I like to participate in house chores with staff. I like walking, going shopping, parks, cinema. I currently attend a day centre twice a week." On the day of the inspection one person was a day centre and another person had gone into the city for a walk with a staff member. We spoke to this person after the inspection. They said, "I went to the city and walked around a bit."

The service had ensured that people were engaged in day time activities of their choice. Records showed people had different activities on different days of the week depending on their preference. This showed people had been supported as individuals instead of only being offered group activities which did not suit some people. One person told us, " All kinds of activities. We go shopping. I go to the day centre for my stroke. There is plenty to do." A relative said, "[Relative] goes to college three days a week. He goes to trampolining. He likes going to that place. He goes to the park."

There was a complaints process available and this was on display in the communal area so people and their relatives were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised.

People and a relative we spoke with knew how to make a complaint and that their concerns would be taken seriously and dealt with quickly. One person said, "I would speak to one of the staff. I have never needed to [make a complaint]." A relative told us, "I made a complaint. [Provider] looking into [complaint] at the moment." The registered manager told us there had been no complaints. However, a relative told us they had made a complaint. Following the inspection, we spoke to the registered manager about this and they told us they had received an email from the relative raising concerns the day before our inspection. The registered manager told us they had acknowledged the email and would investigate. Records sent after the inspection confirmed this.

At the time of our inspection the service did not have any people receiving end of life care. The service did have an end of policy for people who used the service. The policy was appropriate for people who used the service. One staff member told us, "If [people who used the service] were identified at end of life we would have to do a care plan with their wishes. If they wish to die here we would find out who they would want present for the last few days. We would make a referral to the palliative care team."

Good

Is the service well-led?

Our findings

People and a relative told us that they liked the service and the registered manager. One person said, "[Registered manager] good. She is here a lot. Not much [service] can improve on." A relative told us, "[Registered manager] is ok. I mostly go to the [senior staff member]. I am happy with the service. I would recommend it to the people."

Staff told us they liked the registered manager. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "She is a really good manager. She is really supportive because this work can be tough sometimes but she is very hands on and supportive. Easy to talk too." Another staff member said, "[Registered manager] is very open and friendly. She has leadership skills. She sees herself as part of the team."

Staff meetings were held regularly. Minutes of these meetings showed there was regular discussion about people who used the service, daily care records, cleaning schedules, safeguarding, weekend activities, behaviour monitoring, training, staff rota, introduction of new staff, and key worker responsibilities. One staff member told us, "We do have staff meetings. We discuss any issues and how the service is going. Staff can update on [people who used the service] so other staff are aware of that [person]." Another staff member said, "Management go through a list and at the end staff can talk about any problems."

The provider had a number of quality monitoring systems in place. These were used to continually review and improve the service. The registered manager told us they conducted an audit every two months. The audit looked at cleanliness of environment, care records, medicines, quality assurance, staff meetings, staff rota, daily activities, complaints, and accidents and incidents. The last audit showed where actions were identified. The nominated individual also conducted their own audit which looked at same topics as the manager's audit. The service also conducted individual audits on medicines, infection control, kitchen, and people's finances on a regular basis. Records confirmed this.

The registered manager also conducted monthly spot checks on staff. The spot checks were conducted out of business hours such as late in the evening and early mornings. The spot checks looked at cleanliness of the environment, staff members appearance, and how people who used the service were being treated.

The provider has systems in place to conduct an annual survey for people who used the service and relatives. However, the service had not been conducted an annual survey as it had been running for less than 12 months. The nominated individual told us annual surveys would be sent out in early 2019. However, the provider still obtained views from people who used the service, and relatives through questionnaires. Records showed pictorial questionnaires were given to people who used the service in November 2018. The questionnaires covered choice of food and quality, caring attitude of staff, environment, and enough to do in the day. Overall the results were positive. Comments included, "I love this place" and "I am happy." Relative questionnaires had been returned for November and December 2018. Overall the results were positive. Comments included "I am happy with my [relative's] relationships with his care staff and fellow housemates" and "I am very happy with the care being provided to my [relative] but do feel you could

organise more outings or activities especially over the weekend period." The registered manager told us they had started to look at more weekend activities for people and a relative confirmed they had been given an update on activities.

The provider also requested feedback from health and social professionals. The feedback was in form of a questionnaire. The questionnaire covered topics such as communication, privacy, medicines, appropriate decisions from Normanshire Ltd management team, the service following the advice from professionals and overall satisfaction. Comments included "The home has a comprehensive support plan and risk assessment in place for staff to follow as indicated" and "On the whole from the last six months with the view of the [person who used the service] and evidence of support plan and risk assessment, the home has been able to deliver the care needed to the [person] accordingly."

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.

The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us they worked with day centres, health and social care professionals, social services, national autism society and the local authority contracts team.