

New Directions (Rugby) Limited

27A New Directions Rugby

Inspection report

27 Bilton Road
Rugby
Warwickshire
CV22 7AN

Tel: 01788573318
Website: www.newdirectionsrugby.org.uk

Date of inspection visit:
20 December 2017

Date of publication:
20 April 2018

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

The inspection site visit took place on 20 December 2017 and was announced. 27A New Directions is a care home for people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is a first floor, shared flat and is registered to provide care for three people. At the time of our inspection visit there were three people living at the home. The service was working closely with the local authority and was undergoing a consultation process to consider changing from a residential service to a supported living service. A supported living service is where people's care and housing are provided under separate contractual agreements and they are enabled to live as independently as possible. CQC does not regulate premises used for supported living, it only looks at people's personal care and support. The consultation was still in progress at the time of our inspection visit.

At the last inspection in June 2015, the home formed part of a larger service owned by the same provider and it was rated Good overall. This was the first inspection the service had undergone since the provider reduced the size of the service. At this inspection, the service continues to be rated Good.

There was a registered manager in post. 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 protected from the risks of harm or abuse because staff were trained in safeguarding and understood their responsibilities to raise any concerns with the registered manager. The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively. Risks to people's health and wellbeing were managed. However, medicines were not always managed safely and checks had not identified where improvements were required.

Staff had the skill, experience and support to enable them to meet people's needs effectively. The registered manager checked staff's suitability to deliver care and support during the recruitment process.

Staff worked within the principles of the MCA and supported people to have maximum choice and control of their lives. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences.

Staff monitored people's health and referred them to other healthcare professionals to maintain and improve their health.

People, relatives and staff felt well cared for. People and their relatives were included in planning how they were cared for and supported. Staff understood people's diverse needs and interests and supported them to

enjoy their lives according to their preferences. Staff respected people's right to privacy and supported people to maintain their independence.

People were encouraged to maintain their links with the local community and opportunities to engage in activities that were meaningful to them.

People knew how to complain and had the opportunity to share their views and opinions about the service they received.

The registered manager and the provider demonstrated they valued care staff and promoted their learning and development. There was an open culture at the service where staff felt well supported, able to raise any concerns and put forward suggestions for improvements. The provider's quality monitoring system included checking people received the care and support they needed, however it was not always effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Medicines were not always managed safely and checks had not identified where improvements were required. Staff understood their responsibilities to protect people from the risk of harm. Risks to people's health and wellbeing were managed. The provider checked staff were suitable to deliver care and support to people in their own homes.

Requires Improvement ●

Is the service effective?

The service was effective. Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health.

Good ●

Is the service caring?

The service was caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring and respected their privacy and promoted their independence.

Good ●

Is the service responsive?

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People were confident to raise any concerns or complaints about the service.

Good ●

Is the service well-led?

The service was well-led. People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. People were positive about the leadership of the service and care staff were supported to carry out their work effectively. The provider's quality monitoring system included checking people received the care and support they needed, however it was not always effective.

Good ●

27A New Directions Rugby

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 was 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.

The inspection visit took place on 20 December 2017. It was a comprehensive inspection and was announced. This was to ensure the registered manager, staff and people who lived at the home were available to talk with us when we visited. The inspection was undertaken by one inspector.

We used information the provider sent us in the 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. We found the PIR reflected the service.

Prior to our visit we reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. Commissioners did not have any concerns about the service.

Before the inspection visit we contacted people who used the service by telephone and spoke with two relatives. During our visit we spoke with three people about what it was like to live at the home. We observed care and support being delivered in communal areas and we observed how people were supported at mealtimes. We also spoke with the registered manager, the team leader and one support worker about the service.

We reviewed three people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the provider's quality monitoring system.

Is the service safe?

Our findings

At this inspection, we found improvements were required around the safe management of medicines and therefore the rating has changed since our previous inspection, from Good to Requires Improvement.

People told us they had their medicines when they needed them and we found only trained staff administered medicines. However, we found medicines were not always managed safely. One medicine was available to administer to one person on an 'as required basis', which meant the medicine could be administered if needed. However, the medicine had expired in November 2016. This meant the medicine was not safe to use because it was a year over the manufacturers recommended use by date. We discussed this issue with the registered manager and the team leader on the day of our visit. They took action straight away to reduce the risk to the person who was prescribed the medicine. The team leader liaised with the pharmacy and the person's prescription was updated and the medicine was removed from the prescription and disposed of, as it had not been administered since November 2016. Following our inspection visit, the registered manager advised although the medicine had not been disposed of when it had expired, staff would not have administered the medicine without checking its expiry date, in accordance with the provider's administration of medicines procedure.

We looked at the last three quarterly medicine audits for the service which were conducted by a senior member of staff from another of the provider's services. We found the audits had recorded 'no out of date or spoiled medicine stored', which meant the audits had not been effective. We discussed this with the registered manager who gave us their assurances they would review the medicine audit and put in place additional checks to look at medicine management as part of their manager's audit.

People told us they felt safe at the home. People told us who they would go to if they felt worried about something. We saw people were relaxed with staff and approached them with confidence, which showed they trusted them. Two relatives told us, "I think [Name] is very safe at the home, we are totally happy" and "They've got security lights, gadgets to keep them safe and a life line button so they can get hold of staff at any time." The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior person. A member of staff told us, "I would report any concerns to the team leader and the manager." Records showed concerns had been appropriately recorded and reported and action was taken by the registered manager to keep people safe.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. People were encouraged to maintain as much independence as possible. For example, one person was very independent and chose to go out by themselves as often as possible. Staff told us and records showed how they assessed possible risks to the person's safety when going out alone. Staff explained they discussed the risks with the

person and agreed what actions to take to support them to remain safe in the local community. For example, supporting the person to check their mobile phone was always working effectively before they went out. Staff told us there was a contingency plan to monitor the person's safety if they chose to stay out later. The registered manager explained how they assessed risks to people by monitoring any incidents which took place and reviewing the information to identify any patterns.

People told us there had been recent changes in staffing, where some longstanding members of staff had left the service. At the time of our visit there was only one permanent member of staff working at the service. The registered manager told us they were currently recruiting to fill vacancies and were using staff from the provider's other services to ensure there were enough skilled and experienced staff on duty to support people safely. The team leader explained when they wrote the staff rotas they only used staff who people living at the home knew and trusted. The registered manager explained they had been in contact with people and their relatives to explain the situation, in order to reduce people's concerns.

The provider had processes to manage environmental risks, this included regular risk assessments and testing and servicing of the premises and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. We asked people what they would do if there was a fire and the information they gave us was the same as the fire evacuation procedure. Staff told us they had fire alarm practices and talked to people about what to do in an emergency during meetings at the home. They also discussed other safety issues such as stranger danger and safe places to go in the local community.

Staff told us cleaning the flat was a shared responsibility and they supported people to do cleaning and household jobs, such as hoovering. There was a rota for household jobs which people told us they had agreed at house meetings. Personal protective equipment such as aprons and gloves were available for staff to use when required and staff received infection control training. We saw there was a large black stain on the washing machine seal and found this had not been identified on the most recent household audit. However, staff were aware of it and told us they would ask the maintenance person to address the issue straight away, in order to reduce the risk of people's washing being contaminated.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People received the care and support they needed to maintain their health and wellbeing. Staff told us they felt confident in their skills because they had time to get to know people well and had training that was relevant to people's needs. Different methods of training were provided which suited different ways of learning. Staff were positive about training and told us, "Training is very good... Refresher training has highlighted things to me and reminded me of things, because things can change so quickly" and "We've just started some new training which is really good because it is relevant to the people we support." The registered manager told us all staff were undertaking training in dementia awareness, to help them provide more effective care for people in the home who were affected by this.

All staff received an induction, training and support that gave the skills and confidence to meet people's needs and promote their welfare. The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us they felt supported by the registered manager and other senior staff in the providers other services, to develop within their roles and study for nationally recognised care qualifications. All staff told us they had regular meetings with senior staff to discuss their work and identify any areas for development.

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. 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.

We found staff and the registered manager understood their responsibilities under the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager told us no one had a current approved DoLS order. However, they were in the process of working with the local authority to ensure people's assessments were reviewed and up to date due to the proposals for the service changing from residential accommodation to supported living, to determine if this might affect people's liberty.

There were assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. People's care plans gave clear guidance to staff about what support people required to make

decisions. The registered manager told us most people who lived at the home had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example, decisions about their accommodation. Staff told us and records showed people's representatives and healthcare professionals were involved in making best interest decisions on people's behalf. For example, a member of staff told us there had recently been a multi-disciplinary meeting to support one person to make more complex decisions about where they wanted to live, due to changes in their health.

People told us staff asked for consent before providing them with assistance and support and respected the decisions they made. During our inspection visit, we saw one member of staff knocking on a person's door to check if it was okay to come in and support them.

Some people received food and drinks prepared by care staff and some people were supported by staff to help prepare meals to encourage their independence. One person told us, "We are able to choose what we want to eat. Staff talk to us about healthy eating when we do the shopping list... If we can't agree on a meal, we have two different meals." A member of staff explained people had a meeting each week to decide what would go on the menu and they would make a shopping list and then support people to buy the items. We saw people preparing their evening meal and saw staff encouraged people to choose what they wanted to eat and drink.

People told us they chose to eat together in the communal room. Staff monitored people's appetites and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. For example, staff told us about one person who had received advice from the Speech and Language Therapist [SALT] and had a special diet to ensure they could enjoy their food and eat safely. People's care plans included a list of their needs and allergies and any cultural or religious preferences for food.

Staff were knowledgeable about people's individual medical conditions and were observant for changes in people's behaviours. A relative told us, "[Name] has had various health appointments recently. Staff support them well where that's concerned." Staff made sure people were supported to maintain their health through regular appointments with healthcare professionals. For example, one member of staff had recently supported one person to be reviewed by an occupational therapist because their mobility was declining. The person had obtained special equipment to help them move about more easily.

Care plans showed detailed guidance for staff about how to recognise changes in people's health and what action to take to maintain their well-being. The registered manager explained all care plans included a 'hospital passport', which gave important information about people's needs in a clear way and could be transferred with them to hospital if required.

The layout of the building was a first floor flat with 3 bedrooms and a shared bathroom, kitchen and living room, accessible by one flight of stairs. The design was currently suitable for people who lived there, however if people's mobility changed in the future, access to the flat may become problematic. The registered manager was aware of this issue and considered it when people's needs were reviewed. People had been involved in the decoration of the home, each with individually decorated bedrooms of their own choosing. There was a secure, shared garden at the front of the home, where people could socialise and spend time if they wished. People told us they had enjoyed a barbeque party in the summer, to celebrate the garden's refurbishment.

Is the service caring?

Our findings

At this inspection, we found people were as happy using the service as they had been during our previous inspection. The rating continues to be Good.

People felt staff cared about them and valued them as individuals. Two people told us, "I like the staff" and "This is my house, it's nice here, I get on well with the other people." Two relatives said, "[Name] is very happy... It's their home and they love it" and "Staff have a very caring attitude." All the staff we spoke with enjoyed their work and were motivated to provide people with high standards of care. One member of care staff told us they had worked with people in the home for eleven years and had a, "Strong bond" with people living there. They told us they were given opportunities for personal development within the service and said senior staff were caring.

The registered manager told us person centred care meant, "Ensuring people are kept informed and involved in their support and making sure people's wishes are identified." Staff shared the registered manager's caring ethos and were supported by the provider to give people care in a way that had a positive impact on them. The provider had signed up to the social care commitment in August 2016, which meant they supported staff through their supervision process in raising social care standards.

Staff displayed good communication skills which enabled them to support people who lived at the home who had different and complex needs. For example, the registered manager explained how they were currently supporting people in ways that suited their needs, to help them understand the proposed change to the service from residential accommodation to supported living. The registered manager told us, "The service is currently under assessment and people can choose to move to another provider if they wish. I have sat with people and explained what the changes will be. We used easy read, pictorial information to help explain and a film made about people moving from a residential to a supported living service." They told us they were maintaining an on-going transition plan where they kept a log of all the meetings and reasons why they are happening, so they could ensure people understood what was happening.

Staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. Staff knew people well and we saw they shared jokes with people and enjoyed each other's company. Staff always made eye contact when they spoke with people, to check people understood their words. People asked for support when they wanted it in a causal, familiar way, which showed they were confident staff were there for them.

Staff encouraged people to develop and maintain relationships with people who were important to them. Some people's relatives lived some distance away and had difficulties visiting. Staff understood how important it was to people to enjoy time with their family and how this had a positive impact on their life. They supported people to visit their relatives on a regular basis. One relative told us, "Staff support [Name] to visit us on the train, they bring them to the train station. The first two or three times a member of staff went along with them and now their confidence has built up they can travel by themselves. It has helped

their independence." Staff supported people to maintain friendships. One person explained they were going out for a meal with their best friend at Christmas and they were very excited about this. People's visitors were welcomed into the home and could visit when they wished.

Staff explained how they helped people to understand information in different formats to suit their needs. They used pictorial information to assist people's understanding. For example, the communal noticeboard displayed photos of staff who worked on each shift and large print, pictorial information including the complaints policy, information about the Mental Capacity Act 2005 and keeping safe in the community. We saw people looked at the information and staff supported them to ensure they understood what was displayed. For example, we saw one person referred to the staff rota and we saw how important it was to them to check who was going to support them, as they discussed it with other people.

Staff listened to people and involved them in making decisions and planning their own care. The registered manager told us staff sat with people to read their care plans and daily records, to ensure people understood and agreed what was written about their needs. Relatives told us communication was very good between them and staff and they felt involved in reviewing care.

The registered manager told us they helped people to remain independent and develop new skills, by supporting them to achieve their 'outcomes.' This meant staff recorded people's journeys towards achieving their goals. For example, one person wanted to build on their skills to attend meetings with different groups of people within the provider's services and in the local community, because it helped build their confidence. We spoke with the person about their goal and they told us how much they enjoyed contributing to meetings. They explained they had recently given a speech at one meeting and received a standing ovation for talking about their experiences of using the provider's services. This was a significant achievement for this person because of their needs and the provider had recognised this and celebrated their success by giving them a 'star of the month' award. This was a scheme where one person was nominated for doing something outstanding and this was shared with people in the provider's newsletter.

People's care plans recorded how they would like to be cared for and supported. Staff told us they read people's care plans and knew about people's preferences and were able to support people in the way they preferred. Care plans had a life history section called 'About me', which included information about people's religion, culture, family and significant events.

Staff told us they had training on equality and diversity issues and were confident they could support people to maintain their individual beliefs, including cultural or religious traditions. One member of staff told us, "We talk to people and ask them about their preferences." Staff understood that some people might need particular support to make them feel equally confident to express themselves. They told us how one person attended religious services in the local community. They told us staff supported them and talked to them about their views when they wished to do so.

Staff understood the importance of treating people with dignity and respect. A relative told us, "Staff give people who live at the home freedom and staff respect their privacy." A member of staff gave an example of how they helped to maintain people's privacy, they told us they knocked on people's bedroom doors and waited for permission before entering.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People told us they were happy with the care and support staff provided. Two relatives told us, "Staff know [Name] extremely well" and "[Name] has friends and they are secure here."

People led fulfilling lives because they were engaged in activities that were meaningful to them. People took part in a variety of different activities, including attending the local college, going to clubs organised by the provider, attending day opportunities and visiting relatives. For example, one person was interested in trains and told us staff supported them to visit the local train station. They proudly showed us photos they had taken of trains and told us, "I am looking forward to going out to take photos of trains." A member of staff told us how they supported the person with their hobby and had explained to the person they could get bigger pictures developed so they could see them better, but they declined.

The registered manager showed us an electronic collage of photographs taken with people's consent, of different activities they had recently taken part in. They included visiting the beach and the zoo. People really enjoyed looking at the pictures together. A relative told us the provider invited them to social events, which they appreciated because it made them feel included in the family member's care. People were supported to go on holidays if they wished. A relative told us, "People go on trips a couple of times a year, it varies depending on what they want to do. Another relative explained staff had supported their family member to go on holiday with them to the seaside.

The service was actively involved in building links with the local community and people were supported in individual ways that suited their needs. For example, everyone was supported by staff to obtain and maintain voluntary work placements. A relative told us, "Staff helped [Name] get a voluntary job. It helps them get out and about and this builds their confidence." People told us they enjoyed their jobs.

People told us they were able to make their own choices. Care plans were personalised, easy to understand and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. We saw there was clear guidance for staff about how to support people with their identified needs. A member of staff told us, "I encourage people to do as much as they can. I know people well and I know how to encourage them." The registered manager told us if people required additional support to understand information because of their health needs, this support would be made available to them.

People and their relatives said they would raise any concerns with staff. One person told us, "If I have a concern I go straight to the manager or the provider. I am happy with how they deal with things and I feel listened to." Staff understood the complaints process and knew how to support people if they had a concern. The provider's complaints policy was easy to read with pictures to help people's understanding and it was accessible to people in a communal area. The policy informed people how to make a complaint

and the timescale for investigating a complaint once it had been received. The registered manager confirmed there had been no complaints in the last 12 months. They explained how any issue would be dealt with in accordance with the provider's policy, to ensure concerns would be dealt with in an objective way.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

People were very happy with the quality of the service. A member of staff told us, "I enjoy working here, it's a nice place to be." The registered manager had developed a positive culture at 27A New Directions. Their values were imaginative and person-centred and made sure people were at the heart of the service.

All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by their senior managers' leadership. Staff told us they found it easy to speak with senior staff. One told us senior staff are "Helpful and supportive and provided feedback if there was an issue." Everyone we spoke with told us they got on well with the registered manager. A relative told us, "[Name of manager] is good, they've been to visit us at home." Another relative gave us positive feedback about how well staff communicated with people. They said, "If something new is going to happen, staff keep us fully informed." They told us the registered manager had kept them updated about proposed changes to the service and changes to staffing.

Staff felt valued by the provider and told us they received recognition for good practice and feedback to help them improve. The provider celebrated staffs successes and operated a 'star of the month' award where people from across the provider's services were nominated for doing something outstanding and this was shared with people in the provider's newsletter. We saw some staff members had recently been chosen for providing live music to people who used the provider's services. The provider stated, 'This demonstrated their commitment to the New Directions vision to support people to lead fulfilling lives.'

Staff were provided with a regular newsletter from the provider, giving updates on recent changes within the organisation. Staff received support on specific topics at 'well-being' meetings, held by the provider. Additional support was provided to staff via an external 'employee assistance programme', where staff could use a 24 hour telephone line for support on personal matters. The provider had attained a silver award from the 'International Investors in People' accreditation scheme, for their staff management achievements. This was confirmed by staff's high opinion of the leadership of the organisation.

The provider was innovative and demonstrated sustained improvement to the quality of care they delivered. They worked in partnership with other organisations to make sure they followed current practice and provided a high quality service. For example, they were members of an organisation who provided advice on employment law which helped to protect and promote staff's rights in the workplace. The provider had signed up to the social care commitment in August 2016. This meant they had made a commitment to focus on raising the standards in social care. We saw the provider had honoured the commitment and incorporated the standards into their staff supervision procedure. Staff had to demonstrate how they met the standards as part of their supervision. The provider helped some people to understand information on their website in a more meaningful way, by using an electronic system to allow people to hear a verbal version of the text.

People who lived at the home could share their experiences by completing surveys and attending meetings, which were held regularly. People told us they could say what they wanted at meetings and they felt listened to. Records showed people discussed issues which were important to them, such as food preferences, staffing, day trips and holidays. People's views were passed on to staff following meetings, so their suggestions could be acted on. For example, information about food preferences was used when staff supported people to create the menu.

There were other opportunities for people to share their experiences of the service they received. These included meetings organised by the provider, which people from all their services were invited to attend. At the meetings they discussed any issues affecting the providers' services. For example, new members of staff were introduced to people, to help people get to know them better before they started working together. We found the support staff had given one person, had empowered them to attend different types of meetings within the provider's services and in the local community. They had also been supported by staff to give a speech at one event and talked about their experiences of using the provider's services. The registered manager explained how the person had helped build links within the local community and obtained information to share with other people at the provider's meetings.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority.

The registered manager demonstrated a continuous drive to support staff by providing up to date guidance and advice. They kept up to date with best practice by receiving updates from various organisations such as Skills for Care and the CQC. The registered manager told us how they shared best practice with the provider's other senior managers at management meetings. They also shared best practice with staff at team meetings and checked their understanding of information on important issues which could affect their work, such as safeguarding adults. They told us they shared case law with staff and discussed issues in order to find out how they could learn from them and apply them to their own roles.

There were systems in place to monitor and improve the quality of service. These included checks of the quality of people's care plans and financial records by the deputy manager and team leaders. The team leader told us the results of these checks were shared with staff who were asked to take any action required. Records showed people's care plans were updated following audits. Additional monthly checks were carried out by deputy managers and team leaders from the provider's other services. We found some of these checks were not effective, for example the medicine audit and had not identified some issues which called into question people's safety. The registered manager gave us their assurances these checks would be reviewed and they would put in place additional checks to reduce risks to people's safety, as part of their regular managers audit.