

Move Ahead Care Limited

Rainham House

Inspection report

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Essex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of this service on 11 July 2018. This was the first inspection of this service since they registered with the Care Quality Commission (CQC) on 20 July 2016.

This service provides care and support to people living in two supported living settings, so that they can live 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.

At the time of our inspection four people were receiving personal care and support across two different sites. We visited both supported living sites as part of our inspection.

The service had 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.

Safeguarding procedures were in place and staff had a clear understanding of what abuse was and what to do if they had any safeguarding concerns. Staff were recruited safely, and pre-employment checks had been carried out to ensure they were suitable to support vulnerable adults. Staffing levels were sufficient, which meant the service could meet people's needs. Infection control was being managed in a safe way to prevent the spread of cross infection. Medicines were administered and managed safely. Records showed staff had signed when medicines had been received and counted; however, this was not audited. We recommended the service seek out and follow best practice guidance to oversee the auditing processes. Risk assessments were in place, but they did not always give a detailed and concise explanation of risk. We recommended that the service develop their risk assessments based on best practice guidance.

The service had completed pre-admission assessments for all people to ensure their needs could be met. Staff received a detailed induction to the service including completing the Care Certificate and additional specialist training to allow them to provide the best support to people. People had a choice around their meals and the service promoted healthy living through diet and exercise. The service worked well with other health and social care teams to ensure the care and support offered was complete. Staff understood the Mental Capacity Act 2005 (MCA). The MCA is a law protecting people who are unable to make decisions for themselves. Where people did not have the capacity to consent to their care and support, the appropriate applications had been made to the Court of Protection.

Staff demonstrated an understanding around equality and diversity. Staff spoke to us about how they maintained people's privacy and dignity, particularly in relation to personal care. This ensured people felt safe and comfortable. Staff were observed to be kind and respectful and had a positive relationship with people. The service promoted people to be as independent as possible.

People received personalised support that was responsive to their individual needs and each person had an up to date care plan. People were encouraged to engage in activities of their choice, both within the home and the local community. People and their relatives were fully involved in their care and support and felt comfortable raising any issues they might have about the care they or their relative received. The service had arrangements in place to deal with concerns and complaints.

The registered manager and the provider were open and transparent and this meant the service had clear values about wanting people to be well. They gathered feedback from people, relatives, staff and stakeholders. This feedback alongside the audits and quality checks meant the service were always monitoring and improving. Staff felt valued by the registered manager who was approachable and supportive.

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.

Systems were in place to protect people from abuse..

Staff had been recruited safely.

There were sufficient numbers of staff employed to meet the needs of people in the service.

Risk assessments were in place to guide staff on how to support people and keep them safe; however, they were not always detailed and well put together.

People were protected from the spread of infection.

Medicines were administered and managed in a safe manner; however, medicine records were not audited when received.

Is the service effective?

Good ●

The service was effective.

Pre-assessments were carried out to ensure the service could meet people's needs.

Staff undertook specific training, received an induction, supervisions and appraisals to help them provide effective care.

People were supported have a healthy diet and to stay active and well.

The service worked with other health and social care professionals to provide inclusive care and support.

Staff understood and adhered to the principles of the Mental Capacity Act 2005 (MCA) and sought consent where possible.

Is the service caring?

Good ●

The service was caring.

Staff were observed to have positive and kind relationships with people.

The service promoted people to be independent.

Staff maintained people's privacy and dignity and demonstrated an understanding around equality and diversity.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities of their choice.

People had up to date, personalised care plans, which set out how staff should meet their care and support needs.

The service had a complaints procedure in place and staff knew when people were displeased with the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was observed to get on well with people within the service.

Staff were clear about the values of the service.

Feedback had been sought from people, relatives, staff and stakeholders to review the service.

The service completed regular spot checks and had quality assurance systems in place.

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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 both supported living sites on 11 July 2018. This inspection was announced, and was carried out by one inspector. We gave the provider 36 hours' notice because we wanted to ensure that someone would be available to support us with the inspection.

Before the inspection we spoke with three relatives. We also reviewed relevant information that we had received about the provider. Healthwatch confirmed they had not heard anything adverse about the service. The local authority, who have a commissioning role with the service, sent us a copy of their quality assurance monitoring report which provided feedback and recommendations that had been made to the service. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). 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 took this into account when we inspected the service and made our judgements in this report.

During the inspection we spoke with the four people who used the service. Although communication was limited due to people's support needs we observed people in their homes and interact with staff. We spoke with the registered manager and three members of care staff. We reviewed documents and records that related to people's care and the management of the service, including two care plans, two risk assessments, two staff files, Medicine Administration Records (MAR), service audits and policies and procedures. After the inspection, we received further documents including the staff training matrix, resident meeting minutes and pre-admission assessments.

Is the service safe?

Our findings

Relatives told us people were safe. One relative said, "The slightest thing where [person] is not well, they [staff] couldn't do any better." Another relative told us that staff, "It does happen when [person] is unwell and they tell us."

People were protected from abuse. Staff and the registered manager were aware of their responsibilities to keep people safe from abuse. One staff member told us, "The first thing [management] told me is if any concerns arise tell my manager and I know where the book is with contacts." Staff had attended safeguarding training and were able to tell us about the different forms of abuse and the processes to take if they were concerned a person was at risk of harm. One staff member said they would, "Report concerns to a social worker, the local authority or police if it was a criminal matter." Another staff member gave a specific example, "If [person] was to be alone [person] may be abused in the community as [person] is vulnerable. We have 2-1 staff to keep [person] safe." Records showed there had been no safeguarding alerts raised since the provider registered with the CQC and that the provider had systems in place to record and report abuse if it occurred.

During the inspection we read through staff surveys that asked questions specifically around if they felt the service was safe. Sampled surveys showed that staff 'strongly agreed' when asked if they were trained to understand how to protect people from abuse.

We saw accident and incident forms had been completed. They looked at what action was taken to manage the incident to ensure future lessons could be learned. One example showed that when a person had become distressed, staff called management for advice and the manager was, "At home within 5 mins." Staff responded by spending time with the person until they felt better and the management action showed that a review with the person's social worker and family was requested to discuss this incident. This showed that the management team and the care staff worked well together to care for people.

Fire alarms and fire safety equipment had been tested and records were up to date. Staff had completed training on fire safety. This meant people were protected from harm in the event of a fire or other emergency.

Each person had a 'personal evacuation plan'. However, they were not all stored in the same place and had not been kept up to date. We discussed the importance of these being updated to reflect people's changing support needs. The manager informed us they would review these.

Risk assessments were in place and provided information and guidance for staff on how to keep people safe. These were regularly reviewed and updated. Staff said they found the risk assessments helpful. One staff member said, "After reading [person's] risk assessment I know how to approach [person] and deal with things." Risk assessments looked at the risk of abuse from others, as well as towards others and took into consideration any associated risks of new people moving in to the home. One person's risk assessment said, "[Person] is vulnerable to financial exploitation: support staff need to ensure that all records are kept up to

date and all the receipts are maintained." Records showed a clear audit trail for this person's finances that were regularly sent to social services.

The service had two risk assessments in place for each person which could be difficult to follow, as both contained essential information. Risk assessments did not always give sufficient detail to explain what the risk was. For example, one risk assessment said a person was at risk of, "Low level offending behaviour in public," but there were no further details.

We made a recommendation for the provider to bring these risk assessments together and to make them more detailed, in line with best practice guidance. This would ensure information was clear and concise for staff to be able to offer the best support.

Staffing levels were sufficient. One staff member said they felt there were enough staff and said, "When I need breaks my manager helps me." Another said, "At the moment it is okay. If we got more people we would get more staff, management would do this." Relatives told us they were happy with the staff. One relative said, "We have a direct relationship with the person who delivers direct care. They are our port of call. We know the chain of who to talk to." The registered manager told us, "We try to keep permanent staff members as they know people well." The staff rota confirmed the staffing levels were sufficient. We were advised that staff absence was covered by staff from other sites or by the manager. This meant people received consistent care with staff they had built safe and positive relationships with over time.

Pre-employment checks had been carried out to ensure staff that were recruited were suitable to provide care and support to people safely. When we spoke to staff about their pre-employment checks, they told us they had to provide documents to show their identity and previous jobs. Staff records showed the service checked for proof of identity, references and completed Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

There were systems in place to protect people from the spread of infection. Staff had been trained on infection control and it was discussed in their induction. Relatives told us the home was clean. One relative said, "It's immaculate. It's very clean. It always has a nice smell. I turn up any time day or night and [person] is always in perfect condition. I have no concerns at all." Staff were provided with protective equipment and cleaning materials including gloves. Staff were observed to be wearing gloves when cleaning and preparing food.

People were supported with their medicines by staff and this was managed safely. Relatives said they had no concerns about staff administering medicines. One relative told us, "They do everything. I 100% trust them." Each person had a medicines profile to guide staff. Information included the person's diagnosis, what medicines they took, when they should be taken and in what form. There was also information about the precautions and risks to be mindful of and what some side effects may be. Each person's profile also had their doctor's information, and information about their allergies. One person's profile said, "[Person] eats very quickly and [person] must be monitored and encouraged by staff to intake the medicine slowly. This is to eliminate the risk of choking." Staff confirmed they knew this during conversation. Medicines Administration Records (MAR) were audited monthly by management. This showed staff understood how to keep people safe when supporting them with their medicines and management ensured medicines were managed safely.

Is the service effective?

Our findings

The service took into consideration people's needs when providing care and support. Before a person started to use the service, the registered manager would carry out an assessment to ensure the service was able to meet their needs. The assessments were detailed and asked questions about what support the person previously received and what the person's level of independence was, as well as asking questions about people's social relationships, interests and identity.

Relatives told us they were happy with the service their family received and they felt staff had the skills and experience they needed to provide them with effective care and support. One relative said, "Staff are excellent." Another relative told us, "Yes they do. They try to know what to do. They couldn't care for [person] any more. They go the extra mile."

Staff received a detailed induction and ongoing training to ensure they had the right skills and knowledge to give people the best support. One staff member said their induction was very helpful and, "It helps familiarise you with particular things in this particular place. I know how things are done here now. It was very helpful and very important." When staff received training, it was discussed at their induction followed by a demonstration and then a review at 2 months. This was to ensure staff learning had been taken on board. As part of their induction staff completed the Care Certificate. The Care Certificate is a recognised qualification that ensures that staff have the fundamental knowledge and skills required to work in a care setting. Staff also completed additional training on Autism and medicines awareness to ensure their knowledge around the people they would be supporting was specific and detailed. Staff told us training was helpful and one staff member said, "Training makes working here possible."

We saw that staff received regular supervision. One staff member said supervisions were "Helpful, it is good because it keeps your brain updated." Another told us, "All the time I have to learn new things." Staff who had been employed for over 12 months had also had an appraisal completed. This was confirmed through reviewing staff files.

The service encouraged people to have a healthy and balanced diet and to be active. One relative said, "We know [person's] dietary needs would be met." During the inspection we observed one staff member preparing breakfast for a person receiving support. Staff told us this person, "Loves Asian food." They went on to explain that recently a relative came and, "Taught staff how to cook Asian food that [person] likes." Staff told us this person would enjoy their food more if it is cooked this way. A relative said, "They understand [person's] portions. We are all singing from the same hymn sheet in terms of [person's] dietary needs. They manage [person's] health well so [person] doesn't become overweight." Records showed that for another person, their relatives bought some fruits and, "[Person] was really happy." For one person who was being supported to maintain a healthy weight, staff said, "We have diet food. We balance [person's] food with their cholesterol. We talk to [person] about healthy food." This showed that the service worked together with people, health professionals and their relatives to ensure people have a healthy lifestyle and their health and personal needs were being met.

One person in the home had allergies and was at risk of choking on certain foods. Another person was on a pureed diet. These dietary needs and guidance on how to manage them were clearly documented in the kitchen and in people's records for staff to be aware of and to keep people safe.

The service worked well with other health and social care teams to deliver effective care and support to people. Staff told us they received guidance from other professionals. One staff member said, "We have regular communication with Barking and Dagenham as these services want to see people regularly." Care files also included local authority care plans which provided the service with more information about each person and how best to support them. Each person had their own 'Diary for Health Appointments'. These were written in a way that was accessible for the people using the service and was made up of pictures, an explanation of "Who I visited and Why" and "What happened". One example said, "Today I went for appointment with dentist. Dentist advised that I need to clean my tooth every morning and every evening." Each person also had their own Hospital Passport, which gave more detail about individual needs and specifically looked at how people would communicate to others when they were unwell. One person's records said, "I have limited capacity to express when I am feeling unwell, staff need to look for signs. I can identify the area of illness by pointing or using actions." This helped staff to ensure that people received holistic and personalised care and support.

Both services had a computer available for people to use. The registered manager had text message groups for individual families of people using the service. We were shown examples of messages sent including organising pick up times for days out and updates on people's well-being. This demonstrated that the service was working with technology to improve people's overall well-being.

We checked if the service followed the principles of the Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in these services are made to the Court of Protection. Records confirmed that applications had been made to the Court of Protection and were in place to authorise a deprivation of liberty.

Staff demonstrated an understanding of the MCA. One staff member said, "This is where we protect vulnerable people in making decisions for their own interest. For example, there are many things [person] can do for [themselves] but when [person] is in the shower I check the temperature for [person] as they can't. This is in [person's] best interest." Another staff member told us about a person who cannot communicate verbally, "If I give [person] food, e.g. soup, I can tell from [person's] face if [person] doesn't like it and I will change it, we want them to be comfortable and confident and happy." MCA assessments had been completed internally. This showed that staff knew how to support people in line with their best interests.

Staff demonstrated an understanding of consent and respected people's decisions. One staff member told us, "I'll always ask. It's best to always ask." During the inspection staff were observed to ask people if they wanted to go to the sensory room for the afternoon. One person said they had changed their mind and no longer wanted to go. This person was supported to participate in other activities of their choice at home instead. Where people were unable to give consent, a best interest meeting had been documented and signed by management and family members. The registered manager advised one person had an advocate

in place during the moving process and if a person needed an advocate in the future, they would support them to access one.

Is the service caring?

Our findings

People were treated in a kind and compassionate manner. Relatives told us people were well treated and the staff were caring. One relative said, "They know [person] inside out. They know all [person's] likes and dislikes." Another relative told us, "When we try to set out what we need for [person], the [staff] is accommodating. That set the positive relationship into motion." Staff told us they would describe the home as, "Kind, caring, good service." Management advised us that they recruited staff who had similar interests or were of the same religion as people using the services.

Staff were observed to approach people in a calm and comforting manner. One staff member asked if a person felt happy and they gave the staff member a 'high five' in return and smiled. One staff member said when a person was trying something new, "I stay in [person's] company to show [person] is not alone and reassure [person] in any circumstance."

People were encouraged to be as independent as possible. One staff member said, "I let [person] do anything [person] wants and see that it doesn't harm [person]." Staff told us one person helps clean communal areas of the home as well as their bedroom as they expressed an interest in wanting to be more independent. The registered manager told us, "[Person] wants to live in [person's] own flat. To achieve that we helped with the skills. Now there is a cleaning rota, [person] cleans plates after dinner. It is the start. This makes [person] feel independent." Daily records confirm that this person was, "Supported to bring down their clothes for washing and after took up the basket with washed clothes." This shows the service promoted people's freedom and helps them reach their goals.

Relatives told us they felt people's independence was promoted. One relative said, "[Person] goes to college. [Person] has an educational health care plan. The plan that [person] has and the review is attend by everyone." Another told us their relative has, "Gone to the beach today." When we asked people about their trip to the beach during the inspection, one person smiled and told us they travelled on a, "White bus" saw a, "Blue beach and seaside," and ate, "Fish and chips."

Care plans reviewed people's independent living skills in detail, for example looking at brushing their hair, washing their hands and face, dressing their top and bottom and wearing different clothes for different environments. One person's daily records said, "The manager has helped [person] to shave his hair." This shows that the service aimed to promote independence and focus on people's strengths to increase their well-being.

Staff said they respected people's wishes. For example, when talking about helping one person get dressed they told us, "[Person] is sensitive to colour and will say words or take off their shirt if they don't like it." Staff said they would then help the person pick a new outfit for the day.

People's privacy and dignity were respected. Care plans included details about what people preferred to be called and staff were observed to ask permission before going into people's bedrooms. One person's care plan said, "If I need privacy I will go to my bedroom. Staff need to be aware of my personal preferences. Staff

should respect my privacy."

People were encouraged to express their views about their care and support as far as possible. One person's care plan said, "I have involvement in my care planning by saying key words and things that I do or don't like want to do." Another person's records said, "My support circle is comprised of my family, support staff and medical professionals," and, "All decisions should be discussed and agreed with my family." There was evidence of care plans being reviewed with people. One said, "My concentration span has recently improved due to sessions at a sensory room." We saw that when this person was reminded they would be attending the sensory room, they clapped and smiled. Relatives told us they were involved in making decisions relating to people's care. One relative spoke about care plans and said, "They [staff] change them and then they show me. They [staff] take on board my views." Another relative told us there are regular reviews of care plans and said, "Normally [person] has one with Social Worker too, I go to that. That is helpful." This demonstrated that the service was reacting to the needs of people and offering them the best support possible to help them thrive.

The service was committed to promoting equality and diversity. We asked one staff member how they would ensure people who identified as Lesbian, Gay, Bisexual or Transgender (LGBT) would be protected they said they would, "Explain that other people have their choices, we would respect their wishes." Another staff member told us, "We treat everyone equally." The service had an equality and diversity policy in place which gave details about what protected characteristics are. This demonstrates the service have a good understanding of how they would ensure people felt welcome and protected from discrimination.

Is the service responsive?

Our findings

Staff were aware of people's interests, as well as their health and support needs. Relatives said the service was responsive to people's needs. One relative told us, "As a family we feel this particular home caters to our particular needs." They explained that staff members were of the same religion as their family members and the person receiving support and they felt the service could, "Empathise" more. This has made the transition from [person's] old home to this new home much better." This showed the service provided people with person-centred care which was sensitive to their individual circumstances.

Care plans were detailed and person centred. One person's care plan said, "I need to be supported to pray throughout the day." Staff told us they, "Recite to [person] and [person] learns a few verses." Care plans asked how people would like to be communicated with. One said, "I can communicate using simple words and pictures." Staff told us this person, "Likes the sound of the keyboard," and they will, "Research pictures to tell me how they feel." The care plans were written in short, accessible sentences and accompanied by pictures. For example, one care plan explained, "I need staff to speak to me using simple words." Staff told us they found the care plans, "Very helpful, they tell us who is the person is."

People were encouraged to access activities. One relative told us, "Staff volunteered to take [person] to the Friday prayers. We feel this is the key strength of the service. Not only are [person's] basic needs met in terms of health and safety and personal care but also specific personal needs are also catered for." Staff told us one person liked, "Bollywood, dancing, typing on a keyboard and internet." This was documented in this person's care plan; it said, "Using physical activities and the use of Asian music can help me calm down." During the inspection this person was observed to be watching a musical, and we saw sensory games and activities available in the communal lounge. This showed that the service was open and responsive to people's cultural and personal interests which made living within the service more fulfilling.

During the inspection one person showed us their bedroom. They had blue towels, blue bedding and blue walls. This person told us their favourite colour was blue and they were observed to be smiling and laughing, when looking at their bedroom. The manager told us they had painted it for this person. Another person had their walls painted with patterns of their choice and had hanging decorations up to celebrate their favourite holiday. They told us that the manager, "Did it for me" and that they were happy in their bedroom. This demonstrated the service was flexible and open to working in a person-centred way.

The service had not received any complaints since registering with the CQC. Staff demonstrated an understanding about recognising when people were not happy with the service. For example, one staff member told us, "[Person] would walk a lot and be very noisy." Another staff member said, "You would tell by [person's] face." Relatives told us they had not had to raise any concerns or complaints but if they did, they would know how to. One relative said, "First off, I would speak to [registered manager] and if I wasn't happy with [registered manager's] answer I would go to their manager and then the next." The service had a complaints procedure in place which provided details of who the complainant could speak to if they were not happy with the response they received. The service also had record templates to monitor the progress of complaints once they had been received. This shows the service is prepared to respond to feedback in the

future.

Is the service well-led?

Our findings

Throughout the inspection the service demonstrated they were clear about their mission and values. One staff member told us, "We are doing everything the best for [people]. They are safe here. They have a good life here." We saw records of the service business plan which said their goal was, "To add purpose to the life of people," and, "To provide support and peace of mind for parents and carers."

The registered manager was observed to interact positively with people throughout the inspection. People responded to the registered manager with smiles and one person told us, "[Registered manager] helps me." The registered manager told us, "At the end of the day we want the clients to be happy." This demonstrated that the service had a positive culture, supported by strong leadership.

Relatives told us the registered manager was, "Easy to talk to." Another said, "[Registered manager] is lovely. I couldn't ask for better." Staff also spoke positively about the registered manager. One staff member said, "As soon as possible [registered manager] tries to solve the problem." Another staff member told us, "I do feel supported." The registered manager told us they work well with staff and said, "I am there for them all of the time, if they call I help." They said they supported their staff with their professional development by sharing knowledge and information of any training they'd received.

The registered manager felt well supported by the provider. They told us, "My manager helps me. I ask [provider] how to deal with things." They further said the provider, "Has dealt with a lot of situations in the past. [Provider] always give me a positive response. [Provider] wants the service to be perfect and the people come first." This showed that the management team worked well together to support staff and ensure the people receiving support were at the centre of the service.

We saw evidence of the service working closely with people, relatives, staff and other organisations to gather feedback and improve the service. Resident meetings were held. Records from minutes showed people were asked about their well-being and recent achievements. One person said they had learnt to make tea and, "[Person] was very happy with this achievement." There were records of visitor surveys. One feedback form said, "Of all the care homes that [person] has stayed in the last ten years this is the best by far." Relatives confirmed they have been asked to complete surveys. One relative told us, "They have always taken things on board. Communication is what matters."

During the inspection we read through staff surveys that asked questions specifically around if they felt the service was well-led. Sampled surveys showed that staff 'strongly agreed' when asked if they felt there was always a knowledgeable senior member of staff on duty to advise them. The service had quarterly team meetings. Minutes from previous meetings showed that staff reviewed care plans, discussed policies and reviewed stakeholder feedback as a way of making changes and improvements to the service. Staff said they felt involved in the shaping of the service. One staff member told us, "Yes, we know how to relate to the service user best so our opinion counts." This demonstrated the management team respected staff knowledge and views.

Recent stakeholder feedback was positive. One survey from a social worker showed they 'strongly agreed' when asked if they felt the service was effective, caring, responsive and well-led. Staff gave examples of working with other organisations. One staff member said, "We call, we email. If there is anything to be said we contact them regularly." The registered manager told us, "I gave social services an up to date risk assessment so someone could go on holiday, in the end it worked really well."

Records showed that the Human Resource department did quarterly spot checks on the delivery of the service to people. These spot checks included interviewing people, and reviewing records. Questions included if people were called by names of their choice and if they felt they were treated in a respectful manner. Of the spot checks viewed, feedback was positive.

The service also did medicines administration competency assessments. These looked at whether staff gained consent and considered what was in people's best interest, the preparation and administering of medicines, record keeping and when to access advice and information from other professionals.

Management also reviewed care plans and risk assessments. This shows the service is committed to quality assurance to ensure the service is the best it can be.

We reviewed medicines records that showed staff had signed when medicines had been received and counted; however, this was signed by one member of staff only. We recommended the service follow best practice guidance to manage this process and ensure all medicines are accounted for and safely monitored.

Pre-admission assessments could not be located during the inspection. We were advised this was because people's files were in the process of being updated. We received these assessments following the inspection. We advised record keeping was reviewed so these were accessible and there was evidence of how these assessments informed the care and support received at this service.