

Turning Point

Turning Point - Bedford Supported Living Service

Inspection report

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Turning Point - Bedford Supported Living Service provides care and support to people living in four supported living settings, so that they can live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; therefore this inspection only looked at people's personal care and support.

At the time of this inspection, there were 16 people using the service who had a range of needs including learning disabilities, autistic spectrum disorders, physical disabilities, mental health and sensory impairments.

A registered manager was 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.

At the last inspection in July 2015, the service was rated Good. During this inspection, which took place on 05 and 10 October 2017, we found the service remained Good.

People were protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and were confident about reporting any concerns they might have, and risks associated with people's care were managed positively.

There were sufficient numbers of staff to keep people safe and meet their needs. Staff had been trained to ensure they had the right skills and knowledge to carry out their roles and responsibilities. The provider carried out checks for new staff, to make sure they were suitable to work at the service.

Systems were in place to ensure people received their medicines in a safe way and when they needed them.

The service acted in line with legislation and guidance regarding seeking people's consent and assessing their capacity to make decisions about the care they received.

People were supported to eat and drink enough, and to maintain a balanced diet. Staff were clear about the importance of monitoring people's health needs and seeking additional support and advice as required.

Staff had developed positive caring relationships with people using the service. They provided care and support in a personalised and meaningful way. It was clear that people's involvement was at the heart of the service and staff placed a real emphasis on their inclusion and individual achievements. They treated people with kindness and compassion, and respected their privacy and dignity at all times.

People were supported to have maximum choice and control of their lives and staff supported them to be as

independent as possible, in all areas of their lives. They were given opportunities to express their views on the service they received, and to be actively involved in making decisions about their care and support.

A complaints procedure had been developed, to let people know how to raise concerns about the service. People knew how to raise concerns if they needed to do so.

The registered manager provided effective leadership at the service, and promoted a positive culture that was open and transparent. There was a strong emphasis on continually trying to improve the service, and systems were in place to monitor the quality of the service provided, and to drive continuous improvement.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Outstanding	Outstanding ☆
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Turning Point - Bedford Supported Living Service

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.

The inspection was announced and was carried out on the 5 and 10 October 2017 by one inspector.

We gave the service 48 hours' notice of the inspection because they provide a supported living service, and we needed to be sure that the registered manager would be available.

Prior to the inspection, we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. In addition, we asked for feedback from the Local Authority; who has a quality monitoring and commissioning role with the service. No concerns were reported.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us directly about their experiences.

We sent out questionnaires to a sample of people using the service, relatives and staff; to gain their feedback about the service provided by Turning Point - Bedford. In total, we received 22 completed questionnaires back – seven from people using the service, two from relatives and 13 from staff.

We visited the registered office and two of the four settings where people live. These were shared by a total of 12 people. We spoke with or observed the support being provided to six of these people. We also contacted the provider and spoke with the registered manager, two supported living managers, one team leader and two support workers.

We then looked at records for seven people, as well as other records relating to the running of the service. These included staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

Is the service safe?

Our findings

People confirmed that they felt protected from abuse and avoidable harm. Before the inspection, we sent questionnaires out to a sample of people using the service. All seven people who returned these confirmed that staff helped them to feel safe. Records seen during the inspection showed that one person had recently challenged a new member of staff to provide some identification before letting them into their home. This showed that they had been supported to understand what keeping safe means. It was also clear from the way people interacted with each other and staff that they felt safe and secure in their surroundings.

Staff demonstrated a good understanding of safeguarding processes and what to do in the event of suspected abuse. They told us they had been trained to recognise signs of potential abuse, and understood their responsibilities in regard to keeping people safe. They knew what constituted abuse and were clear about the various forms that abuse may take, and the potential impact on people living at the service. The registered manager had developed some clear guidance for staff to be able to pick out the key points of the local multi-agency safeguarding protocol; making it easy for them to understand who to contact and how to do this in the event of potential abuse taking place. Other records confirmed that staff had received training in safeguarding and that the service had followed the local safeguarding protocol, when required.

The management team spoke to us about how risks to individuals were managed so they were protected and their freedom supported and respected. They described the processes used to manage identifiable risks to individuals such as accessing the local community and the safe management of medicines and finances. The registered manager told us that people's independence had increased through robust support planning and risk management plans. Records we looked at supported this. For example, one person's review notes recorded that they had started to access the community independently and felt safe doing so because they were able to take their mobile phone with them for security.

The registered manager told us that the service was prepared for potential emergency situations such as utility failures or a fire. Records relating to the different settings and individual people showed how each of these situations would be handled, in order to ensure people still received the care and support they needed. An overall business continuity plan was also in place; to support staff in the event of an emergency or a major disruption to the service.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered manager told us that each of the four settings supported by the service had staff support 24 hours a day. The management team told us that staff worked across all the settings, providing flexibility and consistency during periods of staff leave or absence. Our observations showed that there were sufficient staff on duty to support the individual and collective needs of the people using the service. People's requests for help and support were met promptly, and staff support was provided in a way that enabled everyone to follow their individual, preferred routines.

The registered manager outlined the processes in place to ensure that safe recruitment practices were being followed; to confirm new staff were suitable to work with people using the service. We were told that new

staff did not take up employment until the appropriate checks such as: proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff files and found that the majority of required checks had been carried out. We also saw that the provider had begun to update their recruitment processes; to ensure all required checks were carried out for all new staff members, before they started work.

Systems were in place to ensure people received their medicines when they needed them and in a safe way. Medicine administration records (MAR) provided evidence of this and recorded when medicines, including PRN (as required medicines) had been administered. The provider showed us that recent improvements had been made regarding the level of detail recorded by staff when PRN medicines were administered. This would assist in identifying potential patterns or changes in someone's health care needs.

Staff confirmed they had received training to be able to administer medicines and demonstrated a good awareness of safe processes in terms of medicine storage and administration. Training records supported this.

Care records provided clear information about people's medicines and what they were needed for. They also detailed the support people needed with their medicines, and how they preferred to take them. Other records showed that medicines were regularly audited to highlight potential issues in a timely way. In addition, we saw that people had their medicines reviewed on a regular basis, to ensure they were still right for them and to promote their safety and wellbeing.

Is the service effective?

Our findings

People were supported to have their assessed needs met by staff with the right skills and knowledge to carry out their roles and responsibilities. The seven people and two relatives who returned questionnaires to us all confirmed this to be the case.

Staff talked to us about the training and support they received to help them in their roles, and to meet people's assessed needs, preferences and choices. The registered manager showed us some comprehensive and interactive induction booklets that had been developed for new staff which covered the Care Certificate (a nationally recognised induction programme). These included competency checks; to assess each new staff member's understanding and knowledge. Clear training records were being maintained to enable the registered manager to review staff training and see when updates or refresher training was due. These records confirmed that staff had received training that was relevant to their roles such as safeguarding, medication, introductions into learning disabilities and supported living, equality and diversity, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff confirmed that meetings were held to enable the registered manager to meet with them as a group. They confirmed that they were able to use the meetings to raise issues and influence practice going forward. Recent minutes showed areas such as medicines, safeguarding, record keeping, people's goals and good news stories had been discussed. Staff also confirmed they received individual supervision on a regular basis; providing them with additional support in carrying out their roles and responsibilities. One staff member added that they received good support from the out of hours on call service too.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The registered manager confirmed that no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made. However, she was able to demonstrate a good understanding of her responsibilities regarding the requirements of the MCA and told us that if someone using the service lacked capacity, then a best interest decision would be made to seek appropriate support or care for that person. We found lots of evidence to show that people's capacity had been assessed and that best interest decisions were routinely made for a variety of reasons including trip expenses, new purchases and where people contributed to shared costs such as food, cleaning, a vehicle and a pet.

People were supported to eat and drink enough. In one of the settings shared by six people, one person

explained that they took it in turns to cook individually and as a group, so that some meals were shared, enabling everyone to access the shared cooking facilities. We saw that separate individual and group menu plans were in place to support this arrangement. Staff told us that everyone did their own food shopping for their individual cooking, which we observed during the inspection. It was clear that people could opt out of these arrangements at any time and cook for themselves all the time, if they wished to do so. One person showed us that they had their own food storage areas in the kitchen and confirmed they were able to prepare their own food and drinks whenever they wanted.

Care records included information about people's needs and preferences in terms of food and drink, and the support in place to meet those needs. Staff demonstrated a good understanding about involving people in making decisions about what to eat and drink as far as possible. People's weight was also monitored where people were working towards a healthier lifestyle, or as required. We saw evidence of one person who had lost weight and was trying to maintain this through healthy eating.

People were supported to maintain good health and have access to relevant healthcare services. The management team told us about how they supported people to have information and explanations about their healthcare options and likely outcomes. They explained that external healthcare professionals were called upon when more specialist support was required. In addition we saw evidence that staff had provided pictorial information and relevant objects of reference for people to understand about health related issues and processes that affected them, such as having a flu jab or more serious invasive procedures. Staff told us that this approach had resulted in one person overcoming their fear of needles, enabling them to have a blood test. We read some feedback from someone that complimented the service on how they ensured people's health needs were met. They had thanked the staff team for identifying a change in their relative's health needs and commented on how quickly they had responded to this.

We saw that each person had their own health action plan (HAP); to support them in having their individual health needs met. The records contained clear information about people's healthcare needs, and demonstrated that they had regular access to a variety of healthcare professionals who supported them in monitoring and managing long term health conditions. We also saw that the service had developed a 'hospital passport' and 'paramedic grab sheets', which provided key information for health care professionals, in the event of someone needing to go into hospital.

Is the service caring?

Our findings

People were treated with kindness and compassion. One person described the staff team as "brilliant." Before the inspection, we sent questionnaires to a sample of people using the service. All seven people who returned these confirmed that they were happy with the care and support they received. One person added the following written comment: 'I love Turning Point very much indeed'. In addition, we read some recent positive feedback from a professional involved with the service and relatives. One relative had written: 'We are grateful for the good care and service our daughter gets'. Another relative had written: 'They (the staff) all appear to be cheerful and friendly'. We observed lots of positive interactions between staff and people, and there was a real sense of respect and inclusion for people using the service. People were seen laughing and joking with staff; clearly relaxed and comfortable in their presence.

It was clear that staff knew the people using the service well and understood how best to support them in a personalised and meaningful way. Staff spoke with great passion in terms of putting the people they supported at the centre of their care. This was evident when a member of staff had stepped in last minute to support a holiday for someone using the service, after another member of staff had become unwell. This showed that the service had gone 'the extra mile', ensuring that the person had not had to cancel their holiday.

On arrival at one of the settings where people were living, we were immediately taken by someone living there to see photographs and awards that were on display in a communal area. The photographs demonstrated that the service recognised people's individual achievements and progress, no matter how small. For example, we saw photographs of someone sitting still, in order to have their photograph taken for their passport and someone else who had tried some different food. Another person had overcome their fear of flying in order to holiday abroad, and we saw numerous pictures of them enjoying themselves in a different country whilst trying out lots of new experiences.

Other records that were on display showed that people were made to feel good about their achievements through being awarded the title of 'person of the month', or by staff taking the time to write up their 'good news stories', to share with everyone. We saw in another location we visited that one person had recently been recognised as 'person of the month' because they had helped with testing the fire alarms; to support people's safety. Another person had been recognised for their bravery in attending a hospital appointment, which they had not been keen to do. It was clear from people's reactions, that they were proud to share their achievements and to be recognised for them. It was evident too from the number of photographs and awards that we saw, that this approach was a normal part of day to day life at the service and helped to make people feel that they were valued.

It was also clear from observations, other photographs and a postcard sent by one person from a recent holiday, that people sharing accommodation were compatible and enjoyed each other's company. Staff were very clear that this was an important aspect of supported living, and that people would not be put under pressure to live with someone they had not actively chosen to live with. This demonstrated that the service worked in line with the values that underpin the 'Registering the Right Support' and other best

practice guidance. These values include choice, promotion of independence and inclusion; enabling people with learning disabilities and autism to live as ordinary a life as any citizen.

People confirmed they were supported to be as independent as they wanted to be. It was evident from speaking with people, staff and looking at records that people were actively encouraged to learn new skills and to take control of their lives as far as possible. In this way, we heard about people using the service who had successfully learnt to access the community, use public transport, go to college and find paid work.

People were supported to maintain important relationships with those close to them, and it was clear from records we saw that the service had developed positive working relationships with people's families and friends too.

People were encouraged to express their views and be actively involved in making decisions about their support and daily routines. Staff were seen offering people choices, and involving them in making decisions as far as possible, such as when they got up or what they wanted to cook for dinner. Records provided further evidence of the staff team actively supporting people and their relatives, where appropriate, to provide feedback about their care and support. Comprehensive communication passports were in place; providing accessible, person centred information to help staff to support those people who could not easily speak for themselves. There was consistency in the accounts provided by staff and the information people shared with us, or we read in their care records. This showed that people were listened to and had their views taken into account in terms of how their care and support was provided.

People's privacy and dignity was respected and upheld. Staff were observed treating people with great respect and dignity. They encouraged people to speak for themselves and always gave them time to respond when they spoke with them. Staff were also observed ringing people's door bells before entering, which demonstrated they understood that they were going into someone else's home. Where people could open their own front doors or answer the telephone, they were encouraged to do so and we observed this happening.

Throughout the inspection, staff spoke with sensitivity and discretion whenever they discussed people's support needs, ensuring that at all times; people's right to confidentiality was upheld.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Before the inspection, we sent questionnaires to a sample of people using the service. All seven people who returned these confirmed that they were involved in decisions about their care and support needs. We saw written feedback from relatives and staff that supported this. For example, a member of staff had written: 'Support plans and support given by the staff team are person centred to that individual and updated regularly. The team strive to support our service users in a positive and caring way, encouraging them to gain experiences and build their confidence with daily living in the community'. Another person had taken the time to thank the service for supporting their relative to go on a short holiday. They had commented on how the person had not previously had the confidence to do this and thanked the staff team for their person centred approach in ensuring their continual progression.

Photographs demonstrated how staff helped people to make progress and manage changes in their lives. One person was planning to move to a new home, so there were photographs of them visiting the place where their new home was being built, so they could see what was happening and familiarise themselves with the local area. We learnt from speaking with people, staff and looking at records that people had been enabled to increase their independent living skills in all aspects of their lives. The management team showed us that work had already started to further enhance this by following the 'Life Star' approach. They explained that this was a tool for increasing people's independence and opportunities on an individual basis which would be used by trained staff to help people to identify where they are now, and where they want to be, as part of a journey of change. We saw that pictorial versions of the tool had been developed, making the information more accessible for the wider group of people using the service.

People had care plans in place which reflected how they wanted to receive their care and support. The registered manager told us that Information gathered during an initial assessment process was used to develop care plans that reflected how people wanted to receive their care and support. Care plans we looked at had been written in a positive way, encouraging people to take control of their lives and become as independent as possible. They stated what each person could do for themselves, the support they needed and how they wanted to get more involved in the future. Photographs and pictures had been used to bring the plans to life and to ensure they were accessible to the people they related to. Additional records and monitoring charts were being maintained to demonstrate the care provided to people on a daily basis. Staff told us that they encouraged people to write up their own daily records, which they would add to if necessary, and we saw this happening.

We found that people's needs were routinely reviewed; to ensure the care and support being provided was still appropriate for them and that their needs had not changed. Where people required a more flexible approach, this was provided. For example, one person was heard talking with staff about accessing the community independently. Staff explained and records supported the fact that the person had felt less confident going out alone recently, so their care plan had been adjusted accordingly. However, it was evident from the conversation we heard that staff were prepared to support the person to regain their independence, once they were ready to do so. It was clear that the person was fully involved and they

appeared reassured by this approach.

It was evident from speaking with people, staff and looking at records that people were supported to have active and varied lives, based on their individual needs and preferences. As a result we observed people getting ready to go out individually or returning from a variety of day care placements and college. Photographs showed people enjoying themselves during outings, doing puzzles, and pamper sessions or through participation in meaningful activities such as enjoying one another's company, gardening, helping out at charity events, preparing meals, food shopping and even putting together a new vacuum cleaner. It was clear from people's expressions in the photographs that they were happy participating in the activities or they were having fun with staff. We also saw an email from one person who had written to thank two members of staff for supporting their relative to go away on holiday. They expressed how happy their relative was and how much they had enjoyed the holiday. Other records showed that people were supported to attend places of worship, or associated activities, where they chose to do so.

People were encouraged to share their experiences with each other for example, putting on a display in a communal area following an outing to the zoo. Communal areas were also used to provide people with accessible educational materials, to enhance their understanding and involvement in events such as elections or health related matters such as annual flu jabs.

The registered manager told us that she encouraged people to bring any concerns and complaints to her attention. She showed us that information had been developed for people outlining the process they should follow if they had any concerns with the service provided. People we spoke with or surveyed confirmed they were aware of this. Staff were also clear that managers were accessible and approachable and felt they would deal effectively with any concerns they raised.

The service had not received many complaints, but where these had been received we were able to see that these had been responded to in a timely manner. Records we looked at showed that complaints were dealt with in a positive manner with a clear focus on the best interests of people using the service. For example, we had received feedback about the cost of cleaning products that people contributed to where they shared accommodation. The registered manager took immediate action to review this and lower the amount that people contributed. We saw other records which provided evidence that relatives felt comfortable raising queries or making comments about the service. We saw that this feedback had been received well and in a positive way by the registered manager. This showed that systems were in place to ensure people were listened to and to provide opportunities for lessons to be learnt from their experiences, concerns and complaints; in order to improve the service.

Is the service well-led?

Our findings

Findings from this inspection have shown that the service has managed to sustain a positive culture that was person centred, open and inclusive. The management team showed us that people, relatives and staff were actively involved in developing the service. They told us about a variety of ways in which people's feedback was sought, including meetings at both local and national level and satisfaction surveys. We saw that pictorial satisfaction surveys had recently been given to people using the service; to gain their views and experiences. We saw that some of these had been returned and that relatives and friends had helped to complete them, where appropriate. Positive feedback had been provided about how staff communicated with people and how they supported them to do things in a safe way. People also confirmed they felt valued and were involved in writing their support plans. A relative had provided the following written comment: 'Compared to some other services, it is well run and staff are experienced'.

Meetings were being held regularly providing people, relatives and staff with the opportunity to openly share updates about the service and to raise any concerns for queries. We read some recent minutes for a meeting that had been attended by people using the service, relatives and staff. The minutes clearly demonstrated that people's involvement was at the heart of the service and placed a real emphasis on their inclusion and individual achievements. It was also evident from conversations we heard between people and staff that this was a continuous process and people were consistently supported to be the best that they could be. Staff told us that tenant meetings had recently been introduced, where people shared accommodation; to provide them with the opportunity to discuss issues that affected them all such as cleaning and shared food. We saw photographs taken at these meetings and another which showed someone using the service attending a staff meeting too. Another person using the service told us about how they had been included in a presentation carried out by a member of staff for a qualification they were working towards. The same person told us that they were regularly involved in interviewing for new staff too. This demonstrated that the service actively encouraged and promoted people's involvement and inclusion.

Staff made positive comments about the open culture at the service and confirmed they felt comfortable to question practice or raise concerns, if required. The registered manager told us about a new staff forum that was in the process of being set up, which would enable staff to discuss matters affecting their work and feedback directly to her.

Some helpful information had been developed for people using the service which we saw on display in communal areas of people's homes. This included information about what to do in the event of a fire, safeguarding, staff, newsletters and specific information that people wanted to share with other people they lived with. Useful guidance had also been produced for staff including information about safeguarding, whistleblowing and lone working. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people and staff.

The service promoted honesty and transparency when mistakes occurred. The management team spoke about a small number of incidents which had led to changes; in order to minimise the risk of further mistakes happening. We noted that the changes had been made in a constructive and positive way that

ensured staff and people were empowered, supported and protected. In addition, the registered manager showed us some new 'What I need to know' records, that provided at a glance information for staff to understand people's immediate support needs. She explained that these had been developed in response to a fatal incident that had happened outside of the service, but had the potential to happen at this, or any other care service. This showed that the service had considered the impact of the incident and responded appropriately, to minimise risks to people using this service; and promote their safety and wellbeing.

The service demonstrated good management and leadership. Since the last inspection, there had been changes within the management team, and a new registered manager and senior management team were in post for this inspection. People knew who the registered manager was and told us she was approachable. We observed people and staff speaking with the registered manager and noted the way they communicated to be open, respectful and friendly. Staff we spoke with were clear about their roles and responsibilities, and told us they were happy working at the service. One staff member described the registered manager as, "Amazing", and told us she had made many positive changes since coming into post. Other staff had provided written feedback such as: '[The registered manager] has an "everyone matters approach" and she is very approachable'. Another staff member had written: '[The registered manager] encourages staff to think outside the box and will always attempt to break things / tasks down in a way that is easy for us to follow'. A third staff member added: '[The registered manager] is instilling a "We can do it" attitude within the team'.

We found the registered manager / management team to be open and knowledgeable about the service and the needs of the people living there. They responded positively to our findings and feedback, in order to improve the quality of service provided. For example, after the inspection, the registered manager provided us with an action plan setting out how she planned to address areas for improvement that had been identified during the inspection. She had also developed a separate plan to develop the service further. This showed there was a strong emphasis on continually striving to improve and provide a high-quality service for people.

The registered manager spoke positively about the staff team too, and it was clear how much she valued and appreciated them. She told us that good practice was recognised through an 'employee of the month' scheme, where people were invited to nominate a member of staff who they felt deserved to be acknowledged. We saw that the most recent staff member to achieve this recognition had been nominated for going above and beyond their role in terms of commitment and leading by example. Throughout the inspection staff were observed working cohesively together and it was clear they understood their individual roles and responsibilities.

Systems were in place to ensure legally notifiable incidents were reported to us, the CQC, in a timely way and records showed that this was happening as required.

The registered manager told us about the quality monitoring systems in place to check the service was providing safe, good quality care. We saw lots of evidence of regular and comprehensive audits taking place across the service from team leader level through to provider level, covering areas such as care records, people's finances, medicines, staff training and health and safety. A traffic light colour system had been included for some of the audits, making it very clear what was in place and what still needed to be done. Clear actions plans had then developed to correspond with these and updates recorded accordingly.

The management team showed us that they also undertook out of hours spot checks on the different locations supported by the service. Records of these visits showed that appropriate care and support was being provided. Staff were consistently found to be engaged individually with people, supporting them to

participate in meaningful activities such preparing meals, housework and shopping. This meant that systems were in place to monitor the quality of service provision in order to drive continuous improvement.