St Anne's Community Services

St Anne's Community Services - Newhaven

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 February 2016 and was announced. At our last inspection of the service on 2 July 2014 the registered provider was compliant with all the regulations inspected at that time.

Newhaven is a care home that is registered to accommodate up to five people with learning disabilities. The home consists of a two storey detached property, located on a quiet road in the town of Boroughbridge. There are a wide range of public amenities, including shops, churches and pubs, nearby. The home has a garden to the rear and hard standing for parking to the front.

The registered provider is required to have a registered manager in post and there was a registered manager at this service who had been in post since 2012. 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.

There were robust policies and procedure in place with regard to safeguarding adults from abuse. Support workers told us who they would contact if they were concerned about abuse of people who used the service. The service had a core team of permanent support workers. These experienced support workers knew the needs of people who used the service and were employed in sufficient numbers to be able to meet people's needs. Medicines were administered safely by the support workers and the arrangements for ordering, storage and recording were robust.

The support workers received induction, training and supervision from the registered manager and we saw they had the necessary skills and knowledge to meet people's needs.

We found that support workers were able to communicate well with people who used the service. We saw people asking for meals, drinks and personal care and these requests were promptly responded to. Support workers were respectful and patient with individuals. All interactions we saw put the wishes and choices of people who used the service first and they were included in all conversations.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided.

Records about the people who used the service enabled the support workers to plan appropriate care, treatment and support. The information needed for this was systematically recorded and kept safe and

confidential. There were clear processes in place for what should happen when people moved to another service, such as a hospital, which ensured that each person's rights were protected and that their needs were met.

The service was well managed. The registered manager monitored the quality of the service, supported the members of staff and ensured that the people who used the service, their families and the support workers were able to make suggestions and raise concerns.

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.

There were processes in place to help make sure people were protected from the risk of abuse and support workers were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were sufficient numbers of support workers on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

Is the service effective?

Good

The service was effective.

Support workers received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

We observed that the quality of the food was good and that people were offered a choice of meals. We saw people were provided with appropriate assistance and support and support workers understood people's nutritional needs. People received appropriate healthcare support, as and when needed.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

Support workers cared about the people using the service and we observed positive interactions between people and support workers on the day of the inspection.

Support workers were motivated and inspired to offer care which was compassionate and person centred. People were treated with dignity and respect and this was observed throughout our visit.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Support workers were knowledgeable about people's support needs, their interests and preferences and this enabled them to provide a personalised service.

People were supported to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People were supported to raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well-led.

People were at the heart of the service and the support workers continually strived to improve. The support workers said the registered manager was understanding and knowledgeable.

The registered manager carried out a variety of quality audits to monitor that the systems in place at the service were being followed by the support workers to ensure the safety and well-being of people who lived and worked there.

Support workers worked as a team with the registered manager. There was open communication within the staff team and the support workers felt comfortable discussing any concerns with the registered manager.

St Anne's Community Services - Newhaven

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.

This inspection took place on 10 February 2016 and was announced. We gave the registered provider 24 hours notice because the service was small and the people using the service were often out during the day and we needed to be sure someone would be in.

The inspection team consisted of one adult social care inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider.

During the inspection we spoke with the registered manager, deputy manager and four support workers. We also met with three people who used the service. We used a number of different methods to help us understand the experiences of people who used the service, because they had complex needs which meant they were not able to tell us their experiences. We spent time with the people who used the service, observing their care and interactions with the support workers. We spoke with the support workers and we looked at people's care plans and review notes. We spent time in the office looking at records, which included the care records for two people who used the service, the recruitment, induction, training and supervision records for three support workers and records relating to the management of the service.

Good

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse because the registered provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw that the support workers had access to the local authority multi agency safeguarding strategies and policies/procedures as there was a file containing the information in the office. The registered provider had also made available to support workers their own policies and procedures with regard to safeguarding adults from abuse. Support workers told us they had attended safeguarding training as part of their annual training programme and told us about what they had learnt through the training process and how they applied this to their working practices. The support workers training plan confirmed that everyone working at the service was up to date with safeguarding training.

We checked the information we held about the service and found that we had received three alerts or concerns. These had been reported appropriately by the registered manager and were now resolved. Support workers were able to tell us about what they would do if abuse was suspected and demonstrated a good understanding of their role and responsibilities in reporting any concerns.

We saw documentation in people's care plans that indicated families or the registered provider acted as people's financial appointees. We looked at the registered provider's financial records for the personal allowances of people who used the service. We found these were up to date, all transactions were signed by two support workers and receipts were kept for all transactions.

There were enough qualified, skilled and experienced support workers to meet people's needs. Some people who used the service had one to one support from a support worker for a number of hours each day and everyone had support workers to take them on outings or to appointments. This meant they were able to freely access the community for walks and activities every day of the week if they so wished. The registered manager told us they did not use a dependency tool to calculate the support workers' hours. Instead they received a budget from the registered provider and this gave them the flexibility to staff the service to meet the changing needs of people on a day to day basis.

We looked at the care files for two people and the information within them indicated people required constant support and supervision to remain safe. We saw that everyone who used the service was very relaxed within their home surroundings, although our presence did unsettle some of them at first as it was a change to their normal daily routine. However, their support workers reassured people and they soon came over to meet us and see what we were doing.

We were informed by the registered manager and the support workers that no one required significant care during the night. Therefore one support worker was awake on nights and another support worker slept in and provided the cover for the morning shift as well. We asked how this would work if the support workers had to get up in the night to attend to anyone. One support worker told us "If we felt we could not do the morning shift because we had been awake during the night then the registered manager would arrange for

cover. However, I have worked here for over a year and there has only been the odd occasion when someone was ill and I had to stay awake."

The registered manager informed us that there was a core of experienced support workers who had worked for the registered provider for some time. This meant that people were looked after by staff who knew their specific needs and who were familiar to them. This meant people experienced continuity of care from staff they recognised and trusted.

We saw that the service did use agency support workers to cover gaps in staffing. Checks of the records showed that 36 shifts were covered by agency in January 2016. However, the registered manager told us that they used the same agency workers each time so people got to know and trust them. Agency staff files showed that the registered manager checked that the agency support workers qualifications and employment checks were suitable for working with the people who used the service. Agency support workers also completed an induction and were not expected to do administration of medicines until they had familiarised themselves with the service. Once this was accomplished then the agency support workers had to complete the medicine training specific to the registered provider's medicine policy and procedures. This indicated the service had robust procedures regarding use of agency support workers that kept people safe from harm.

We were unable to look at the support workers recruitment files as these were held in the registered provider's head office. However, we were given sufficient information to show that each support worker had an up to date Disclosure and Barring Service (DBS) check in place. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. These checks were redone every three years to ensure support workers remained suitable for employment within the service.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. The records for accidents and incidents showed what action had been taken and any investigations completed by the registered manager.

The care files we looked at contained risk assessments and care plans for keeping people safe from harm. There were care plans that identified the risks and problems arising from each person's medical conditions and behaviours and how the support workers could manage these issues and keep each person safe and well. For example it had been identified that without the intervention of the support workers then people who used the service would not socialise and could become isolated. There was also the potential risk that without support and prompting, the individuals could neglect their health and wellbeing.

Risk assessments also included regular monitoring of needs such as mental health, finances, self-medication and weight. It could be seen that the outcomes of assessments informed the care plans for each person and any changes were documented and followed up by the manager and the support workers

The support workers were able to describe what they would do if an individual demonstrated distressed or anxious behaviours. Support workers said "We would use distraction techniques to calm the person down or we would walk away for a time and try again at a later date." We were able to observe these techniques being used effectively during our inspection. We observed that some people displayed repetitive behaviours that were managed well by the support workers and others were given space to walk or time alone when they became anxious.

We looked at documents relating to the servicing of equipment used in the home. These records showed us

that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment serviced included the fire alarm, moving and handling equipment including hoists, portable electrical items, electrical systems, water systems and gas systems.

Clear records were maintained of daily, weekly, monthly and annual checks carried out by the support workers for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window opening restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service. We saw that the registered manager completed a monthly health and safety check of the building. Any issues found were put onto an action plan. During our inspection we saw that a plumbing contractor was in the building looking at a problem with the heating pipes. This showed that the registered provider was responsive in ensuring people lived in a safe environment.

We looked at the registered provider's policies and procedures and found that they had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The support workers informed us that they had received training on the handling of medicines. This was confirmed by our checks of the support worker training files.

We observed support workers giving out medicines at the lunch time meal. The support workers communicated effectively with people, even those who could not say if they were in pain or in need of anything. The support workers told us, "We know the people who use the service. We look at their posture, their facial expressions and the majority of people can use gestures to let us know how they are feeling."

Good

Is the service effective?

Our findings

From our observations of the interactions between people who used the service and their support workers and information written in the care files we found people received effective care, treatment and support.

People who used the service were not able to give written consent to care and treatment because of their complex needs. We saw that people had some communication difficulties, but each used their own means to get their views, opinions and decisions about their care across to the support workers. One person was seen using their own form of Makaton (signing), body language and gestures to explain what they wanted to the staff. Two other individuals had simple language skills and could verbalise what they required, although it took time for them to express their needs.

Observation of the support workers indicated that they understood what people were saying to them. By using simple word sentences, Makaton signs and giving people time to respond they were able to communicate effectively with people who used the service. Support workers told us they also used body language such as facial expressions and gestures to interpret what people were feeling or trying to say. We saw people asking for drinks, activities and personal care and the support workers responded to these requests promptly.

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

Records showed that DoLS authorisations were in place for the people who used the service with regard to them being under constant supervision and restricting their freedom of movement. People required an escort when leaving the service to keep them safe whilst out and about in the community. Documentation was completed appropriately by the registered manager who displayed a good understanding of their role and responsibility regarding MCA and DoLS. We saw in care files that there was written evidence that the support workers had taken appropriate steps to ensure people's capacity was assessed, and had recorded their ability to make complex decisions.

Discussion with the support workers indicated that one person who used the service was using an independent mental capacity advocate (IMCA). This was also recorded in their care file. We saw documentation in other people's care files that stated family or appointees handled their finances and

acted on their behalf. People's choices and preferences were documented in their plans of care. Support workers we spoke with were aware of people's limitations due to their medical conditions and understood capacity and what to do if people lacked capacity to make decisions about their care. The majority of people who used the service had strong links with their families. Their contact arrangements and details were recorded in their care files.

The support workers told us that when necessary, the registered manager would hold a best interest meeting to discuss a person's care and treatment. Best interest meetings take place when informed choice cannot be made by the individual, and includes the views of all those involved in the individual's care such as family and health or social care professionals. Where these had taken place they were clearly documented in the care files with the decisions reached.

Discussion with the support workers indicated they had knowledge and understanding about managing behaviours which challenged the service. One member of support workers said "We do not use restraint as we find that talking to people and distraction techniques are usually all that are required." We saw that risk assessments and behaviour management plans were documented, reviewed and amended within the care files as needed.

Evidence in the care files indicated that people had regular appointments with their GP to review their medication and monitor their health in 2015. Support workers accompanied people to health care appointments, which meant they had support from staff whom they knew and trusted when faced with stressful situations. Information in the care file indicated people received input from health care professionals such as their GP, a physiotheroapist, epilepsy specialists, a psychologist, dentist, optician and chiropodist. Any appointments were noted in each person's care file and their support worker made sure the person attended at the right time. We saw that input from these specialists was used to develop the person's care plans and any changes to care were updated immediately.

People who used the service had a health action plan in their notes. This listed their medical history and any appointments with health care professionals. The information held in the health action plan was written in an 'easy read' format suitable for people using the service to access and was used to monitor people's health and wellbeing. The support workers weighed people weekly or as often as needed and any significant variations in weight resulted in the support workers taking appropriate action to refer the person to a dietician. We saw that people were supplied with specific equipment so that support workers could monitor their medical conditions; this included sensors under mattresses so support workers were alerted if a person had an epileptic seizure during the night.

We saw that support workers sat with people who used the service during the lunch time meal to ensure they ate slowly and safely as there was a risk that they could choke due to swallowing difficulties. We saw that appropriate risk assessments for nutrition, eating and drinking were completed and up to date in the care files we looked at.

There had been input from the Speech and Language Therapy team who had carried out a swallowing assessment on one person who used the service. A soft diet had been recommended and discussion with the support workers indicated that appropriate food was purchased and cooked on a daily basis to meet this person's needs. We saw the support workers encouraged people to drink fluids on a regular basis, and people had access to adapted beakers, cutlery and crockery to enable them to eat and drink easily and independently where able.

We were given written documents that recorded a series of taste testing sessions that people had taken part

in. We were told by the registered manager it was a good way of seeing what people liked or disliked and a means of introducing new foods into their diet. We saw that in February 2016 people had tried different types of breads including seasame seed cob, walnut sunflower brown and cheese and onion rolls.

The three people we met on this inspection all had a bedroom on the ground floor of the building. Their bedrooms were individual decorated and furnished to suit the tastes and style of each person. There was a large lounge/dining room where most people spent the majority of the day. One person took us to see the gardens and a room in a separate building to the main home, where they spent time alone looking at photographs and pictures they had collected over time. The registered manager said this space was used as a 'chill out' area by people, where they could go and spend time away from the others in the service and relax in peace and quiet. Access to the main building was suitable for people in wheelchairs as there was a long concrete ramp to the side door. Vehicles used by the service were also adapted for wheelchair users. Within the building we saw that the environment had been fitted with ceiling hoists in bedrooms and bathrooms, to aid the support workers when giving people personal care. All areas we looked at were clean and hygienic.

Our observations of the service indicated that support workers were sufficiently skilled and experienced to care and support people using the service to have a good quality of life.

The registered manager told us that the support workers completed a six week induction based on a programme developed by the organisation. The paperwork we looked at showed that new support workers completed an initial week of supernumerary shifts, which orientated them to the service and covered corporate information such as employment issues, policies and procedures and layout of the building. Each new member of staff then went on to complete an induction based on the Care Certificate from Skills for Care. Skills for Care is a nationally recognised training resource. We saw that new staff were allocated a mentor and the documentation we looked at indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training that the registered provider deemed both mandatory and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling and this was renewed as refresher courses annually. Records showed staff participated in additional training to guide them when supporting the physical and mental health care needs of people. This training included topics such as Autism, Deprivation of Liberty Safeguards, Mental Capacity Act 2005 and equality and diversity. Staff told us, "Some courses are computerised, some distance learning and some face to face."

The staff told us they had supervision meetings three times a year and annual appraisals with the registered manager. This was confirmed by the records we looked at and we saw the supervision sessions were written in detail and included action plans. Staff told us that they found the supervision sessions beneficial as they could talk about their concerns and were given feedback on their working practice.

Good

Is the service caring?

Our findings

Our observations of the service indicated that people were happy with the care they received and we noted that they were relaxed and at ease with the support workers who acted in a friendly but professional manner at all times.

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the support workers indicated they had received training on this subject and understood how it related to their working role. We were told that the focus of the service was on individual dignity, respect and compassion for the people who used the service. We saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. We were told that some people had religious needs but these were adequately provided for within people's own family and spiritual circles. We saw no evidence to suggest that anyone that used the service was discriminated against.

The support workers told us they met as a team on a monthly basis to discuss people's needs. In preparation for the meetings each person's key worker carried out an evaluation of the individual, looking at the personal progress they were making with regard to social, emotional, mental and medical wellbeing. The two care records we looked at clearly showed there had been steady improvements in all aspects of people's lives. This was confirmed to us by the support workers and the comments the service had received from one person's family. The relatives had written, "Very pleased with [Name's] care, [Name] looks well and we have seen positive changes in them."

The registered manager told us that families were involved in the decisions around people's care and support. In one care file we looked at we saw that the family were invited to a care review in February 2016 and that the issues to discuss at this time included health, environment, financial and end of life decisions. Both care files we looked at contained a document called 'Being in control of my wellbeing'. The information it contained was pictorial and large clear print to enable better understanding by the person using the service. This document was a review planner where the person could express their wishes and choices around their care and these would be discussed and decisions made during their review.

We noted that support workers displayed kindness and empathy towards people who lived in the service. Support workers spoke to people using their first names and people were not excluded from conversations. We saw that support workers took time to explain what was happening to people when they carried out care tasks and daily routines within the service. Support workers spoke with people in a tone and manner demonstrating kindness and respect. We observed that people were comforted when expressing distress. Support workers also explored the reasons for the distress such as pain or the individual being upset.

We observed how the support workers promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering and ensuring toilet and bathroom doors were closed when in use. We saw support workers responded straight away when people asked for assistance with personal care or getting up out of their chairs.

Observations of people in the lounge, dining room and around the service indicated that individuals felt safe and relaxed and were able to make their own choices about what to do and where to spend their time. There was a visible staff presence in the communal areas and the support workers we spoke with displayed an in-depth knowledge about each person's care needs, choices and decisions. Support workers told us that they kept up to date with people's changing needs through handovers at the start of each shift and reading the care plans.

Our observations of the support workers during our inspection indicated they were very appropriate in their approach to people. Their verbal and non-verbal communication skills were good and there was a calm atmosphere within the service. During the visit, we observed that everyone appeared well presented. Support workers told us that people were involved with clothes shopping with them in the community and visited local hairdressers to get their hair cut.

Good

Is the service responsive?

Our findings

The care plans we looked at were written in a person centred way. A needs assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. People's care files had risk assessments and care plans in place for daily activities of life, with detailed information about the individual's likes, dislikes and preferences. Our observation of life in the home indicated support workers had a good understanding of people's wishes and choices and these were respected.

Discussion with the support workers indicated that regular reviews of care were held and that families were clearly involved in the decisions being made about people's care and welfare when people were unable to speak up for themselves. The minutes of these meetings were kept in the person's care file.

Support workers told us that getting out and about in the community was important to the people who used the service. The people whose care files we looked at enjoyed going for walks with the support workers. Support workers said "We ask [Name] if they would like to go out and give them time to think about what we have said. If they want to go then they will take our hand or get their coat. If they do not want to go then they use signs or body language and we know that this means no." We observed this in practice during our inspection.

In each care file there was a document called ' How I have mattered', which showed that for one person they had gone out walking, visited the garden, listened to music in their bedroom, interacted with staff, visited a social club one evening and helped make pancakes in the kitchen. This had all taken place over the previous two/three days before we inspected. On the day of our inspection we saw that one person went out in the morning with their support worker to attend a medical appointment and in the afternoon two of the three people attended a local social group, again with support workers in attendance.

Although none of the people who used the service attended day services, they all enjoyed regular outings and entertainment. We saw written evidence of the social activities people attended including the railway club, which was a social club were people took part in bowls, hoopla and other games. People attended this every Wednesday afternoon and from the speed in which they left the house on the day of our inspection, we saw that this was something they looked forward to and enjoyed. People were encouraged to take part in developing their daily living skills such as carrying out basic cooking, cleaning and laundry tasks with their support workers. Where individuals were unable to assist with these tasks we noted that they enjoyed being with the support workers and watching others take part.

There was a complaints policy and procedure that was available in pictorial format as well as written format. The registered manager kept a record of complaints including the resolutions. There had not been any made in the last year. The support workers told us they were confident about listening to and addressing any concerns raised by people who used the service or relatives. We were told, "Complaints are discussed at every support workers meeting." We saw that during our inspection people who used the service were able to vocalise or use other means to tell the support workers if they were unhappy with something.

Good

Is the service well-led?

Our findings

There was a registered manager in post who told us that they monitored the quality of the service by regularly speaking with support workers, people and relatives to ensure they were happy with the service being provided. We observed the registered manager as they carried out duties around the service. People seemed at ease and the registered manager knew them by name and had an in-depth knowledge of their personalities and support needs/abilities.

Our observation of the service was that it was well run and that the people who used the service were treated with respect and in a professional manner. We asked the support workers on duty about the culture of the service and one told us, "It focuses on person centred care and is based on people being treated as individuals. We work towards improving the quality of their lives."

We found there was an open, fair and transparent culture within the home. Support workers described the registered manager as, "Approachable" and "Straight talking." They said that they could talk to them about any issues and they were listened to and that information discussed with the registered manager was kept confidential whenever possible. Support workers had regular supervision meetings and annual appraisals with the registered manager and these meetings were used to discuss staff's performance and training needs; they had also been used to give positive feedback to the support workers.

Newhaven was a small bespoke service providing care to people who had complex needs. We found the service had robust systems in place to monitor and review the quality of the service. We saw that the registered manager carried out regular checks of care records. Reviews of the documentation were held monthly and care plans were updated when anyone's needs changed. Medication stock levels were checked daily and weekly and the records were available for our inspection.

Risk assessments were in place for people's care and treatment and decisions were made in consultation with the person and their family. Support workers told us that any changes to people's care were documented in their care file and audited by the registered manager.

We saw that the registered manager completed a monthly return form and sent this to the registered provider's head office. This looked at different aspects of the service such as complaints, safeguarding referrals and meetings held. The last return was completed in January 2016 and recorded no incidents in the service. This demonstrated how the organisation was kept aware of any issues arising in the service. We were given copies of the last monthly visit report from the area manager. This was dated December 2015 and recorded that they had spoken with support workers and observed people who used the service as part of their routine visit.

Support workers told us that as they were such a small group they met regularly with the registered manager to discuss people's care, changes within the service and to talk about any issues or worries. Support workers said that meetings took place monthly and they were a good forum to listen to and discuss matters regarding the service. Everyone who we spoke with said there was a good level of communication

and support within the service.

Discussion with the registered manager indicated that due to communication difficulties formal service user meetings did not take place. However, we were shown minutes of meetings called 'Making it Happen' which were meetings held in the organisation on a monthly basis. These meetings took place at different homes owned by the registered provider and were aimed at being a forum for independence where people and staff could organise the sessions together. Recent themes discussed at these meetings included dignity, healthy eating and making choices. We saw that posters for the next meeting were on display in the communal area. We were told that satisfaction questionnaires were sent out to relatives. However, the analysis to the latest one completed was not available in time for this inspection.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.