Saint John of God Hospitaller Services

# Bradford Supported Living

## Inspection report

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22 February 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

Our inspection of Bradford Supported Living Services was carried out on the 20 and 22 February 2018. We visited the office on the 20 February from which the services were managed. We visited some of people's houses on the 22 February. The Inspection was announced and the service was given 24 hour s' notice to ensure someone would be in the office.

We last inspected this service on 15, 28 June and 4 July 2016.

. This service provides care and support to people living in five 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we with told us they felt safe and did not raise any concerns about the way they were treated. Staff were aware of the actions they would take to keep people safe if they were concerned someone was at risk of abuse. Appropriate systems were in place to protect people from the risk of harm.

Overall risks to people's health, safety and welfare were identified and action taken to manage the risk. We recommended the registered manager ensured more detailed information was recorded in plans so staff knew what actions to take in an emergency. Staff demonstrated a sound awareness of infection control procedures.

There was enough staff deployed. All the required checks were done before new staff started work and this helped protect people. The service is currently using agency staff, but the service has requested the staff be provided to ensure continuity for the people using the service.

Medicines were managed safely and staff had good knowledge of the medicine systems and procedures in place to support this. The support people received with their medicines was person centred and responsive to their needs.

People were provided with care and support by staff who were trained. Staff told us they had received induction and training relevant to their roles. This was followed up by competency checks. Staff received regular supervision.

People were supported with their health care needs. We saw a range of health care professionals visited the service when required and people were supported to attend health care appointments in the community.

People were supported to access activities both within the home and in the wider community. This was person centred.

People's nutrition and hydration needs were well catered for. People received a range of food which met their individual needs. Nutritional risks were well managed by the service.

Staff were spoken of highly, people who told us they were caring, kind, compassionate and respected their dignity and privacy.

People's needs were assessed prior to commencement of the service and family were involved in the review of their care. Personalised care plans were in place and these were regularly updated or when care and support needs changed.

The service was acting within the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, best interest processes were followed. People were given choices and involved in decision making to the maximum extent possible.

A complaints procedure was in place which enabled people to raise any concerns or complaints about the care or support they received.

There was an open and transparent culture at Bradford Supported Living. People respected the management team and found them approachable. Staff told us they felt supported in their roles and their views were listened to through supervision and team meetings.

People using the service, relatives and staff we spoke with were positive about the management team. Staff said the manager was approachable and supportive.

The services were clean and infection control measures were in place. The service had quality assurance processes in place.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe

Medicines were managed in a safe way.

Staff understood safeguarding principles and what to do if they were concerned about people.

Staffing levels were well managed which promoted people's safety and helped to ensure a good standard of support was consistently provided to people.

More detailed information was required in emergency plans so staff knew what actions they should take..

### Is the service effective?

**Good**

The service was effective

Staff received regular training appropriate to their role. This meant they had the skills and knowledge to meet people's care and support needs.

The service was acting within the legal requirements of the Mental Capacity Act 2005. Staff sought people's consent prior to care and support tasks.

Staff liaised with health professionals about people's healthcare needs.

### Is the service caring?

**Good**

The service was caring.

People provided positive feedback about the standards of care, telling us staff treated them with dignity and respect.

People were supported and encouraged to maintain links with the community.

Staff promoted people's privacy & dignity.

## Is the service responsive?

Good

The service was responsive.

Care records and people's assessed needs were regularly reviewed.

People had access to activities, which they were consulted about and involved in.

People received person centred care, which focused on their individual needs

## Is the service well-led?

Good

The service was well led.

Staff expressed confidence and respect about the management of the service.

Ranges of quality audits were in place to drive improvements within the service. There was a commitment to ensure continuous improvement of the service.

# Bradford Supported Living

**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 took place on the 20 February 2018 and 22 February 2018. We gave 24 hours' notice of the inspection visit. The inspection was announced to ensure someone was at the office and to gain consent from people for a home visit from an inspector.

We visited the office location on the 20 February to see the manager and office staff; and to review care records and policies and procedures. It included phone calls to people who used the service and families.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert by experience had experience of service for people with disabilities and older care and people who lived with dementia.

Before the inspection, we reviewed the information we held about the provider such as notifications and any information people had shared with us. We also spoke with the local authority commissioning and safeguarding teams. We asked them for their views on the service and whether they had any concerns. We reviewed the information on the Provider Information Return (PIR). This form 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 spoke with the registered manager, business administration manager, deputy manager, and four care staff. We looked at six care records of people who used the service, four staff recruitment files, training records, medicines records and other records relating to the day-to-day running of the service. The expert by experience carried out telephone interviews with ten people who used either the service or their relatives on 20 February 2018.

Requires Improvement

# Is the service safe?

## Our findings

From our review of records and observations, we concluded this service was not always safe.

We saw personal emergency evacuation plans (PEEPS) were in place for people who used the service. PEEP's are a bespoke 'escape plan' for people who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. However, we found the PEEP's were not individualised. The service did not have adequate plans or equipment to evacuate in an emergency. No night time fire evacuation had been completed to access whether staffing levels were appropriate. The registered manager took immediate action to mitigate any risk.

We saw risks to people using the service and to the staff supporting them were assessed including internal and external risk assessments, smoking, slips, trip and falls, security and equipment. People's care records detailed action staff should take to reduce the chance of harm occurring to them or staff. Risk assessments were detailed and reviewed. However, there was not always appropriate information to ensure staff were clear on the actions to take in the event of an emergency.

The provider should have ensured more appropriate information and arrangements were in place to ensure their staff could appropriately protect people in the event of an emergency.

We recommended that the provider ensures all emergency procedures contain detailed documentation of what actions staff should take to protect people.

The service was adequately staffed during the day which ensured staff provided a person centred approach to care delivery. Staff knew people well and understood how to appropriately mitigate potential risks to people's health and safety.

Staff told us sufficient staff were deployed to keep people safe. However, some staff were concerned about the level of agency staff used. One staff member commented, "We're at least two staff down and relying on agency staff and staff covering. Not enough staffing here. The retention is not good." However, another staff member told us, "It doesn't have a high staff turnover compared to other places. There is enough staff to keep people safe." A third staff member said, "There's enough staff, both day and night."

Staff said there was a shortage of contracted staff. A person who uses the service told us, "No, there aren't enough staff. I like to go out to Leeds and Dewsbury but sometimes I can't as there aren't enough people to take me. I don't go out as much as I'd like." We discussed this with the registered manager who informed this was an issue they were aware of. They told us this was not due to staff numbers but the funding the individual receives. Currently all individuals were having a review of their support and the hours funded for this. However, one family member told us, "Given the staffing levels, they do a lot of things with our relative. She gets out regularly."

The registered manager told us where agency staff were deployed, they aimed to have regular staff who

knew people well and to ensure continuity. They told us they were looking at different ways of recruiting staff, such as organising a leaflet drop in the local area which had proved successful in the past. They also told us they had difficulty recruiting staff to the senior care position and were looking at ways of making this a more attractive role. The deputy manager told us they were committed to recruiting committed staff who were passionate about the role and told us, "We don't want to employ people for the sake of it. The agency staff we use are like our own."
Safe recruitment procedures were in place. This helped ensure new staff were suitable to work with vulnerable people. Candidates were required to complete an application form, attend a competency-based interview, undertake a Disclosure and Barring Service (DBS) check provide references and prove their identity. We spoke with a member of staff who confirmed the required recruitment checks had been carried out.

People told us they felt safe. They made comments such as, "Yes, I feel safe here. All sorts of things make me feel safe. The staff are okay with me and they treat me okay too. I do get the help that I need from the staff."

Staff had received safeguarding training and understood how to look for and report abuse concerns. We saw safeguarding concerns and any accidents/incidents were reported appropriately and analysed for trends and lessons learned.

We looked at the records for people where the service looked after their finances. There was clear guidance in place for staff to follow. We found receipts tallied with monies spent and recorded balances were correct for monies remaining. We were concerned that one person was at risk of financial abuse due to how they had chosen to store their money. When brought this to their attention, the registered manager took immediate action to encourage the person to utilise the service's safe to ensure their money was stored more securely.

Risk assessments were designed to encourage people to develop their independence as well as supporting people with behaviours that challenge. They were written to improve the quality of people's lives and that of the people around them. One family member told us, "I feel that my son is safe. We had one or two issues in the past with another service user, but the staff have put safety measures and safeguards in place. At the time, I was concerned about them being in the same house together, we did take it as far as we could, and it was dealt with to our satisfaction." Staff understood that the purpose of the risk assessments were to help people lead a meaningful life and learn new skills without unnecessary restrictions.

The provider had systems in place that ensured people's medicines were managed consistently and safely by staff. We found medicines were stored securely in a locked cabinet in peoples' own bedrooms.

Medicines were administered safely. We saw medicines administration charts were well completed with no missing signatures. Staff were trained in the safe administration of medicines and had their competency assessed and observed.

We looked at the medicine administration records (MARs) and found these were well completed. We checked the stock of five people's medicines against the MARs and found they were correct. Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to enable this to happen. People had medication support plans in place, which included how people liked to take their medication.

Staff told us they completed training in infection control and we saw there was an infection control policy and procedure in place. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves. The service does not employ housekeeping staff therefore care staff complete cleaning tasks. There were cleaning schedules in place and we found the home including both people's private accommodation and communal areas was clean, tidy and odour free. Staff encouraged people to participate in tasks to promote their independence.

Accidents and incidents were recorded in detail and accurately. There was an open culture and staff confirmed that they were encouraged to share safety concerns with the management team who responded to any concerns raised. Records showed the registered manager completed thorough investigations and analysis into incidents and accidents to learn from these experiences. Lessons learnt were discussed during team meetings, handovers and through the service communication book.

Good

# Is the service effective?

## Our findings

People's care needs were assessed and appropriate plans of care put in place. The service worked with a range of health professionals to develop care plans that adhered to recognised guidance. We saw evidence of care passports in people's care records. Care passports give key information about the person and their required care and support in case of hospital admission. This provided continuity of care for people when away from the home.

People were effectively supported with access to healthcare services and received on going healthcare support. Where staff were concerned or had noted a change in people's health we saw they had made referrals to health professionals. Care records showed people had access to a range of health and social care professionals such as GP's, district nurses, dieticians, opticians and dentists. For example, we saw the service was following specific guidelines set by the dietician, care plans were up to date with relevant information, monitoring charts were in place and guidance was provided to staff.

Where required, we saw appropriate equipment such as hoists and bed sensors were in use. We saw people were assessed for equipment appropriately.

People told us they received the support they needed to eat and drink. One person told us, "The food is okay, I get a choice every day.  I am getting my weight back up and the staff have been helpful with this." Another person told us, "The food is good. I get a choice of meal. If there is ever anything that I don't like, they will change it for me but they all know me well by now and know what I like. The staff here are very good." We observed staff preparing meals; they had a good understanding of people's dietary needs, likes and dislikes. People were offered a choice in what they wanted to eat. People had specific individualised information about diets, likes, dislikes and nutritional needs in their personal file. Where people were at risk nutritionally, we saw food diaries were in place to record what the person had consumed on a daily basis.

Staff told us they had received a variety of training to equip them for their role and the training was good. This included training such as moving and handling, first aid, health and safety food hygiene, infection control. Service specific training included autism training, positive behavioural support, autism training and Prader-Willi syndrome, which helped provide staff with the knowledge and understanding to deliver effective care to the people who used the service.

Training was completed face to face and staff told us their training had given them the required skills to do their role effectively. However, some staff told us they would like more specialist training. One staff member commented, "We get the basics. Think we should get more specialist training and go for excellence in training. Training is pretty good but think they should go for excellence." One family member told us, "I feel the training in place is quite good and [Person] personal care needs are quite high but they make sure that they take care of him and he's always well turned out and clean."

Staff new to care completed the Care Certificate. This is a government recognised training programme to equip new care staff with the required skills for the role. Staff told us they had received a thorough induction

process including shadowing experienced staff members for a number of shifts, dependant on their experience and needs.

Staff received training in topics such as positive behaviour support to ensure they worked to best practice guidance in managing behaviours that challenge.

Staff told us they felt supported by the management team. Staff were subject to regular supervision and appraisal. Staff told us these were a good opportunity to discuss concerns and personal development such as extra training.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Applications must be made through the Court of Protection.

We saw DoLS applications had been made to the local authority. However, at the time of our inspection, DoLS assessments had not yet been carried out by the reviewing officer although the registered manager told us plans were in place for these to be completed shortly.

We spoke with staff at one of the properties in the supported living service. They confirmed staff did not use restraint techniques and used breakaway and distraction techniques. During our inspection we saw this used effectively. We saw people had redirection and behaviour logs on their care records where required. The registered manager told us there was a 'positive behaviour' lead employed by the service that assisted with behavioural support plans.

Good

# Is the service caring?

## Our findings

Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care in a homely environment.

Staff used a good mixture of verbal and nonverbal communication to provide comfort and reassurance. People looked comfortable and relaxed in the presence of staff. We observed a person becoming agitated; staff spoke in a gentle manner offering an alternative activity as a redirection for the person, which calmed their agitation. Staff demonstrated to us that they had good, caring values.

Staff treated people with dignity and respect. One staff member told us, "We work to give people the best we can with choices and outcomes and ensuring they're happy and healthy. How we work here is how we would want to be as their family, without crossing professional boundaries." Another staff member commented, "We treat them how we would expect to be treated."

From our observations and from speaking with staff it was clear staff knew people well and understood their likes, dislikes and care needs. The atmosphere in peoples' homes was calm and relaxed and staff spent time with people. What staff told us about people correlated with what was recorded in peoples' care records For example, one person's care records documented about one person enjoying staff touching their feet and giving them a foot massage. A staff member told us, "[Person] likes their feet tickled."

A staff member told us, "You can see the difference it (the service) makes to the tenants; their everyday life and achieving goals."
Staff listened to people and allowed them to make choices. People had leisure sheets in place, which demonstrated people, had been involved with choosing activities. Tenants meetings and monthly summaries are completed with people who use the service these showed us people were supported in making choices.
We observed one person choosing to get up late they were supported in a warm and friendly way, with respect. Staff showed a person different items of clothing that they may wish to wear that day. At breakfast, different cereal was shown to people to help them chose which they preferred. Staff were able to give examples of the body language, sounds and words people used to express opinions. This information was also recorded in care and support plans to assist staff with a consistent approach.

Staff gave examples of how they respected people's privacy, such as ensuring doors and curtains were closed when assisting with personal care and knocking before entering people's rooms. One person told us, "They [Staff] are good and they do knock on doors before coming into the rooms that they know I am in."

A person centred approach to care and support was evident. People's care plans included information about people's history including childhood, previous residence, parents and family. People were encouraged to maintain and develop relationships with family and friends. One person told us, "I am going to [Place] soon. My sister has a house in [Place]. I like going on the plane and staying with my sister. Staff have helped me buy a tablet so I can keep in touch with my sister".

Care plans detailed whom people had contact with and how they contacted them. For example, one plan informed staff that a person contacted their girlfriend by phone. Care records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making. One family member told us, "Communication is good if there is a major problem. They do keep us aware of what is going on and they do seem very caring." Another person told us, "The communication is good from the home."

For people who had difficulty communicating verbally they had communication passports in place. Communication passports are a practical and person centred way of supporting people who cannot easily speak for themselves. The communication passports described people's most effective means of communicating, and how others can; best communicate with and support the person. For example, one person's passport said, "I may become quiet and slap my head if I'm not happy". Staff were then guided to read the persons' positive behaviour support plan.

We saw the provider had policies and procedures in relation to protecting people's confidential information. This showed they placed importance on ensuring people's rights to confidentiality were respected. All confidential records and reports relating to people's care and support and the management of the service were securely stored in locked cabinets in the main office to ensure confidentiality was maintained and the computer was password protected. In people's homes, personal information was kept in a locked room.

Staff had received training in equality, diversity and human rights. This demonstrated the service was responsive to the diverse needs of people who used the service and working within the framework of the Equalities Act 2010. Other protected characteristics are age, disability, gender, marital status, religion and sexual orientation. This information was discussed with people during their initial assessment. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Good

# Is the service responsive?

## Our findings

At our inspection, we found this service was responsive. The staff team demonstrated that they supported people to engage in interests and activities both within their home and in the local community.

We asked how the service worked within the requirements of the Accessible Information Standard 2016. The registered manager told us people had communication passports in their care records, which we saw during our inspection. These explained how to communicate with the person and how they preferred to communicate with other people. For example, one person's communication passport stated, 'Please use simple sentences and allow me time to absorb the information you have just given me,' and, 'Observe body language.' Another person's care records stated, 'I am unable to verbally communicate although staff that know me well will understand my facial expressions and my body language.'

We saw many people received service and support information in easy read format, other people used Makaton and other types of communication aids. Staff told us they explained everyday tasks, support and activities clearly and simply. One staff member told us, "We gauge certain things by [person's] behaviour."

Care records were detailed and reflected people's individual care and support needs as well as personal preferences, likes and dislikes. People's needs were assessed prior to service implementation and we saw care and support needs were regularly reviewed, with people and/or relatives. We saw care records accurately reflected people's likes and dislikes. For example, we saw one person's care records stated, 'I like to wear feminine clothes and perfume.' When we visited this person's home, we saw they had been supported with these wishes.

Some people have behaviours that challenge. The service was using a positive behaviour support (PBS) approach. PBS is a person-centred approach to people with a learning disability who may be at risk of displaying challenging behaviours. The PBS care plans we reviewed detailed the support for the person, their family, friends and staff to help the person lead a meaningful life without any unnecessary restrictions. Plans included clear explanations of what could trigger behaviours and what staff needed to do. For example, one plan said 'when it has been raining, the footpaths become wet and muddy which creates an unsteady surface and debris on them. I do not like this and will become agitated; you will see a change in my behaviour'. Staff were then provided with guidance on how to appropriately support the person to respond to their changes in behaviour and help reduce their anxieties.

The staff team demonstrated a commitment to supporting people to engage in interests and activities both within the home and in the local community. From speaking with staff and people who used the service, observations during our inspection and reviewing care records, we concluded people's independence was actively encouraged. For example, some people were encouraged to assist in the kitchen with meals and to make their own drinks, others were encouraged to take part in activities and work within the local community, and some people attended college to attain life skills to enable them to become more independent. One relative told us, "Our relative is elderly now and she can't be bothered with the things she used to do like jigsaws. She does do baking sometimes but the important thing is the staff are there for her.

She seems very happy and the staff go out of their way to support her to do what she wants each day."

Records showed us people travelled to different towns and cities on buses, trains or their cars. Other people went to sensory rooms, cinema and theatre, along with activities in the home such as using the treadmill. We saw the service had activity folders with pictures of activities undertaken within the local community. One person told us, "I go out to places, I do lots of things, I go to Roadway Shopping Centre quite a lot, and I do what suits me here at the house." A relative told us, "Activities wise, they will have a go at anything really, she likes singing and films, going out, she has a full life. They take her on holiday and support her very very well."

People's activities were gauged according to their preferences with each person having a personal activities plan. For example, one person enjoyed attending a weekly coffee morning locally and another person enjoyed planning and going on trips and holidays. One relative told us, "He goes out every day with his personal assistant the staff do as much as they can with him. He loves his music and his toys and bath times, so they make sure that he has all these things daily."

We saw people at one of the properties had been assisted to hold a fundraising coffee morning to raise money for a charity. However, the registered manager told us they were hoping to offer more one to one activities for some people once their support needs had been reassessed by the local authority with a view to gaining more one to one hours.

The registered manager gave us examples of how they were using technology to support people's needs. For example, one person had a sensor seat and bed alarm to inform staff when they were having an epileptic seizure.

We saw people had access to a complaints procedure in easy read format. A number of low-level concerns and one complaint had been logged in a central file. All of these had been investigated with outcomes, actions and lessons learned as a result. We saw outcomes and actions had been discussed with the person raising the concern. This showed the management team treated complaints and concerns seriously and investigated appropriately, as well as analysing for trends/lessons learned to minimise the risk of recurrence.

We saw some people had their end of life wishes recorded, for others there was no formal end of life plans in place. We discussed this with the registered manager who told us they would discuss it with individuals on a one to one basis when appropriate involving family and advocates where required.

Good

# Is the service well-led?

## Our findings

We concluded from reviewing service documents that the service was well led.

There was a robust quality monitoring system in place to help drive continuous improvements to the care that people received. Audits were completed to ensure constant compliance at all times. The registered manager and other staff members conducted regular and comprehensive internal audits.

The care service has been developed and designed 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

On the day of inspection, the registered manager was present at the office base along with the business administration manager. The registered manager was open to ideas for improvements to the service during our inspection. It was clear the registered manager knew the care and support needs of the people who used the service.

The atmosphere at the services was welcoming and open. Staff morale was good and staff said they felt confident in their roles. Most staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people came first. A staff team who were proud to be part of the service supported people.

Most staff we spoke with were very positive about the management team, telling us they were approachable and supported them well. Comments included, "Really good support. I can talk to them. Would phone up if I had any concerns," and, "It's getting a lot better with the new management team. We see them a lot more; they're approachable and are making a difference. I can talk to them about anything." However, one staff member told us they did not feel as well supported and didn't feel listened to. They said, "Think we're given lip service sometimes."

Relatives told us, "I think the manager is approachable. There is good communication from them and the house". "The Manager is approachable. [Manager] is the one that I would contact and she always calls back straight away. She is very good. "[Person] is the manager. [Person] is approachable though and they are good at keeping me informed of his progress."

Tenants meetings were held to gain people's view of the service. A person who uses the service told us, "oh yeah, [Person] and [Person] are the managers. We have tenants meetings with [Person], we have them once a month, or we try to, and we talk about all kinds of different things." People living at the service were encouraged to take part in interviewing new staff.
The registered manager and staff work in partnership with other agencies such as district nurses, learning

disability team, GP's and social workers to ensure the best outcomes for people

Quality assurance visit reports were printed in easy read format so people could see where improvements were required and actions being taken.

Staff competency to administer medicines was regularly assessed to help monitor and improve the medicines management system.  Staff received spot checks on their practice. This looked at a range of areas including how they interacted with people, whether they completed care and support tasks correctly and if they of appropriate appearance. This helped ensure staff worked to consistent high standards.