

Royal Mencap Society

# Royal Mencap Society - South Lincolnshire Domiciliary Care Agency

## 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

We inspected the service on 3 August 2017 and the inspection was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

Royal Mencap Society – South Lincolnshire Domiciliary Care Agency provides personal care to adults with a range of needs including people with a learning disability living in their own homes. Some people received support 24 hours a day in supported living. At the time of the inspection there were 52 people using the service.

At the time of our inspection there was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and their relatives told us that they felt safe while they received support from staff. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. There were procedures in place to manage incidents and accidents.

Risks associated with people's support had been assessed and reviewed. Where risks had been identified control measures were in place to protect people's health and welfare. Checks had been completed on equipment that people used and the environment to ensure they were safe.

There were enough staff to meet people's needs. They were recruited following the provider's procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through an induction and regular supervision. There was training available for staff to provide them with the required knowledge and skills and update them on safe ways of working.

People received support with their prescribed medicines from staff who had completed training in how to administer medicines safely. Guidance was available to staff on the safe handling of people's medicines.

People were encouraged to follow a balanced diet. We saw that people chose their own meals and were involved in making them. People were supported to maintain their health and well-being. This included having access to healthcare services such as their GP.

People were supported to make their own decisions. Staff and the registered manager had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us that they sought people's consent before providing support.

People were involved in decisions about their support. They told us that staff treated them with dignity and respect. We saw that people's records were stored safely and staff spoke about people's support requirements in private.

People were supported to develop skills to maintain their independence. Support plans contained information about people, their likes, dislikes and preferences.

People were supported by staff who they knew well and who they felt listened to them. They received support that was centred on them as a person.

People and their relatives knew how to make a complaint. The complaints procedure was available so that people knew the procedure to follow should they have wanted to make a complaint.

People and staff felt the service was well managed. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. Staff felt supported by the registered manager.

People and their relatives had opportunities to give feedback about the quality of the service that they had received. Systems and processes were in place so that checks were carried out on the quality of the service that was delivered.

## 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.

People were protected from abuse and avoidable harm by staff who understood their responsibility to support them to keep safe.

There were a sufficient number of staff to meet people's support requirements. Staff had been checked for their suitability prior to starting work.

Checks had been completed on equipment and the environment to make sure it was safe.

People received their prescribed medicines from staff who were trained to administer these.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were asked for their consent by staff when offering their support.

People were encouraged to follow a balanced diet. They had access to healthcare services when they required them.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by staff. Their privacy and dignity was respected.

People were involved in making decisions about how their support was delivered. They were encouraged to develop their independence.

### Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew them well and listened to them.

People and their relatives knew how to make a complaint.

People received support that was centred on them as an individual.

People were supported to access activities they enjoyed.

### **Is the service well-led?**

The service was well led.

Staff were supported by the registered manager and understood their responsibilities.

People, their relatives and staff had opportunities to give suggestions about how the service could improve. People, staff and relatives felt involved in developing the service.

The registered manager was aware of their responsibilities and checks were in place to monitor the quality of the service.

**Good** ●

# Royal Mencap Society - South Lincolnshire Domiciliary Care Agency

## **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 visit took place on 3 August 2017 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people supported by the service and Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with eight people who used the service. We also spoke with one relative of a person who used the service. We spoke with the registered manager, two service managers, an assistant service manager, and five support workers.

We looked at the care records of five people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at four staff files to look at how the provider had recruited and supported staff members.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe when they received support from staff. One person said, "I trust the staff." Another person commented, "I like the place. It is safe. I have not got any concerns." Another person told us, "It is safe. There is no danger." A relative told us, "[Person's name] is safe. I have no worries."

Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "If I had any concerns I would report it straight away to the manager and record it." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. They were able to describe the policies in place to keep people safe from avoidable harm. Staff had received training in protecting vulnerable adults. Staff had received information on what to do should they have had concerns that people were at risk of harm.

People told us they were enabled to take risks safely or supported to reduce risks. One person said, "I do the cooking with staff help. I cannot use the cooker on my own." Staff knew how to reduce risks to people's health and well-being. The provider assessed and reviewed risks associated with people's support. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk when going out by themselves. There were guidelines in place for staff to follow. These included the person developing road safety skills and starting with shorter journeys to develop their confidence. Risks associated with people's support were managed to help them to remain safe.

There was a business continuity plan that identified what measures were needed to make sure that people still received their support in the case of an emergency such as a flood or flu pandemic. Checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, fire alarms. In case of people needing to evacuate in the event of a fire there was an individual plan for each person. People were involved in completing these checks with staff. Staff had guidance to follow in the event of an emergency to keep people safe and to continue to provide the service.

The registered manager took action when an incident or accident happened. Details of any incidents or accidents were recorded and reviewed by the services manager. This included actions that had been taken. Where changes were needed to practices or support plans following an incident these were made. The registered manager notified other organisations where this was necessary to investigate incidents further such as the local authority. The provider took action to reduce the likelihood of future accidents and incidents.

People and their relatives told us they felt there were enough staff. One person said, "The staff support me. I get a rota to tell me who is coming. We have two staff for five people. So there is always enough." Staff told us they thought there was enough staff to meet people's needs. One staff member said, "We have a good team. There are enough of us." The service manager told us that the rota was developed dependent upon the hours that were funded for each person. It was then agreed with the person what they wanted to do and

when they wanted staff to support them. Some people had staff available 24 hours a day and other people had support at certain times during the day. The registered manager explained that the rota was based on the people and their needs in each house. Where people had funding for one staff member specifically allocated to them this was clearly shown on the rota. Rotas' showed that staffing levels were appropriate to meet the needs of people who used the service.

People could be confident that staff had been recruited safely as the provider followed recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. All checks had been completed prior to staff starting their employment.

People told us they received support with their medicines. One person said, "Staff give me my tablets and I take them myself." Another person commented, "I take tablets. The staff give them to me. They help me with my cream." Other people explained that they took their medicines without support from staff as they were able to do this. Where people took medicines themselves they had been assessed to make sure they could do this safely. Staff told us they were trained in the safe handling of people's medicines and observed administering medicines to check they were competent to do this. Training records confirmed this. One staff member said, "I did my training in medicines and then I was watched administering medicine to make sure I was giving them correctly."

People were encouraged to be as independent as they wanted to be and could be with medicines. Staff offered people different levels of support with their medicines. The support that each person required was documented in their support plan to provide guidance to staff. The service had a policy in place which covered the administration, recording and storage of medicines. Medicine Administration Record (MAR) charts had been completed where people were supported with taking medicines and these had been completed correctly. Where people took medicines that were as and when required there was guidance for staff to follow as to when these could be taken. Staff were supporting people to take their medicines safely in accordance with how they had been prescribed.

## Is the service effective?

### Our findings

People and their relatives told us they felt that staff team had the skills and knowledge to meet their needs. One person said, "The staff are skilled." A relative told us, "Staff have to be trained to work with [person's name]. The newer staff are trained alongside another carer." Staff members told us they received training to help them to understand how to effectively provide care to people. One staff member said, "We have done quite a bit recently. It is good quality. Most is classroom based which is better." Another staff member commented, "We do refreshers to make sure we are up to date." Training records showed staff received training that enabled them to meet the needs of people who used the service. For example, where staff supported someone who had diabetes and required insulin, staff had completed training in diabetes and insulin administration. This was reviewed annually to make sure staff's knowledge was up to date. A service manager explained how one person had very specific needs. Staff had received training about this person's needs and the family had been involved in advising staff how to best meet their needs as they had provided support for the person all of their life so knew what to do. Staff were provided with the knowledge and understanding they needed to support people who used the service.

New staff were supported through an induction into their role. Staff members described their induction into the service positively. One told us, "We had an introduction to people who used the service, training and shadow shifts. It was a good introduction to the job." Records confirmed that staff had completed an induction. The registered manager told us that they used the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by staff who received guidance from a manager. One staff member told us, "We have a shape your future meeting every few months. I had one and am due another one. We set goals wishes and targets." Supervision provided the staff team with the opportunity to meet with a member of the senior team to discuss their progress within the service and how to provide effective support to meet people's needs. The provider called this 'Shape your Future'. Staff had a minimum of four meetings a year to discuss their performance, what they wanted to achieve and training needed to do this. Records confirmed supervisions had taken place. Staff received guidance and support on how to provide effective support to people.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA and found that it was. The registered manager and staff had a good understanding of MCA and DoLS. They were able to demonstrate that people's capacity had been considered through their support plan and associated records. For

example, each person's support plan had information included about how to enable them to make their own decisions. This included how best to give them information to help them to understand. Where there were concerns regarding a person's capacity to make a specific decision their capacity had been assessed and a decision had been made in their best interests. People's capacity in relation to specific decisions had been considered throughout their support plan. There was a policy in place that identified what steps were needed if a person's capacity to make a decision was in doubt. This was in line with the MCA.

People had been involved in making day to day decisions about their support. One person told us, "I choose my own food." Another person said, "I choose what I want to do every day." Staff told us how they involved people in making their own decisions. One staff member said, "[Person's name] understands what you are asking. I offer a choice from two activities and they pick. If it was a bigger decision they may struggle and we would need to involve others." Staff told us they asked people for consent and people had the right to say no. One staff member told us, "I always ask if they mind if I help them. If someone says no I would leave it at that point. I can always go back and ask later. You cannot insist. It is their choice." People's human rights were protected by staff.

People told us they were supported to make their own food where possible. One person said, "I do my own cooking. I can make things from scratch. Staff help others where they are not as confident as me." People were supported to plan a menu for the week. Each person had information in their support plan about how to involve them with preparing their own food and drinks. Records showed that people were encouraged to follow a healthy diet. Where a person required a special diet such as a low sugar diet, guidance was available for the staff. This was included in the person's support plan. Staff knew about the needs of people in relation to their diet and ensured this was provided.

People were supported to maintain good health. One person said, "If I need to see the GP the staff ring and go with me." Where people required support to access healthcare appointments this was in place. People had a record sheet for all medical appointments. Outcomes from appointments had been included so that staff knew if there were any actions required. In these ways people's healthcare needs were met. Where a person needed support with a healthcare need this was provided. For example, one person had started coughing when they were eating. They were referred to the speech and language therapists for an assessment of their eating. Guidance was put in place in their support plan to ensure they were eating safely and not at risk of choking.

People were supported with very complex health needs to maintain their health. A relative told us, "They have been amazing with [person's name]. Their needs are very complex and I have no worries." A social care professional told us, "The staff are very skilled at supporting [person's name]. This has had a positive impact on their well-being." Support plans showed that staff were given detailed and specific guidance about how to ensure that the person's needs were met and that protocols were in place in case of an emergency. The services manager explained that for two people it was imperative that staff followed the guidance in order to keep them safe and prevent ill health. Support plans had step by step routines that had been developed with the person and their family to record all aspects of supporting the person to maintain their health. Staff could explain these steps and knew the importance of following them.

## Is the service caring?

### Our findings

People and their relatives told us the staff team were kind and caring. One person said, "The staff are always kind. That is a certainty." Another person told us, "The staff are nice and kind to me. I like them." A relative commented, "The staff are very caring. They couldn't do the job with [person's name] if they didn't care." Staff we spoke with demonstrated their passion and commitment to improve the welfare and wellbeing of people that used the service. One staff member said, "It is not just a job to me. I am a doer. I have seen people absolutely flourish. I have known all of these people for a long time."

People's dignity and privacy was respected. One person told us, "I have a bath by myself. Staff help me with some bits when I need it." Another person said, "Dignity – Yes the staff do that." Staff we spoke with told us how they promoted people's dignity and privacy. One staff member said, "I always make sure that I knock on the door before going in." Another staff member told us, "People can have their own space. It is their home. They can lock their doors. One person chooses to sit in their own space. It is all about their choices and respecting them." Staff were promoting people's dignity and privacy

People felt staff listened to them and respected them. One person told us, "We treat staff with respect and they respect us back." Another person said, "They listen and respect me." Staff knew about the people they were supporting. They told us how they got to know people including things that were important to them. One staff member said, "I have worked with [person's name] for a long time. I make sure that we all work in the same way with her to make sure that we support her correctly and how she wants to be. I know just by looking at her what she is thinking." People's support plans included details about significant life events for each person, what was important to them and how they wanted to be supported. They also included information about the person's family relationships and other people who were important to them. Staff had information about each person to enable them to support them in ways that they wanted to be supported.

People were supported to be independent. One person told us, "They don't do everything for me right away. I am encouraged to do it myself first." Another person said, "If I'm cooking they watch and help. I can make tea. I do that myself." Staff told us about how they encouraged people to be as independent as they wanted to be. One staff member said, "I prompt and encourage. If they don't want to I will split the task and say I will do this if you do that to make it into a game. As long as people have tried to do a job I am happy." Another staff member said, "We encourage people to do what they can for themselves. One person can now make their own bed. It is their housework so we encourage them to do it. We try and get people into a routine." People's support plans detailed things that they could do for themselves and what they needed support with. For example, we read how one person had been supported to develop a routine when they went to the hairdressers so they could do this without staff support and another person was supported to make their own toast. In these ways people received support from staff to retain or learn new skills.

People were involved in making decisions about their support. One person told us, "I choose times to be supported." Support plans showed that people were encouraged to make decisions. For example, one person's plan prompted staff to ask the person if they wanted a bath or a shower. Records showed that

people had been involved in decisions about their support. For example, one person was involved in interviews for staff so they chose who would work in their home. People were supported to be involved in decisions about their support.

Information was available for people in ways that made it easier for them to understand. For example, we saw that information about how to complain was on a noticeboard. This used simple words and pictures so it was easier for people to read. Each person had information in their support plan about the best way to communicate with them to help them to understand. Where people used signs to communicate, this was recorded in their support plan so staff were aware of this. We saw staff followed the guidance when speaking with people.

People's sensitive information was kept secure to protect their right to privacy. The provider had a policy on confidentiality that staff were able to explain. People's support plans were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. People could be confident that their private information was handled safely.

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves. One person told us, "I don't need an advocate right now."

## Is the service responsive?

### Our findings

People had contributed to the assessment and planning of their support. The registered manager told us they spoke with the person and their relatives as part of the assessment process. They told us they asked for information about what was important to the person and how they wanted to be supported. Assessments had been completed with people before they received support and detailed support plans were developed from these.

People's support plans were centred on them as individuals and contained information about routines they liked to follow, how they wanted to be supported and what they wanted to achieve. A relative commented, "They have really got to know [person's name]." People's support plans were very detailed and gave staff guidance on how to meet their needs. Staff knew about people's support needs and could describe information recorded within their support plans. One staff member told us, "We had a reflection day and looked at what the person has done and what we are supporting them to do. We worked as a staff team to make sure that we all were working consistently." Another staff member commented, "We had someone come to do a very in depth talk on [person]'s needs. We did a lot of research and spoke to a specialist to get as much information as possible and put a plan in place so we knew what to do if there were any problems." Another staff member commented, "[Provider] is all about what the person wants and meeting that." People could be sure that they received support centred on their preferences.

People's needs had been reviewed monthly as part of a support plan review. One person told us, "I have a support plan. Staff talk to me about it." Relatives told us they had been involved in support plan reviews. One relative commented, "They are always talking to me about updates. I am very involved." If a person's needs had changed the support plan was updated as soon as needed. Staff told us that if a change was needed to the support plan they would tell their manager and this would be done. The service manager told us that support plans were reviewed with people each month. This linked to 'What matters most.' This is a tool that the provider used to identify people's wishes and what they want to do; it is designed to make sure people are getting what they want. Information is updated monthly and reviewed by the provider to ensure that people are receiving support that meets their needs and enables them to achieve the outcomes they wanted to.

People had set objectives they were working towards. Staff explained to us how people had achieved their goals. One staff member said, "[Person's name] wanted an allotment. They raised money to do this and won allotment of the year." Progress towards goals had been reviewed and new targets had been set. The assistant service manager told us that each year a reflection event was held. People could choose to attend and celebrate their achievements through the year. Photos from the event this year showed that four people had attended. They had created a collage of photos and reminders from things they had achieved over the year. The assistant service manager explained that people could do a talk about what they had achieved. They said that one person had been very shy when they first started receiving support but had chosen to attend the event this year and were very proud to tell people about their achievements. People were being supported to achieve and celebrate their aims and objectives.

People were supported to follow their interests and take part in social activities and work opportunities. One person told us, "I'm trying to find a paid job. Staff are helping me with this." Another person said, "I am going to Sailability today." Staff explained the person had been encouraged to take part in this and now enjoyed the activity each week. A relative commented, "[Person's name] is always out and about. They didn't want to come home at Christmas as they would miss a party." Each person had a weekly timetable that included activities, college and work placements. People were supported to follow their interests. This included going to the gym, concerts, local groups and visiting family. One person told us, "I like to do art and crafts. I have pictures up on my walls at home that I have done."

People were encouraged to develop and maintain relationships with people that mattered to them. One person told us, "My mum can visit me. I talk to her on the phone." Relatives told us that they could visit and were made to feel welcome. The assistant service manager told us that events were held so that people could meet up with their friends. They explained that staff had been fund raising all year to have a Christmas party that most people attended. This included a band, food and a raffle. The money raised from that night was put back into fundraising. A trip was being planned for September 2017 for people to attend. One person said, "We have events. I like to go to those." A member of staff said, "I have raised over £29,000 in total for day trips, holidays and other things for people to enjoy." They explained this had been completed over a number of years.

People's views, beliefs and values were respected. For example, where people had a particular cultural belief this was recorded in their support plan and staff would ensure the person continued to be involved in following this how they wanted to. One person told us, "We go to church every week." Another person followed a faith. Information about what was important to them was available and there was guidance for staff as to how to support the person. Records we saw considered people's culture and beliefs and ways to support people to meet these.

Staff knew how to support people if they became upset or distressed. One person's support plan identified they could display behaviour that could be classed as challenging and they could become verbally or physically aggressive. The support plan identified examples of how to identify the triggers for the behaviour and de-escalate this behaviour. Staff were able to explain these to us. The support plan gave staff very consistent advice as to how to support the person to reduce the likelihood of the triggers. A member of staff told us, "We have guidance on how to support [person's name]. We have all done training. They are a lot calmer now. We took them on an overnight trip which is something we could not have done before."

People and their relatives knew how to make a complaint should they have needed to. One person told us, "I have not had to make a complaint but I would be happy to do so if I needed to." Another person said, "If I have any complaints it gets sorted out." There was a complaint's procedure that was available for people who used the service and their relatives so they knew the process to follow should they have wished to make a complaint. The registered manager told us that each person had a copy of this so it could be accessed if needed. Complaints that had been received were recorded and reviewed by senior managers. All complaints had been investigated and responded to within the timescales set by the provider.

## Is the service well-led?

### Our findings

People and their relatives were happy with the service they received. One person told us, "I like living here. I'm treated well." Another person said, "I feel settled. We are treated and supported in a fair way." Relatives agreed with this. One relative told us, "I think it needs to carry on as it is. I have no worries." Staff we spoke with told us that they felt that the service was well led. One staff member said, "People are well looked after. The provider listens to people and to staff."

People and their relatives spoke positively about the provider, the registered manager and the service managers. One person said, "[Service manager] is as good as gold. I meet [registered manager] if she pops by. We have had a full conversation or at other times just said hello." Another person told us, "I get on with [service manager]. They are nice people." A relative commented, "I have spoken with [registered manager] when I needed to." Staff also spoke positively about the registered manager, the service managers and the provider. One staff member said, "I have a lot of respect for [service manager]. She does things for us. I don't mind doing extra for her." Another staff member told us, "[Provider] is very good. They care about the staff and make us feel valued." The registered manager had a good understanding of the services', people who used it and was aware of what was happening in the service. They were available to staff to answer their questions and offer support. This showed effective leadership.

Staff received feedback, support and guidance on their work from a manager during individual supervision meetings. This helped them to understand the provider's expectations of them and to reflect on their values. Staff described how they felt supported. One staff member told us, "My manager is only a phone call away. I feel supported in my role." Another staff member said, "I can always talk to my manager. I definitely feel valued. It is a good company to work for." Staff meetings had taken place and covered topics such as people's individual support requirements, good practice, risk assessments and training. Actions were recorded so that staff knew what had happened as a result of the meetings. These meetings also gave staff an opportunity to give feedback on the agenda items and any other areas. One staff member told us, "The team meetings are very useful. It is nice to get together with the staff and discuss how we support each person. We are updated on what is happening." The registered manager told us staff received a monthly magazine that told them about what was happening with the provider. Staff confirmed they received this. There were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

People and their relatives had opportunities to give feedback to the provider. One person told us, "We have a form for our views. Staff help me to fill it in." Another person said, "They ask us for our views. We tell them how we feel." Meetings had been held with people where they shared their house with others. Minutes from these showed people had discussed the environment, what they wanted to do and if they were happy with the service. People and their relatives had been sent a survey in February 2017 to ask for their feedback on the service that had been received. The service manager told us that as a result of this one person had asked to go on holiday and this had been achieved. The registered manager told us that feedback was given to people about actions that had been taken as a result of the survey. This was through phone calls, support plan reviews or a face to face visit.

There were systems in place to regularly monitor the quality and safety of the service being provided. A range of audits were carried out including audits of support plans, checks that people's outcomes were being met, and that people knew their rights. The provider had a bespoke system that was updated by the registered manager and services manager. This tracked outcomes for people to ensure that they had been supported to maintain their rights, been supported to make choices, felt safe, were part of their community, remained healthy and well, and maintained relationships with people who they knew. This information was gathered through the support plan reviews. The registered manager also reviewed that staff had completed supervision and training and that all audits on areas such as finance, the environment and medicines had been completed. Dates and actions from the checks were added to the system so the provider could review that all actions were in place. The quality team also carried out audits of the whole service and provided an action plan from this for the registered manager to complete. Progress against this was reviewed monthly.

The provider had policies and procedures available for staff that detailed their responsibilities. Staff told us they had access to these and could explain to us what policies were in place. These included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns; this was in line with the provider's whistleblowing policy. One told us, "I can report to CQC or safeguarding. We have a policy about whistleblowing that tells us what to do."

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had reported all incidents they needed to appropriately and without delay.