Real Life Options

Real Life Options - 90 Capel Gardens

Inspection report

90 Capel Gardens
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Date of inspection visit:
12 July 2016

Date of publication:
15 August 2016

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

This unannounced inspection of Real Life Options –90 Capel Gardens took place on the 12th July 2016. At our last inspection on 23 April 2014 the service met the regulations inspected.

Real Life Options –90 Capel Gardens is registered to provide accommodation and personal care for six people. The home provides care and support for people who have a learning disability, some of whom have mental health needs. The home is owned and managed by Real Life Options who provide a similar service in two other care homes in North West London and a range of services in other areas. On the day of our visit there were five people living in the home.

The service currently does not have a registered manager. However, a manager is in post and has made an application to register with us. 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 were cared for by staff who knew their needs well including people's individual ways of communicating. People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service. Staff respected people's privacy and dignity and understood the importance of confidentiality. People were supported to choose and take part in a range of activities of their choice.

There were procedures for safeguarding people. Staff knew how to safeguard the people they supported and cared for. However, arrangements for looking after people's money did not ensure financial abuse could not take place.

Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times. People's individual needs and risks were identified and managed as part of their plan of care and support to minimise the likelihood of harm. Accidents and incidents were addressed appropriately.

People were supported by staff to be as independent as possible and were provided with the support they needed to maintain links with their family and friends.

People were supported to maintain good health. They had access to appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed. People were supported and encouraged to choose what they wanted to eat and drink.

Staff were appropriately recruited and supported to provide people with individualised care and support. Staff received a range of training to enable them to be skilled and competent to carry out their roles and responsibilities. Staff told us they enjoyed working in the home and received the support and training they

needed to carry out their roles and responsibilities.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were encouraged and supported to make decisions for themselves whenever possible. Staff knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives. However, this was not evident when supporting people with their finances.

There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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. Staff knew how to respond in the event of any abuse but the arrangements to prevent financial abuse were not always robust.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered to people safely.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Is the service effective?

Good

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a range of meals and refreshments, and were supported by staff to make choices about what they wanted to eat and drink.

People benefitted from having access to a range of healthcare services to make sure they received effective healthcare and treatment.

Where Deprivation of Liberty Safeguards restrictions were placed upon people, staff ensured people were enabled to continue living their life in accordance with their care preferences.

Is the service caring?

Good

The service was caring. Staff were approachable and provided people with the care and support they needed. Staff respected people and involved them in decisions about their care.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good

The service was responsive. People received personalised care.

People were supported to take part in a range of recreational activities.

Staff understood the procedures for receiving and responding to concerns and complaints. Complaints were dealt with effectively.

Is the service well-led?

Good

The service was well led. Staff informed us the manager and other senior staff were approachable, listened to them and kept them updated about the service and of any changes.

Relatives spoke positively about the management of the service.

There were a wide range of processes in place to monitor and improve the quality of the service.

Real Life Options - 90 Capel Gardens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. We also looked at the Provider Information Return [PIR] which the manager had completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was discussed with the manager during the inspection.

During the inspection we spoke to four people using the service, the manager, team co-ordinator and two care workers. All the people using the service due to their needs communicated mainly by gestures, signing and behaviour and were not able to tell us about their experience of living in the home, so to gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

Following the inspection we spoke with two relatives of people using the service, a person's advocate, a healthcare professional and a social care professional.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of three people living in the home, four staff records, audits, and policies and procedures that related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People were unable to verbally tell us whether they felt safe but when we asked if they felt safe and whether staff treated them well, two people smiled and a person gestured by making a 'thumbs up' sign. Relatives of people told us they did not worry about people's day to day safety. They told us they felt people were safe. Comments from relatives included "[Person] is safe," and "I am sure [Person] is 100% safe."

There were policies and procedures in place which informed staff of the action they needed to take to keep people safe including when they suspected abuse or were aware of poor practice from other staff. Details of the host local authority safeguarding adult's team contact details were displayed. Care workers were able to describe different kinds of abuse and told us they would immediately report any concerns or suspicions of abuse to senior staff and the manager. They were confident that any safeguarding concerns would be addressed appropriately including reporting to the local authority safeguarding team. They knew that they could also report their concerns to the local safeguarding authority, police and the CQC.

Care workers were aware of whistleblowing procedures and were confident about raising concerns about any poor practice. Details of a confidential whistleblowing telephone number were displayed.

People were not always protected against the risk of financial abuse. People's care plans showed that they were unable to manage their finances without staff support .The team co-ordinator told us that that nobody in the home was able to give informed consent about their finances. We checked three people's financial records of expenditure and found records that indicated people using the service had paid for food for staff. The records were not clear who they had bought food and drinks for. Examples included on 24th June 2016 records showed a person using the service had bought a chicken sandwich meal, and another fast food meal plus two medium fries and two medium cokes at a cost of £8.98 but the petty cash voucher attached to the receipt did not provide details of who the second meal had been bought for. Also there similar items bought by another person using the service on 19th June and 9th July 2016 which again did not specify who the second meals on each occasion were bought for. This lack of clarity in expenditure receipt records and absence of information in people's financial care plans to show they had agreed to this kind of expenditure did not indicate people were always protected from financial abuse. Records did not show that people and their families and those important to them [if applicable when a person's lacked capacity to decide and consent to how their money was spent] had been involved in decisions about the spending of people's money on food for staff during outings and on staff costs during people's holidays.

Staff told us they had followed the provider's 'Food with Service User Guidelines' with regard to eating and drinking out with people using the service. We looked at the 'Food with Service User Guidelines' policy'. This was not dated. The manager told us that it was put in place in April 2016. We noted the policy included some brief information about compiling food guidelines for staff and people using the service but we found there was no evidence to show they were being followed by staff. As a result, there was no protection for people using the service against staff using people's money to pay for staff refreshments.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. Care workers told us they felt there were enough staff on duty to meet people's needs and that staffing levels were adjusted to make sure people received the support they needed to attend health appointments and take part in a range of activities. The team co-ordinator told us permanent and 'bank' staff covered vacant shifts, so agency staff were not employed which meant consistency of staffing was maintained for the benefit of people using the service. We found sufficient staff were deployed during the inspection to provide people with the care and support they needed and to enable them to take part in activities within and outside of the home. Staff had time to spend time engaging with people and were available when people needed assistance. There was one 'wake night' member of staff on duty at night and a 'floating' care worker who covered three homes and provided support to staff when it was needed. Records showed that the 'floating' night care worker spent some night shifts at Capel Gardens so was available to provide people with care and other assistance when required.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. Risk assessments had been reviewed and updated regularly. Risk assessments included risk management plans for a selection of areas including; bathing and showering, use of public transport, cooking, medication, and seizures. A range of general health and safety risk assessments including; use of equipment, clinical waste, use of computers, and falls from windows were also in place. Accidents and incidents were recorded and addressed appropriately.

There were various health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of fire safety; Legionella bacteria water checks, gas and electric systems. Regular health and safety audits were also carried out by the manager and representatives of the provider. We noticed during the inspection that hot water from a tap in a communal bathroom felt significantly hot when run for approximately a minute, the water then cooled. The team co-ordinator contacted a plumber who took action to prevent the hot water temperature being unsafe. Records showed that regular checks of the hot water from some taps was taking place but not for all. During the inspection the team co-ordinator commenced a system of regular checks of all the hot water outlets.

A fire emergency plan including evacuation procedure was displayed. Each person had a personal emergency evacuation plan [PEEP]. A fire safety risk assessment was in place. Fire drills took place regularly and included participation from people using the service.

The four staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included a formal interview, obtaining references and checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

People's medicines were stored securely. A medicines policy which included procedures for the safe handling of medicines was available. People had a specific care plan relating to the management and administration of their medicines. Medicines administration records [MAR] showed that people received the medicines they were prescribed. Care workers administering medicines told us they had received medicines training and assessment of their competency to administer medicines. Records confirmed this. We found there were accessible information leaflets about people's medicines.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves, aprons and head wear. We saw care workers wearing protective clothing when carrying out some tasks during the inspection. Housekeeping duties were carried out by care workers who recorded when these tasks had been completed. The service had an up to date infection control policy which had been signed by staff who had read it. Food hygiene guidance was displayed. We heard a care worker remind a person to wash their hands after going to the bathroom. Food safety procedures were carried out which included making sure hot food was cooked to a safe temperature, and keeping the environment was clean.

Good

Is the service effective?

Our findings

People showed signs of well-being; they smiled and engaged with staff in a positive manner. When we asked people if they were happy with the care and support they received one person said yes and other people nodded, smiled and made positive signs and gestures. Care workers spoke in a positive manner about their experiences of working in the home caring and supporting people. Relatives told us they felt people staff were competent and knew people well.

Care workers told us they received the training they needed to provide people with effective care and support. They informed us that when they started working in the home they had received an induction, which included learning about the organisation, people's needs and shadowing more experienced staff. Records showed the Care Certificate induction which is the benchmark set in April 2015 for the induction was being completed by new care workers. A care worker spoke positively about the process of completing the Care Certificate induction and about the corporate induction they had received when they started work in the home.

Records showed and staff told us they had received relevant training to provide people with the care and support they needed. Care workers were very knowledgeable about the needs of the people using the service and told us about the care they assisted people with. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; moving and handling, first aid, safeguarding adults, fire safety, medicines and food safety. Staff had also received training in other relevant areas including; epilepsy, autism, signing and communication and bathing and showering, diabetes, falls and frailties in care homes, end of life training, positive handling strategies for the management of some behaviours and fluids and nutrition. Care workers told us that if they felt they needed training in a specific area they could request it and was confident it would be arranged. Records showed that training and personal development was discussed with staff. Records showed that some care workers had completed or were in the process of completing vocational qualifications in health and social care which were relevant to their roles

Care workers told us they felt well supported by their team and senior staff including the manager. They told us and records showed that staff regularly had the opportunity to meet with senior staff during individual supervision sessions and group meetings. Supervision is a way of supporting, developing and motivating staff to carry out their roles and responsibilities. We found staff had received appraisals of their performance and regular supervision. Topics discussed during staff supervision included training, policies, CQC, communication and people using the service.

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 and

hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff knew about the requirements of DoLS and knew what constituted restraint and that a person's deprivation of liberty must be legally authorised. The manager was trained to understand when applications for DoLS authorisations should be made, and in how to submit one. Staff told us and records showed that staff had received MCA and DoLS training. People moved freely within all communal areas of the home.

Care workers and the team co-ordinator knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. People's care plans showed when decisions had been made in people's best interests when people were unable to make a particular decision about their care and treatment. Examples of decisions being made in people's best interests included the need to receive prescribed medicines and to receive treatment for a medical need.

Care workers were knowledgeable about the importance of obtaining people's consent when supporting people with their care. We saw an example of a person's behaviour that indicated they did not agree to assist a care worker with a task and this decision was immediately accepted by the care worker.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records showed people received health checks and had access to a range of health professionals including; GPs, psychiatrists, dentists, dietitians, chiropodists, community nurses, epilepsy specialist and opticians to make sure they received effective healthcare and treatment. Records showed that staff took appropriate action by arranging appointments for people with their GP when they showed symptoms of being unwell. People had an individual health action plan which detailed their health needs and included guidance to meet those needs. We noticed a person had ill-fitting dentures. The manager and team co-ordinator told us that although the person's dentures were secured in place by an appropriate dental solution the person loosened them and took them out when eating. The team co-ordinator told us she would arrange a review of this matter with the person and significant others.

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Care workers had knowledge and understanding about people's individual nutritional needs including particular dietary needs. People indicated by gestures and by eating the meals provided during the inspection that they were satisfied with the meals. We saw pictures of the meals of the day were displayed and a care worker showed us images of food items that staff used to support people to choose what they wanted to eat. Care workers encouraged people to be involved in mealtimes such as setting the table and clearing up afterwards. Staff supported people to eat in restaurants and experience different types of food. A care worker told us about how they supported people to eat healthily. People ate a variety of fresh fruit during the inspection.

We looked at people's weight records which showed people's weight was monitored closely. Care workers knew to report significant changes in people's weight to senior staff and confirmed an appointment with a GP and dietitian would be made if needed.

The home was not accessible to wheelchair users, which currently was not applicable to people using the service but could be important to some visitors. However there were handrails located close to the steps at the entrance of the home and in the back garden so people could ascend and descend steps safely. Staff were seen providing assistance to people when they walked down the steps at the front of the house. The home was clean but some areas such as bathrooms were tired looking, for example there were areas where paintwork was chipped and the floor in the upstairs bathroom had paint marks on it. Doors to bathrooms

and bedrooms lacked colour and picture signage which if in place could help people and visitors with orientation and add to the attractiveness of the environment.

Good

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. The care workers, team co-ordinator and manager spoke with people in a friendly and respectful way, and we heard them frequently asking people how they were. People approached staff without hesitation. Relatives of people told us told us they felt staff were kind to people and understood their needs. Comments from relatives included; "They are kind and look after [Person]", and "[Person] is happy and visits their [relative]."

Care workers told us about people's range of needs and spoke about how they assisted people with the care and support they wanted and needed. People's care plans included a profile about each person to help staff understand people's individual needs. A care worker told us they had got to know each person by talking with staff, observation and by reading people's care plans. We saw by this member of staff's interaction with people that they were familiar with and understood people's varied needs. During the inspection care workers encouraged and praised people.

Care workers informed us people were involved with making choices in their day to day lives. Staff spoke of people's individual preferences and told us people made choices about what they wanted to wear, eat and do. A care worker told us a person took the clothes they wanted to wear out of their wardrobe and another person chose to spend most of their time in their bedroom.

Staff told us people's independence and the development of their daily living skills were supported by the service. They told us people were encouraged and supported to be involved in household tasks including laying the table, feeding pet fish, taking rubbish out to the refuse bin, cleaning their room and laundering their clothes. We saw people participated in a number of household tasks during the inspection.

Staff understood people's right to privacy and we saw they treated people with dignity. Care workers had a good understanding of confidentiality, which was included in their induction programme. They knew not to speak about people other than to staff and others involved in the person's care and treatment. Care workers knocked on people's bedroom doors and did not enter people's bedrooms without permission. We saw people decided when to spend time alone in their bedroom and this decision was respected by staff. A care worker told us about how they ensured people's privacy was respected when assisting them with personal care.

People's care plans included information about people important to them. People were supported to maintain the relationships they wanted to have with friends and family. Relatives of people told us and records showed people had contact with their family members. However, a relative told us that a person had not visited them as frequently as had been agreed with the service. The manager told us they would make sure arrangements were made so the person could visit their relative soon. Staff confirmed there was good communication with people's families.

Staff confirmed and records showed religious festivals as well as people's birthdays were celebrated by the service. A care worker told us and records showed that a person regularly attended a place of worship.

Equality and diversity were included in staff's induction. Staff had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. Notice boards displayed photographs and other information about people's lives, their families, personal interests and other matters important to them. Similar information about the staff working in the home was also displayed which showed an openness and equality about sharing information about staff with the people using the service and those important to them.

People's end of life wishes and needs were recorded in their plan of care. They included detail about who should be informed, funeral arrangements and specific requests about possessions such as photographs being given to relatives.

Good

Is the service responsive?

Our findings

People's care plans identified where people needed support and guidance from staff. They included assessment information about each person's needs. The three care plans we looked at included information about each person's health, support and care needs, what was important to them and described their individual abilities. People's communication and behaviour needs were included in their plan of care.

Care workers knew about people's care plans which they told us they read. Care plans we looked at presented a clear picture of the person and contained information and guidance about meeting people's individual needs including health and mobility, behaviour, communication and medication needs. The care plans included information about personal goals which were being worked on to help people develop their skills and achieve their aspirations. The manager told us there were plans to improve the format of the care plans so information about people's needs was more easily accessed by staff.

Staff had a good understanding of people's needs and told us about how they provided people with the care and support they needed. For example, care workers told us about how they communicated with the people living in the home who had a range of communication and behaviour needs. They showed us pictures they used to help people make choices and told us about the signs and gestures people used to convey what they wanted to communicate. We saw staff demonstrate their knowledge and understanding of people's needs during the inspection. People's communication needs were written in their care plan.

People's care and support needs had been reviewed regularly by people, family members, staff and with health and social care professionals. Some people's relatives told us they attended meetings about people's care and were kept informed about people's progress. A person's relative told us "They involve me as far as [Person] is concerned." Records showed that care plans were updated when people's needs altered such as when there were changes in people's behaviour or health.

Care workers informed us they had a 'handover' at the start and end of each shift when they shared information about each person's current needs and progress. Each working shift care workers completed care notes about each person and included details about the activities they participated in, mood, and any changes in people's health, mood and care needs, so staff had up to date information about people's current needs and showed people's needs were monitored closely.

Care workers spoke of their key worker role in supporting people with their day to day lives including planning activities such as going out for meals, holidays, shopping for toiletries and clothes as well as supporting people with keeping in contact with those important to them.

People's activity preferences were recorded in their care plan and each person had an individual activity plan. Care workers told us about the support people received to make sure they had the opportunity to take part in a range of activities including attending a day centre, outings, eating in restaurants and going for walks. During the inspection, people attended a day centre, watched television, spent time in their room and engaged with staff doing one-to-one activities. We saw people chose whatever they wanted to do including

relaxing in their bedroom and spending one-to-one time with staff. One person was away on holiday. Staff told us that holidays for the other people using the service were in the process of being planned.

The service had a complaints policy and procedure for responding to and managing complaints. The complaints procedure was in picture and written format and had recently been reviewed. People's relatives informed us they found staff approachable, and would report any complaints they had to staff working in the home and the manager. A relative told us they would not hesitate to raise any issues with the manager and were confident they would be responded to appropriately. Care workers knew they needed to take all complaints seriously and report them to management staff. Records showed complaints had been responded to appropriately. Some compliments about the service had been received.

Good

Is the service well-led?

Our findings

People had lived in the home for many years, were settled and had good relationships with staff. The staff team showed they were committed to the service and to providing people with the care they needed and wanted. People's relatives spoke in a positive manner about the home and of the care people received and told us they would recommend the service. Comments from relatives and an advocate included "I am very happy," "[Staff member] is very good they keep me informed," and "I am happy with the home and the staff."

The service has a manager who also manages another two similar services and a day service run by the same provider. The team co-ordinator and the manager told us they each spent time carrying out management duties in each service including this service. We noted the manager and team co-ordinator signed the staff record book however; the staff rota did not include details of when and the amount of time they were working in the home. The team co-ordinator told us she would make sure this was recorded on the staff rota.

The manager told us there had been recent changes to the management structure of this and the other services. These changes included a reduction in the number of team co-ordinators from one being based in each care home service to only one covering all three services with the manager. Both the manager and the team co-ordinator told us that it was a fairly new system which was still in the process of development and they would be feeding back at a later date to senior management their views of the changes including any negative effects these changes might have on the service. The service also received support from an area manager whom the manager said he communicated with every day. People's relatives and advocate complemented a member of staff who had been the team co-ordinator of the home.

Staff we spoke with were clear about the lines of accountability. There was an on-call procedure. Staff knew about reporting any issues to do with the service to the team co-ordinator and/or manager. Where incidents had occurred, detailed records had been completed and retained at the service.

Care workers we spoke with told us the senior and management staff were approachable, listened to them were always available to provide advice and support. We heard and saw the manager and team co-ordinator engage in a positive manner with people using the service. Records in picture 'easy read' format showed the provider communicated with people about the organisation and the services they provided and detailed action they had taken in response to feedback from people using services and others including family members and staff.

A person's relative told us they had been asked about what they thought of the service. Another relative had not been asked for feedback for some time. The manager told us they would send the person a feedback survey. Relatives spoke of staff communicating with them via the phone. Records showed that people using the service had been supported by staff in 2015 to complete feedback questionnaires about the service. A health professional and a social worker spoke in a positive manner about the service.

Regular staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Topics discussed during staff meetings included training, people's menu, epilepsy protocol, emergency procedures, health and safety and people using the service. Staff had signed they had read a range of policies including; lone working, health and safety and moving and handling procedures.

A range of records including people's records, visitor's book, staff communication book and health records for individuals showed that the organisation worked with a range of professionals to provide people with the service that they needed. A quality monitoring visit by the host local authority carried out in June 2015 had identified a number of areas where improvements were needed. The manager told us action had been taken to address those issues.

Staff carried out a range of checks to monitor the quality of the service. The team co-ordinator told us that members of staff had a range of monitoring roles and responsibilities in a range of areas of the service. Records showed daily and weekly checks were carried out in a range of areas including; menu planning, people's monies, medicines records, cleanliness of the kitchen and fridge/freezer temperatures.

Regular health and safety checks of the environment and monthly audits of the service were carried out by the manager these included checks of staff training, staff supervision, staff records, care plans, record keeping, equipment and nutrition. Audit records showed that monitoring of a range of aspects of the service had also been carried out by senior management staff and the quality assurance team. Action was taken to address issues where improvements to the service were found to be needed.

The manager told us that the provider had received ISO 9001 accreditation which is a quality management standard helping organisations deliver a consistent high level of service. The manager said that during the process of accreditation a range of systems and documentation to do with the service had been reviewed and improved such as the quality assurance tool used by the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected from abuse as there were not effective systems and processes to prevent theft, misuse or misappropriation of money or property belonging to a service user. Regulation 13(1) (2) (6) (c).