Omega Elifar Limited

Dove House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 23 and 24 August 2016 and was unannounced.

Dove House provides accommodation and personal care for up to nine people who have learning disabilities. The home specialises in providing support and care to people who sometimes demonstrate behaviour which may challenge others. Although under one registration, the home is separated into two separate areas of accommodation; Dove House which provides support for up to five younger people and Dove Lodge which provides support for up to four older people. At the time of our inspection nine people were using the service.

Dove House has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. Staff were aware of how to protect people from abuse. Relatives told us their family member felt safe.

Risk assessments were in place for each person on an individual basis. People using the service were living with a learning disability and had complex needs. Risks had been identified in relation to people's conditions and behaviours, such as epilepsy and self-injurious behaviour. Staff were aware of the risks and knew how to mitigate them.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or support guidelines were discussed at staff meetings.

There were enough staff on duty to meet people's needs. The registered manager explained how staffing was allocated based on the assessed needs of people using the service. Emergencies such as sickness were covered by staff picking up extra shifts and sometimes agency staff. The registered manager told us the home was currently recruiting for extra care workers. Recruitment was carried out safely to ensure that potential members of staff were suitable to work in the home.

Medicines were administered safely by staff who had been trained to do so. Competencies in relation to the administration of medicines by staff were checked by the registered manager annually. Medicines Administration Records (MAR) were kept for each person and were checked weekly. Medicine stock levels were monitored. The supplying pharmacy carried out an annual audit of medicines in the home.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. This meant that people's mental capacity was assessed and decisions were made in their best interest involving relevant

people. The registered manager was aware of her responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications for people using the service.

Relatives told us they were very happy with the care provided by the service. Staff understood people's preferences and knew how to interact and communicate with them. People behaved in a way which showed they felt supported and happy. People were supported to choose their meals. Snacks and drinks were available in between meals. Staff were kind and caring and respected people's dignity.

Support plans were detailed and included a range of documents covering every aspect of a person's care and support. The support plans were used to ensure that people received care and support in line with their needs and wishes. We saw this reflected in the support observed during the visit.

There was evidence in support plans that the home had responded to people's health needs and this had led to positive outcomes for people.

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the registered manager who listened and responded. The home had a pleasant atmosphere, where staff worked well together and supported the registered manager in her role.

The service maintained a detailed system of quality control in order to ensure the quality of service was maintained and improved. This included daily checks weekly checks and monthly provider audits. Actions were identified as a result and completed by the registered manager.

Staff and people had been involved in the development of the home. Most recently the home had hosted an event. The organisation of the event included staff and people ensuring everyone had input into decisions about the home.

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.

Staff knew how to keep people safe from harm and protect them from abuse. Identified risks had been recorded and managed.

The registered manager planned staff rosters to ensure there were enough staff to meet people's needs. There were effective systems in place to ensure appropriate staff were recruited.

Medicines were administered safely by staff who had been trained to do so.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs.

People were able to choose their meals and had access to drinks and snacks when required, to ensure adequate nutrition and hydration.

People were supported to make their own decisions, but where they did not have capacity the provider had complied with the requirements of the Mental Capacity Act 2005.

Appropriate action was taken in response to people's health needs.

Is the service caring?

Good

The service was caring.

People were supported in a stable and caring environment.

The staff promoted an atmosphere which was kind and friendly.

People were treated with respect and dignity and independence was promoted wherever possible.

Is the service responsive?

Good

The service was responsive.

People's preferences, likes and dislikes had been recorded and responded to by staff.

The registered manager sought and responded to feedback from people, relatives and staff.

Is the service well-led?

Good

The service was well led.

We found the home had an open and transparent culture.

The registered manager was a positive leader who encouraged staff to be involved in the development of the service.

Effective quality assurance systems were in place, to ensure a continuous and consistent quality of care.

Dove House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 23 and 24 August 2016 and was unannounced. The inspection was carried out by an inspector.

Before the inspection, we reviewed all the information we held about the home including the previous inspection reports and notifications received by the Care Quality commission. A notification is information about important events which the provider is required to tell us about by law. The provider submitted a Provider Information Return (PIR) prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with three relatives and two people. We also spoke with the registered manager, three support staff and a visiting professional. We reviewed records relating to the management of the home, such as audits, and reviewed two staff records. We also reviewed records relating to three people's care and support such as their support plans, risk assessments and medicines administration records.

Where people were unable to tell us about their experiences, we used other methods to help us understand their experiences, including observation.

We last inspected the home in January 2014 and found no concerns.

Good

Is the service safe?

Our findings

All relatives agreed their family members felt safe. One relative, when asked if their relative felt safe, said "I do actually, (my relative's) eyes light up when (they) see different members of staff, you can see the excitement in (their) face." Another relative said "They allow (my relative) to feel safe, they allow him to do what he would like to do." Everyone had a one to one meeting with a member of staff each month. During these meetings people were asked if they felt safe. Staff recorded that people either said or indicated that they felt safe.

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. They also knew how to report abuse. Staff were aware of how to protect people from abuse. One member of staff said "If I thought there was something amiss, I would definitely make my feelings known." The registered manager ensured that staff knew about the safeguarding and whistle blowing policies. Safeguarding and whistle blowing were discussed regularly during staff meetings. Staff said they would feel able to whistle blow, if necessary, without fear of reprisal.

Individual risk assessments were in place for each person. These included the risks arising from everyday activities, such as travelling in the home's bus. Risks had also been identified in relation to people's conditions and behaviours, such as epilepsy and self-injurious behaviour. Risk assessments clearly described what the risk to the person was, who might be harmed and how, what staff were already doing to manage the identified risk and what further action was needed to keep the person safe. Staff were aware of the risks and knew how to mitigate them. For example, staff were able to describe the actions they needed to take when one person demonstrated behaviour which may challenge others. They described how to keep the person, other people and themselves safe and this matched guidance within the person's support plan. Actions included ensuring the person was in a safe environment, moving them away from others and talking to them in a calm way using short sentences. Occasionally staff needed to use restraint, as a last resort, to keep the person and others safe. A recognised form of intervention was used, in which all staff had been trained. Staff were able to describe how and when they would use restraint and there was a risk assessment in place for its use. There was provision to ensure that staff were informed about updated risk assessments. This included handover meetings, a communication book and regular shift meetings. This meant that there were systems in place to identify, review and update individual risks, to ensure they were specific to the person and the activity.

There were arrangements in place to address any foreseeable emergencies, such as a fire, flooding or severe weather. There was an emergency response plan to ensure people were kept safe which described actions for staff to take to ensure the continuation of the service. Evacuations of the home were practised six monthly so that people and staff knew what to do in the event of an emergency. The registered manager told us that an evacuation had been held only a few days prior to the inspection in which everyone had successfully evacuated the building with no problems. Heat sensors, smoke detectors and emergency lighting were regularly checked to ensure they remained in good working order.

Incidents and accidents were recorded appropriately and investigated where necessary. The reporting

system considered what additional steps needed to be taken to prevent the incident from happening again. Any learning or changes to support plans or support guidelines were discussed at staff meetings. For example, in response to incidents the service had purchased furniture which was very heavy and therefore very difficult for people to throw. This meant the provider took action to reduce the risk of further incidents and accidents.

The registered manager explained how staffing was allocated based on how many people had been assessed as requiring one to one support and two to one support and the known needs of the other people using the service. This meant that seven members of staff were on duty on morning and afternoon shifts and four were on a waking night shift. In addition the registered manager was available to cover any emergencies. The rosters reflected the staffing and skill mix described. Emergencies such as sickness were covered by staff picking up extra shifts. The registered manager told us the home was currently recruiting for extra care workers. We observed, during our inspection, that everyone received the care and support they needed and were able to take part in activities of their choosing. This meant there were sufficient staff deployed to meet people's needs.

There was a recruitment policy in place, which was followed by the registered manager. Disclosure and Barring (DBS) checks were carried out before anyone could be recruited. These checks identify if prospective staff had a criminal record or were barred from working with people at risk. Potential staff had to provide two references and a full employment history, to ensure they were suitable to work within the service.

Medicines were administered safely by staff who had been trained to do so. Competencies in relation to the administration of medicines by staff were checked by the registered manager annually. We reviewed records in relation to medicines. Medicines Administration Records (MAR) were kept for each person. These were all signed appropriately with no gaps. We checked medicines in 'blister packs' to ensure they had been administered appropriately up until the time we checked. There were no gaps meaning medicines had been administered at the right time. A 'blister pack' is a monitored dosage system provided by the pharmacy.

Medicines were stored safely in locked cabinets and temperatures were monitored on a daily basis to ensure medicines were kept at a safe temperature. A recent drug alert had been responded to appropriately. Following a check the home were able to confirm they did not hold any of the batch of medicine which was of concern. Each person had individual records kept in relation to their medicines. These included a photograph, medical history, details of any allergies, how the person liked to take their medicines, guidelines for medicines which needed to be taken 'as required' and how the person would indicate they were in pain. A selection of medicines from the cabinet were checked and all were within their expiry date and had the date they were opened recorded to ensure they remained safe to use.

Good

Is the service effective?

Our findings

Relatives told us they were very pleased with their relatives care and support. One relative said "(My relative) has a quality of life we couldn't have imagined." Another relative said "They understand her." Observations within the home showed that staff were delivering support according to support plans and that people looked happy and responded to staff. We saw that staff communicated effectively with people, in accordance with their individual plans, in order to provide support and care.

Staff had received appropriate training to deliver the care and support for people living in the home. Records showed that training covered all essential areas such as first aid, mental capacity and fire safety. There was also training in relation to diet and nutrition, use of oxygen, dementia awareness and emergency administration of epilepsy medicine. Staff had regular supervision meetings and said they felt supported.

People were asked for their consent before care and support was provided. Communication support plans made it clear how people communicated so that staff understood when people were consenting. One member of staff told us "We always ask, we give a choice, we use objects and we write things, (one person) signs." One member of staff gave an example of offering a person a bath; they told us that if the person got up smiling and went with them, it meant they were happy to have a bath. Staff understood people's individual ways of communicating their consent and respected people's decisions if they said or indicated 'no.' Records showed that one person had been asked for their consent in relation to following an intensive support programme designed to reduce certain types of behaviours. They had agreed to this.

Where people lacked capacity to make specific decisions, the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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. Where they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments had been completed which were decision specific. For example, mental capacity assessments had been carried out for individuals in relation to being closely supervised, receiving medical interventions such as an endoscopy, receiving dental treatment and in relation to the use of restraint. We found that staff had received training in the MCA and were able describe the principles. People were supported to make their own decisions where appropriate. This showed that the registered manager had understood the MCA and had abided by its principles.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager understood when an application should be made and had submitted relevant applications for people.

We spoke with staff who had a good detailed knowledge of people's needs, their preferences, likes and

dislikes. Support plans were in place which recorded people's support requirements. These matched what staff told us and our observations. For example one person required a low bed with a crash mat in case they experienced a seizure during the night. We observed these in situ. One person's care plan described that they were unsettled at night due to their personal history; staff told us how the person liked to be supported at night and during the day with their sleeping and this included sleeping in a chair which was their preference. We observed the person sleeping in a chair during the day.

Staff told us that menu planning was carried out on a weekly basis so that a shopping list could be compiled. Staff supported the process and knew people's likes and dislikes. One member of staff said "We offer balanced meals with plenty of fruit and vegetables." Staff told us that people were offered choices at meal times and they indicated their choice by either grabbing food or making noises. One relative said "He is able to choose what he likes to eat." We saw that specific dietary requirements were met for example some people needed their food cut up into bite size pieces and some people required their food to be pureed. Appropriate support was provided to people in order for them to eat their meals. We observed one person being supported to eat their lunch. We observed others being supported to have drinks and snacks. This meant that people received sufficient nutrition and hydration to meet their needs.

One person had been refusing meals regularly. This identified risk was responded to by monitoring the person's weight, which demonstrated some weight loss. The person was taken to the GP and, at the time of the inspection, the weight loss was being investigated by a specialist who was awaiting the outcome of some tests. This showed the service responded appropriately to risks identified in relation to adequate nutrition.

Health professionals were appropriately involved in people's care. Records showed that people's health needs were met. For example, records showed that health professionals had been involved in people's care such as a neurologist, a speech and language therapist and a community learning disability nurse. One person had been working closing with the intensive support team. Staff, the registered manager and health professionals involved all told us that this had had a positive impact on the person and their behaviours and had improved their quality of life.

Good

Is the service caring?

Our findings

Relatives told us they were very happy with the care their family member received at Dove House. One relative said "When I take her out, she's always content to come back and she's very relaxed there." Another relative said "They give him space when he needs it and comfort when he needs it. There is an atmosphere of care there."

Staff were supportive and caring. We observed people receiving support in communal areas within the home. They interacted in a meaningful way which people enjoyed and responded to. A member of staff described how one person named their clothes according to famous people. When they chose their clothes they named the person so it was important for staff to understand which clothes they meant. The member of staff went on to describe how some clothes were more important than others and therefore they arranged for certain 'important' clothes to be washed and dried overnight so they would be available to the person the next day. The staff member described how one person's life had changed completely since moving to the home. Previously they had worn the same clothes all the time and refused to leave the home. The member of staff proudly described how they had worked with the person until the point that they were now starting to go out and enjoy the community. Family members we spoke with were very pleased with the positive impact on their relative's life.

One member of staff described how getting to know people was a two way process and it was also important for people to know them well. They shared information about their children and pets and people interacted with them and asked about them whenever they came on duty. They described how 'touch' was important especially for people who were unable to communicate verbally. They told us "(A person) will come up to you when you least expect it and kiss you on the arm. (They) know I am here for (them). Sometimes they will grab my bracelet because they like sparkly things. I like that. It's important that touch is exchanged."

One member of staff described how they had supported a person to visit the beach. The beach was pebbly and the person was unsteady on their feet however they wanted to get closer to the water. They had carefully supported the person to reach the water's edge, roll up their trousers and go paddling. They described the look on the person's face, when they had achieved their goal, as "brilliant" and felt it was a "special moment" for everyone. Staff ensured that people were able to do the things which were important to them, which had a positive impact on their life.

Staff showed that they understood people and how to support them if they were upset or distressed. One member of staff said "(One person) loves being pampered, having her hair, make up and nails done. It makes her feel confident."

People's rooms were personalised according to individual taste. For example, people's bedrooms included family and personal photographs. They also reflected areas of interest such as musical instruments and Disney. One person showed us their room and their themed t-shirts which they were very proud of.

Staff made every effort to maximise people's dignity. They spoke to people with care and respect, taking account of their wishes and personal preferences and ensuring they were happy and comfortable. Staff described how they respected people's dignity by ensuring that doors and curtains were closed when people were receiving personal care. One member of staff said "If they tell you something private, you don't tell everyone. So you have a relationship of trust with them." We noticed that people took pride in their appearance and staff supported this by assisting people to do their hair and change their clothes.

People had a 'person centred planning' file in addition to their support plan. This recorded things the person was good at, things they liked doing as well as planning for activities and events. The file included pictures of people cooking, gardening or picking vegetables showing a positive outlook on their values, their quality of life and their contribution to their home. This showed that staff respected people and reflected positively on their skills and abilities, making people feel confident and important.

People were involved in developing their support guidelines as much as they were able. One support plan recorded '(A person)'s support plan has been developed through assessment and discussion with (the person). All safety decisions are as least restrictive as possible. All decisions are discussed with (the person) to maintain as much choice and control as possible.' The person liked to read their support plan. For others staff said they sat quietly with the person and used social stories and objects of reference to describe the details of their plan. Advocates were involved in support planning where appropriate. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why. Objects of reference are objects which have meaning assigned to them, for example a cup might represent a drink. Relatives told us they had attended regular review meetings and felt involved in their family member's support.

People were supported to be as independent as possible. One member of staff said "We have routines, they help get themselves dressed, help with cooking and cleaning and simple things like making a drink." Some people took their clothes to the laundry room to be washed. Another member of staff said "Some people can dress themselves but need help with socks and underwear. The other day I supported (a person) to dress themselves and it took an hour. I think they really enjoy it and feel like they have achieved something."

Good

Is the service responsive?

Our findings

Relatives told us they had been involved in the development of support plans, were kept regularly updated and were involved in regular reviews. We found that the home had worked with people through observation, preferred methods of communication and regular evaluation to ensure that support plans were tailored to people's individual preferences.

Support plans were detailed and included an analysis of the type of support required and other relevant information such as specific descriptions of behaviours which may challenge. The plans were individualised in terms of the support the person required and how it was addressed. They also included personalised information about health and wellbeing, family and social life and people's history and background. Risk assessments were an integral part of the support plan. These ensured that where specific risks were identified, they were considered on an individual basis and addressed through detailed care planning and other appropriate actions to keep people safe such as installing padding on a door where a person might injure themselves. The support plans correlated with descriptions by staff about how they supported people and our observations. For example staff described actions they would take in response to one person who demonstrated behaviour which may challenge. These included changing the environment or changing to an activity which the person was known to particularly enjoy, such as painting. If behaviour continued to escalate they described how they would give the person some space and reassure them. They would and ask them how they were feeling and what they could do to help and would consider changing the member of staff supporting the person at this time. This matched detailed descriptions in support plans describing how to support the person through a difficult time and ensured that staff were delivering care according to people's individual needs. This demonstrated how people's assessed needs, wishes and skills translated into support plans and was delivered by staff who had a thorough knowledge of the people they supported.

One person had been referred to the intensive support team, to support them with their behaviours which may challenge others. We spoke with the health professional involved who reported positively how staff were all 'on board' with the agreed actions and changes and the person themselves had embraced the changes. Working together, professionals, staff and the person, had resulted in positive outcomes and changes for the person which had improved their life. For example, the person had been supported by staff to build up their skill of making choices. Staff used a book of choices which included pictures of potential activities the person might like to do such as listening to music, cooking, going in the garden or drawing and colouring. The outcome of this team working was that reported incidents of behaviour which may challenge others had halved. This had improved the quality of life for the person, other people using the service and staff.

People were supported to enjoy activities of their choice. Activities took place on both days of the inspection and these included a trip to the garden centre, going out to lunch and visiting the beach. In house activities included music, listening to stories, drawing and colouring and looking at photographs. On the second day of the inspection a representative from a local support group visited the home. They provided a variety of supportive activities to different people living in the home at different times. These activities included

visiting a music studio and playing drums and guitar. The person also brought their dog to the home, which they did during the inspection. This was a popular activity as the dog played keyboards and people also liked to throw a ball for the dog. One person in particular was known to enjoy loud music and was supported in this interest by visiting the music studio. Another person had built up their self-confidence through one to one music lessons and building up trust in their teacher. These activities had had positive impacts on people's enjoyment of life.

Feedback was encouraged from people, staff and relatives in informal ways. An annual feedback form was sent to families and professionals but these had only been sent recently and had not yet been returned. If people were unhappy or had a concern they interacted with staff, or spoke with them so that staff could support them with any issues. They were also given an opportunity every month to discuss their targets and goals with staff. Relatives told us they knew how to complain and would raise a concern with the registered manager or the director if the registered manager was not available. They told us they had not raised any formal complaints, only minor day to day issues which had been addressed. Staff said they were given opportunities to feedback in different ways and all said they felt comfortable discussing any concerns with the registered manager. One member of staff said "We discuss with (a senior member of staff) quite a lot and he feeds back, we are not necessarily sat down together, but we have discussions in small groups." Another staff member told us the registered manager always listened, took appropriate actions and followed it through, they said "She's very good, she always listens." There were staff meetings, regular shift meetings and supervision meetings which provided opportunities for staff to feedback both as part of a group and on an individual basis. This meant there were arrangements in place to support and encourage people, staff and relatives to provide feedback and feel comfortable doing so.

Good

Is the service well-led?

Our findings

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the registered manager who, they told us, always listened and responded. One member of staff said "I do feel really comfortable going to (the registered manager); I think she is a very good manager, very firm but very fair. She is fantastic." Another member of staff said "(The registered manager) will always ask our opinion. 'I'm thinking of doing this, what do you think?' I've never known a manager like her; she is open and honest and communicates great." The registered manager told us "We don't hide anything, we are transparent and we work through any issues." The home had a pleasant atmosphere, where staff worked well together and supported the registered manager in her role.

The registered manager was knowledgeable about CQC standards and regulations and about aspects of specialised care. Appropriate notifications had been submitted to CQC in relation to incidents, accidents and deprivations of people's liberty. This meant the registered manager was aware of her responsibilities.

People were actively involved in developing the service. Recently the home had held an event called 'Dovefest.' This had initially been the idea of a couple of members of staff, but once discussed and agreed all had become involved. People had been asked what activities they would like included. One person had chosen face painting and another had chosen sand play. People were asked who they would like to invite and invitees included family and people living in other homes nearby. Staff had ensured an inclusive feeling for all by helping people to decorate plain t-shirts before the event which everyone then wore on the day. A local band played music for several hours and involved people in both the playing of instruments and singing. Photographs demonstrated fun and laughter for all. They showed that everyone was involved in some way and everyone's ideas had been included. The event had been so successful, that 'Dovefest' was now planned to be an annual event.

Staff told us they were aware of their roles and responsibilities, and were clear in what was expected of them in delivery of the home's overall goals. They all felt teamwork was key and spoke positively about the team. One staff member said "It's quite diverse here, it works really well." Another member of staff said "We're one big team." The registered manager told us that staff were motivated as they were offered opportunities within the company to improve their position. Staff were also involved in developing aspects of the service, for example, plans were being developed to establish a sensory garden. Staff said they were supported in the development of their ideas, such as plans to support people to take part in new activities. One member of staff said "(The registered manager) will let me put my ideas in place once we have discussed it." Another member of staff said "(The registered manager) will regularly ask if everything is alright and will ask if we have any ideas."

Staff received feedback from people on a daily basis through observation and interaction. Staff responded to people's changing needs and wishes as they became apparent to ensure that people were at the heart of decision making. Staff used communication plans and personal experience to ensure they were constantly aware of how people were feeling and responding to this.

The registered manager was aware of key challenges to the service. These included supporting the staff to support people with behaviours which may challenge, recruitment in a rural area and maintaining the right skill mix and staff numbers. The registered manager was proud of the development of the home over the previous few years. She said the team had worked with people who had behaviour which may challenge, to reduce the occurrences of these behaviours and have a positive impact on people's lives. This had led to people improving their mobility, improving their ability to communicate and improving their confidence to leave the home and take part in activities.

The service maintained a detailed system of quality control. A record of weekly and monthly checks was maintained. These included checking water and fridge temperatures and checking MAR charts and incident forms on a weekly basis. Wheelchairs, hoists and profiling beds were also checked on a weekly basis to ensure they remained safe for people to use. Monthly checks included ensuring weekly cleaning checks had been completed and monitoring of staff training and supervision. In addition the registered manager told us she carried out regular staff checks. These included arriving unannounced to carry out observations, as this enabled her to monitor staff practice. She told us she had carried out one of these checks on the weekend prior to the inspection. A Health and safety audit was carried out monthly. This included checking first aid boxes and person protective equipment (PPE). Any necessary actions identified as a result of the audit had been completed. A provider audit was carried out monthly. Some actions had been recorded as a result, such as the cleaning of fly screens in the kitchen and these had been completed. The provider audit included feedback from people, staff and relatives which ensured that everyone's perspective was included in the review. This system of quality control ensured that issues affecting the quality of the service provided could be identified and rectified quickly.