Creative Support Limited

Creative Support - Ainscough Brook

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

Overall summary

Creative Support – Ainscough Brook is a domiciliary care service located in Preston. The service operates from the sheltered housing scheme Ainscough Brook and provides personal care for up to 12 of the people who live at the scheme. At the time of the inspection there were seven people who used the service.

The inspection took place on 15 September 2015. We gave the provider 24 hours notice of our intention to inspect the service to ensure there would be someone available at the service's office to provide us with the necessary information.

Summary of findings

This was the first inspection of the service since it was registered with the Care Quality Commission in March 2014.

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. The registered manager was not available during this inspection as they were taking a period of extended leave. However, we were assisted throughout the inspection by an acting manager, team leader and a regional manager.

We spoke with people who used the service, some relatives, staff and community professionals during the inspection. The feedback we received from people was very positive. People expressed satisfaction with all aspects of the service provided and spoke highly of staff and managers. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.

There were effective systems in place to assess and manage risks to people's health, safety and wellbeing. Staff were fully aware of personal risks people's faced for instance, in relation to their health or mobility, and the measures they should take to support people safely. Environmental risk assessments were carried out to ensure people's accommodation was safe and secure. However, these assessments did not cover people's life line pendants, used in the case of an emergency. This was discussed with the acting manager who agreed to implement a system which included regular checking of the pendants.

Staff were fully aware of their responsibilities to safeguard people they supported from abuse. Staff were able to speak confidently about their role in safeguarding people and told us they were confident managers would support them if they raised any concerns.

The service worked well with community health care professionals to help ensure people received effective health care. People who required assistance to take their medicines were provided with safe support.

People's care plans reflected their individual needs and personal wishes. People told us they were involved in the development of their care plans and were enabled to express their views on an ongoing basis.

Staffing levels were carefully assessed and regularly reviewed. This helped to ensure people received a consistent and reliable service.

Staff at the service were carefully recruited and were required to undergo a number of background checks prior to starting their employment. This helped to ensure only people with the correct skills and of suitable character were employed.

There was a comprehensive training programme in place for staff. This helped ensure that staff had the necessary skills and knowledge to carry out their roles in a safe and effective manner.

There were systems in place which enabled the acting manager and provider to monitor the quality and safety of the service on an ongoing basis so that any areas for improvement could be promptly identified and actioned.

The service had undergone some changes to the management team. People had been kept informed of the changes and were satisfied with the interim arrangements. People described the management team as supportive and approachable and were satisfied with the leadership of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were aware of risks to the health, safety and wellbeing of people they supported and had clear guidance on how to support people in a safe manner.

Staff were aware of their responsibility to protect people from abuse and were confident to report any concerns to their managers.

Staff were carefully recruited to help ensure they were of suitable character to work with vulnerable people.

There were effective arrangements in place for the safe management of people's medicines.

Good

Is the service effective?
The service was effective.

People were supported to access health care and received effective support which promoted their wellbeing.

Staff received a good standard of training and support to assist them in carrying out their roles effectively.

The service worked in accordance with the Mental Capacity Act 2005 so that the rights of people who did not have the capacity to consent to any aspects of their care were protected.

Good

Is the service caring?
The service was caring.

People told us that staff supported them in a kind and compassionate manner.

People reported that care workers respected them and supported them in a manner that promoted their privacy and dignity.

People felt able to express their views about their care and support. Their care was provided in a way that reflected their individual needs and wishes.

Good

Is the service responsive?
The service was responsive.

People received a reliable and consistent service.

Good

Summary of findings

People felt able to raise concerns and had confidence in staff and managers to address their concerns appropriately.

Is the service well-led?

Good

The service was well led.

Due to the extended leave period of the registered manager, an interim management structure was in place which people expressed satisfaction with.

There were effective systems in place to regularly assess and monitor the quality of the service that people received and identify any opportunities for improvement.

The acting manager sought and acted on the views of people who used the service.

Creative Support - Ainscough Brook

Detailed findings

Background to this inspection

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

The inspection took place on 15 September 2015. The provider was given 24 hours' notice because the location provides a domiciliary care and we needed to be sure there would be someone available to provide us with the necessary information.

The inspection team included two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had expertise in using services for people with disabilities and caring for a person who used older people's services.

Prior to our visit, we reviewed all the information we held about the service, which included all the events the provider and other people had notified us about.

During the inspection we spoke with five people who used the service and two relatives. We spoke with seven staff members, including the acting manager, the regional manager, team leader and four care workers. We consulted local authority commissioners and six community professionals who supported people who used the service and received four responses.

We closely examined the care records of six people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We viewed a selection of records including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records and minutes of staff and management meetings.

Good

Is the service safe?

Our findings

People we spoke with expressed confidence in the service and told us they felt safe receiving care. Comments we received included, "I feel very safe here." "I feel safe here and I've been here a good year now." "Yes I think she is safe and the staff have great respect for people living there."

In all the care plans viewed we noted there were a range of risk assessments relating to people's individual needs. Risks in areas such as medicines management, mobility and nutrition were assessed. Where any risks were identified, clear plans were in place to help maintain people's safety and wellbeing.

All the risk assessments and risk management plans viewed were up to date and reflected the person's current circumstances. We noted they were reviewed at regular interviews to ensure they took people's changing needs into account.

We saw well detailed information about how risks to people's safety and wellbeing was managed. For example, falls prevention plans and moving and handling plans, which provided clear guidance to staff about how to support people in a safe manner.

People who used the service and their relatives felt that care staff responded to emergency situations such as accidents or unexpected medical needs in a prompt and effective manner.

We saw that any accidents or adverse incidents were carefully recorded and analysed to ensure any preventative measures to stop similar events from happening again, were identified and actioned.

Personal Emergency Evacuation Plans (PEEPs) were in place for everyone who used the service so that the action required to assist someone in an emergency situation was clearly documented for care staff. We also noted that staff arranged for regular fire safety assessments to be carried out in people's homes, by external professionals.

Other documents seen in people's care plans included an individual 'Missing Person Plan' and protocols to be followed in the event a care worker could not gain access to the home of a person who used the service.

The service had a suitable policy and related procedures with regard to safeguarding people who used the service from abuse. We were able to confirm that the policy and procedures were kept under regular review to ensure they remained in line with current legislation and guidance. The policy was also available in an easy to read format for the benefit of people who used the service.

Further information including the contact details of local safeguarding authorities was posted on the service's office wall and within the staff room area. This meant staff could access the information quickly and easily, in the event they needed to raise a safeguarding concern.

Each person's care plan we viewed contained individualised information in relation to safeguarding. This was good practice and meant that any specific risks a person faced were recorded and reviewed on a regular basis.

Records showed that all staff were required to undertake safeguarding training at the start of their employment. This information was supported by discussion with care workers, who all confirmed they had completed the training and regular refresher courses.

Staff spoken with demonstrated a good understanding of their responsibility to protect people from abuse. In addition, all staff were fully aware of the service's whistleblowing policy and confident to use it. One care worker told us, "I know about the whistleblowing policy and I would definitely use it if I thought something wasn't right."

There was clear guidance in place for staff regarding safe medicines management, which covered areas such as safe storage and administration and the use of homely remedies. The guidance also covered procedures to follow in the event that someone refused to take their prescribed medicines, or in the event of an error being made.

All the staff we spoke with confirmed they had received training in the safe management of medicines and that this training was regularly updated. This information was also confirmed by records we viewed.

People we spoke with who received support to take their medicines expressed satisfaction with the way this support was provided. One person told us staff always checked her tablets carefully and recorded what she had taken, another commented that staff were always careful with her medicines and didn't make mistakes.

Good

Is the service safe?

People's care plans contained a good level of information about the assistance they required with their medicines. Each person who received assistance in this area had individual guidelines about the medicines they were prescribed, the help they needed to take them, and ordering and storage arrangements.

We were able to confirm that people's medicine care plans were updated at regular intervals or when any changes were required. For example, we viewed the plan of one person whose GP had made some changes to their medication regime two days earlier. We saw their records had been updated accordingly and reflected the required changes.

We viewed a selection of people's Medication Administration Records (MARs). These were all found to be in good order. The MARs were completed correctly and no errors or unexplained omission were noted.

Balances of medicines were clearly recorded, which helped to ensure effective audits could be carried out. Records showed that regular checks were conducted of records and stock balances. This meant any errors could be quickly identified and addressed.

Senior staff members also carried out regular spot checks of medicines and associated records. In addition, spot checks were conducted with regard to the competence of staff members who were required to administer medicines. Themed medication supervisions were held regularly for staff members, which provided an opportunity for staff to update their knowledge. These measures helped ensure staff were supported to carry out safe practice on an ongoing basis.

We spoke with managers and staff and viewed four care workers' personnel files to check that the service followed safe recruitment practices. We found the service operated thorough recruitment procedures which included a formal, written application form and formal interviews.

Prior to commencing employment, new employees were required to undergo a number of background checks including a full employment history, reference requests from previous employers and a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people. This helped to ensure that only suitable staff, of good character, were employed to support people.

Records showed and staff told us that a thorough induction had been provided at the start of their employment. The induction covered important areas such as safeguarding and fire safety and helped ensure staff were competent to support people in a safe manner.

Staffing levels were calculated in line with the needs of people who used the service. We saw that the current establishment hours allowed the manager to make alterations to the level of support people received if their needs changed. In addition, overall staffing levels were kept under constant review in partnership with commissioners.

Nobody we spoke with had any concerns about staffing levels within the service. People felt that current levels were adequate to provide the support people needed, throughout the day and night. One care worker commented, "There is never an issue with staffing. In an emergency we would always cover between us anyway."

People's flats and the surrounding building appeared clean and well maintained. We saw that as part of the service's care planning procedure, 'Home Care Safety Assessments' were carried out to identify and address any environmental risks, such as trip hazards. Where appropriate, external professionals were involved, for example, from the local fire service, to help ensure people lived in a safe home.

Records were in place to demonstrate equipment used by care staff, for example, lifting hoists were regularly serviced and safe for use. This helped to protect the health and safety of people who used the service and the staff supporting them.

People who used the service had the benefit of a 'lifeline pendant system,' for use when they needed to summon assistance. One person we spoke with told us she had been very glad of the pendant, following a recent incident when she had needed assistance quickly. She told us that when she used the pendant, care staff had attended her immediately and provided the help she needed.

During our visit to one person, we noted that her pendant was not working properly. We alerted staff to this and they addressed the issue straight away. The lifeline system is provided as part of people's housing agreement and not by Creative Support – Ainscough Brook. However, following discussion, the acting manager agreed that a system would be introduced for the regular checking of each person's lifeline system, due to the importance of this equipment.

Good

Is the service effective?

Our findings

People who used the service and their relatives were satisfied with the support they received to maintain good health. People felt that care staff were able to identify when medical assistance might be required and take appropriate action. One person commented, "Yes, the care staff will alert the doctors if she has any problems and tell us. For example, if she has signs of bed sores."

Relatives of people who used the service felt they were kept informed of any serious issue or need for medical attention.

People's care plans contained a medical history and an overview of any health care needs they had. We saw that staff worked in partnership with health care professionals to ensure people received care that met their needs. All contact with health care professionals such as GPs or district nurses was recorded on people's care plans.

Care staff we spoke with expressed satisfaction with the arrangements to meet people's health care needs and felt the service worked well with community health care professionals. One care worker told us, "We have a very good relationship with the doctors and district nurses." This was also the view of one external health care worker who commented, "I find the staff there are very professional. They don't hesitate to contact us if they spot anything."

The service had recently introduced a useful document called a 'Hospital Passport' for every person who used the service. This was a well detailed document, which provided an overview of the person's health status and important details such as prescribed medicines and care needs, for the purpose of passing on to hospital staff. The document could be accessed quickly and easily in the event that a person was admitted to hospital in an emergency.

We spoke with care staff about how they cared for people at high risk of pressure sores. Staff were able to give a very good account of the care they provided and spoke confidently about how they helped ensure people at high risk of pressure sores were protected. A community professional also commented that care staff at the service were very quick to refer any concerns about a person's skin breaking down.

However the good level of preventative care provided, was not always recorded in people's care plans or other daily documentation, such as turning charts. We discussed this with the acting manager who agreed to look into recording procedures to ensure all care given was accurately recorded.

A nutritional risk assessment was carried out for people who used the service to ensure any risks relating to poor nutrition or hydration were identified and addressed. This meant care workers had guidance on how to promote people's safety through adequate nutrition and hydration.

Any support required in relation to preparing food and eating and drinking was documented in people's care plans and people expressed satisfaction with this aspect of support.

Records were maintained of people's food intake, to help ensure they received adequate support and maintained a varied and nutritious diet. However, fluid records were not generally kept, due to the fact that care workers only visited at set times each day and as such, were not always present when people were having drinks. One relative told us that when they visited their family member they often found she had not taken her drinks but commented that care staff monitored their relative's food intake well. We discussed this with the manager who acknowledged that the use of fluid charts could be useful when supporting people at high risk of dehydration and agreed to consider how they could be used effectively taking into account the nature of the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Managers and staff demonstrated good understanding of the Mental Capacity Act and arrangements required to deprive people of their liberty when this was in a person's best interests. Records confirmed that all staff were required to carry out training in the area as part of their mandatory learning programme.

We observed care workers gaining consent before supporting people and acting in accordance with their

Good

Is the service effective?

wishes. People's care plans contained consent forms for areas such as assistance with medication and personal care. These were usually signed by the person receiving support although in one care plan, they were signed by a family member. We discussed processes for family members giving consent for people's care with the manager, who was aware that relatives did not have legal authority to provide permission for the proposed care or treatment, unless this authority had been granted by the Court of Protection or by Lasting Power of Attorney (LPA). However, on this occasion, we were able to establish that the person had signed the care plan at the request of the person it belonged to, who had capacity to consent to their care.

People we spoke with expressed confidence in the staff team to meet their, or their loved ones' care needs. There was both praise and appreciation for the way care workers supported people. People told us care staff were competent to provide safe and effective care.

A community professional we consulted described staff at the service as 'always polite and pleasant and a pleasure to work with.'

Care staff we spoke with were very complimentary about the training provided at the service. Their comments included, "I think Creative Support are brilliant for training. You get paid for training and you even get your travelling expenses. You can to any training you want to do – if you see something you just have to ask." And, "Training here is far superior to anywhere else I have worked."

Records showed that all staff had been provided with thorough induction training at the start of their employment. They told us they were satisfied with the content of the training and that it helped them to carry out their roles safely and effectively. One care worker commented, "I was not expected to carry out any duties until I was comfortable to do it on my own."

Courses covered during the standard induction period included health and safety, moving and handling, medicines management and safeguarding. Ongoing training in areas such as person centred care and end of life care was also in the process of being rolled out. Several staff members had been awarded a nationally recognised qualification in care.

We saw that training was carefully monitored, which helped the manager ensure all staff were provided with refresher courses at regular intervals. One staff member commented, "When you are due for refresher training they let you know." This helped ensure staff maintained their knowledge and skills and were kept up to date with changes in legislation or best practice.

Four staff members spoken with told us they were on permanent contracts. One was employed as a bank support staff member but told us she had regular shifts, which helped ensure continuity of care for the people who used the service.

All staff spoken with confirmed they were provided with a good level of support, which included regular supervisions, annual appraisals and 'observation of practice' checks. We saw evidence of this in individual staff files. Staff we spoke with told us they felt 'well-supported' by management and felt comfortable to talk to any of the managers. One person commented, "The managers are around all the time so we can talk to them anytime."

Within each file, we saw a supervision record log book was kept and all those we viewed were up to date. Some supervisions had been 'themed' and covered areas such as dignity or managing medicines. This supported staff members in their professional development.

Good

Is the service caring?

Our findings

People who used the service spoke very highly of care staff and expressed satisfaction with the manner in which staff went about their duties. Their comments included, "They [the staff] are lovely. I'm well looked after." "They go above and beyond." And, "It's very nice. I like it here. I've been in a few places but I like it here the most."

Relatives confirmed they always found staff polite and that they treated their loved ones with respect and in a kind and caring way. A community professional commented that she found the staff team to be very caring and approachable.

Relatives said they could visit at most times and that staff were always welcoming to them. One person commented that she or other family members always felt welcomed to call and that she could visit at most times, which she felt was valuable as she lived out of the area.

People told us they were satisfied with the consistency of carers, which they felt allowed them to get to know their carers well. This was also something commented on by staff we spoke with. One staff member said, "It's a regular staff team. Even the bank staff are regular. We get to build up a nice bond with people and really get to know them."

Staff members spoken with were knowledgeable about the needs of the people they supported and spoke about them in a respectful manner. One care worker told us, "I love my job and I love all the people I care for – all the staff do. We always do our best to make sure they have everything they need."

Several people we spoke with described what they felt were examples of staff going above and beyond their duties. This information was supported by staff members. One told us, "As we are going around during the day if we pass someone's flat we will just drop in for five minutes, just to make sure they are ok even though it's not a scheduled call."

We observed carers during a visit to one person's home. There was good interaction between staff and the person who used the service. At all times, the carers were respectful and patient with the person and treated them with dignity. Before carers completed the call they asked the person if they needed anything else.

People we spoke with told us they felt the care they received was provided in a manner that respected their privacy and promoted their dignity. One person told us, "They still knock to come in but they are more like friends to me here."

Each person's care plan we viewed contained an area about how to promote their privacy and dignity. We saw a good level of information about the importance of respecting people's personal choices and promoting individuality. We also noted that people's care plans contained details about any preferences they had in relation to whether a male or female care worker supported them. Where people had a preference, this was noted and in discussion, we were able to confirm always adhered to.

People who used the service and relatives confirmed they felt the service recognised people's diverse needs and treated everyone as individuals. We saw that people's care plans contained a good level of detail about the importance of providing support that promoted autonomy and supported people's personal choices.

There was detailed information about how people communicated and the support they needed to express themselves and their needs and wishes. This helped care workers understand people and the choices they made on a daily basis.

Staff spoken with were aware of the role of external advocacy services and able to describe the circumstances during which people may need to access them. Staff were aware of how to signpost people to the services if they requested them.

Good

Is the service responsive?

Our findings

People we spoke with expressed satisfaction with the service. Comments we received included, “Its very good, we’ve had problems in the past. In the last few months its been excellent.” “Its a good place here. I couldn’t ask for anything better.” “It ticks all the boxes. I wouldn’t be anywhere else. It is all we hoped for.”

We also received positive feedback from community professionals we consulted, One person told us, “The service they provide is brilliant, the team really care about the residents and are respectful of all of the scheme’s residents.”

We looked at a selection of people’s care plans which were kept in the person’s home and a copy in the service office. The care plans viewed were comprehensive and contained a good level of information for carers. We saw a daily report sheet was completed during each visit to provide up to date information.

We noted that care plans were well organised and information within them was easy to access. All care staff had signed to confirm they had read and understood people’s care plans.

We found that people’s care plans were well detailed and person centred. They included information about people’s daily care needs, their preferred daily routines and the things that were important to them. Entries such as, ‘Likes to be woken up slowly and enjoys toast and jam or warm Weetabix’ helped carers to provide care in a way that people wanted.

Important safety information such as clinical alerts and action to be taken in the event carers could not gain access to a person’s home were also clearly stated.

Social aspects of people’s lives were addressed in their care plans, for example, important relationships and preferred hobbies and routines.

One person we spoke with told us she felt isolated at times, she advised us that she had spoken with staff about this. We viewed her care plan and saw that the acting manager had referred the person to a local befriending service in the hope of arranging some social contact for her. This was an example of the service responding to people’s needs and wishes.

Verbal handovers took place on a daily basis to ensure any important information was passed on between care staff. Care staff we spoke with had a good understanding and knowledge of individual people’s needs and the support they required.

Records showed that care plans were reviewed on an annual basis or earlier if required. Carers we spoke with confirmed care plans were reviewed ‘regularly’. Records of reviews were well detailed and demonstrated people were encouraged to express their views and make decisions about their or their loved one’s care. People also told us they had felt fully involved when agreeing their or their relative’s initial plan of care.

People told us the service communicated well with them and kept them fully up to date with any important developments and ongoing care arrangements. Everyone we spoke with confirmed they felt confident to raise any issues or comments about their or their loved one’s care.

A service user guide was seen in every care plan, which provided details about the service provided and other important information such as the complaints procedure. We noted that policies and procedures in areas such as complaints, safeguarding, health and safety, privacy and dignity were available in an easy read format for the benefit of people who used the service.

There were a number of ways in which people who used the service were encouraged to express their views and opinions. For example, through their care plan reviews or the satisfaction survey, which was carried out on a regular basis.

We saw that the results of satisfaction surveys were carefully analysed and any actions required as a result were noted. The acting manager was able to give us a number of examples of actions taken as a result of feedback from people who used the service, for example the referrals made to a local befriending service.

There was a complaints policy in place and a procedure which provided people with advice about how to raise any concerns. People we spoke with told us if they needed help or raised issues, these were generally acted upon quickly. No person could recall a need to formally complain about the service, but all confirmed that they would be comfortable to do so. People were also confident that any concerns they did raise would be dealt with quickly and effectively.

Good

Is the service responsive?

There was a process in place for recording complaints, their investigation and any subsequent action taken. We also noted that any complaints received were monitored by the provider to ensure any themes or trends, which may indicate areas for improvement, were identified and actioned.

Good

Is the service well-led?

Our findings

At the time of our inspection the registered manager was taking a period of extended leave. As a result the management structure had been temporarily reviewed. Suitable arrangements had been implemented to ensure the service continued to be managed effectively, which included the appointment of an acting manager, acting team leader and increased support from the regional manager.

People we spoke with were aware of the new arrangements and were satisfied with them. We spoke with one staff member who was carrying out a team leader role. She told us she had received a very good level of support to carry out her new role as well as additional training in leadership and supervision.

People who used the service and their relatives knew how to contact a manager if necessary. We saw this information was provided in the Service User Guide as well as advice about how to contact an on call manager in the event of an out of hours emergency.

Several people we spoke with, including people who used the service and staff, commented that as a result of recent changes to the management structure, they felt managers were far more visible and approachable. One relative said, "We didn't often see a manager until recently," and a staff member told us, "We have far more contact with managers now. I think that makes it easier to approach them if you need to. We are told we can approach managers at any level if we have any concerns."

People described a positive culture within which they could be open about concerns they had. One care worker said, "We have got good managers here and you can talk to any of them at any time. I feel really well supported." And another told us, "Creative Support have been really good to work for, you feel really involved and supported."

All staff members we spoke with were fully aware of the service's whistleblowing policy and told us they would be confident to use it if necessary. One comment made was, "Managers would support me 100%."

Staff confirmed that regular team meetings and individual supervisions were held, during which they were provided with information about the service. In addition, the meetings provided the opportunity for them to express their views and opinions.

External professionals we consulted also spoke highly of managers at the service. One described the service as a 'very well run place,' and another commented, "I've never had a problem with the service. We work together a lot with the managers especially during the initial assessment. I have always found them very professional." Another described communication with managers at the service as 'excellent.'

There were a number of systems in place to enable the acting manager and provider to monitor standards of safety and quality across the service. These included regular audits carried out in areas such as care planning, training and medicines management. In viewing records of audits we were able to confirm that where issues were identified, an action plan was implemented to ensure they were addressed.

A comprehensive self-audit tool had recently been completed by the acting manager which had assessed all aspects of the service. This had resulted in a detailed action plan which we saw was regularly reviewed by the acting manager and regional manager.

Spot checks took place on a regular basis during which all aspects of a care worker's performance were assessed. In addition, spot checks of records such as those associated with medicines administration were also regularly undertaken.

Regular visits were carried out by the regional manager who carried out various monitoring exercises to assess standards of quality and safety. We also noted that regular management meetings took place, which enabled managers to share good practice and learning.

There were processes in place to oversee adverse incidents such as safeguarding concerns, complaints or accidents. We were advised all such incidents were carefully monitored and analysed by a 'Social Care Governance Team' who could identify any trends or areas for improvement. The regional manager explained that any lessons learned from adverse incidents was cascaded nationally, throughout the organisation and was able to give us a recent example of this.