Royal Mencap Society

Rochdale Area B

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

Rochdale Area B is part of Mencap, which is a national charity that supports adults with a learning disability. Rochdale Area B is a scheme that has a number of shared houses where people have joint tenancies but are supported by staff that are available 24 hours a day. They also support people in their own homes. On the day of our inspection 75 people were being supported in the Greater Manchester and Stockport areas. The office is located in Rochdale.

At the last inspection of April 2015 the service were rated as good. At this inspection the service remained good.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service used the local authority safeguarding procedures to report any safeguarding concerns. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

People who used the service and staff thought there were sufficient numbers of staff to meet people's needs.

People told us they helped plan the menus and went shopping for the foods they wanted. Where possible people were supported to help prepare food and also used dining as a social experience by visiting other houses within the organisation and cooking for each other. People also met up and ate in the community.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The people we spoke with had capacity to make their own decisions and there were no people who required a DoLS at the time of our inspection..

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people.

Staff received formal supervision regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us

staff were kind and caring.

Records were held securely to protect people's confidential information.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

People were given information on how to complain with the details of other organisations if they wished to go outside of the service.

People were given an opportunity to discuss how they wanted staff to support them at meetings, including how their house was run.

Staff and people who used the service all told us managers were approachable and supportive.

Meetings with staff gave them the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

There were suitable activities to provide people with stimulation if they wished to join in.

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.

The service used the local authority safeguarding procedures to report any safeguarding to. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were supported to eat a nutritious diet and assisted to improve their shopping and cooking skills.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service told us staff were supportive and kind.

We observed there were good interactions between staff and people who used the service.

People were encouraged to visit their family and friends to help them remain socially active.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. People told us they felt able to approach staff or managers if they had any concerns.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care service.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

All the people and staff we spoke with told us they felt supported and could approach managers when they wished.

Rochdale Area B

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.

This was an unannounced inspection and was conducted by one adult social care inspector on the 19 and 20 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care and supported living service and we needed to be sure that someone would be in the office

We did not receive a Provider Information Return (PIR) because the service would not have had time to complete it prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We contacted Rochdale Borough Council to see if they held any information about the service. There were no concerns raised. Stockport Council have raised some issues which we looked into as part of the inspection process.

We spoke with three people who used the service, the registered manager, various staff in the office, four care staff members and a visiting professional.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for eight. We also looked at the recruitment, training and supervision records for five members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service said, "I feel safe here and staff look after you" and "I feel safe here. Why not."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Staff said, "We have a whistle blowing policy. I have used it in the past but not with Mencap and I am prepared to protect the people I support. I have raised an issue to safeguarding"; "I have had my safeguarding training. We have a whistle blowing policy, I looked at it yesterday. I would be prepared to use it and have reported safeguarding in the past. I would go higher if I needed to"; "I completed my safeguarding training. I would report any poor practice to my manager and follow the policies and procedures" and "I would go to one of the managers if I saw something I did not like."

The service had taken on some of Stockport local authorities in house services. There had been some problems since Rochdale Area B Mencap had taken over. The registered manager had admitted they had teething problems with the number of services they had taken on and how recruiting staff in the area had been difficult, but hoped they were now improving. We saw that the registered manager and other senior staff had been to meetings with Stockport staff and how they responded to the concerns. One concern had been about an allegation that a member of staff had in an emergency left two people who used the service when dealing with an emergency. The allegation is currently being investigated by the local authority. The registered manager said this staff member would be subject to an investigation regardless of any local authority outcome.
However we asked two new members of staff what they would do in an emergency such as this. Staff said, "If a person in the house needed to go to hospital we would have to let management know and we cannot leave people on their own. They would send another member of staff to support us" and "If it is part of their care plan I would make sure that they were not left alone. I have been reading the care plans but there is a lot in them. They have given me a lot of confidence."

There were no safeguarding concerns in Rochdale, several were under investigation in Stockport. The service were involved in the investigations and where substantiated a plan was put in place to minimise any further risks.

The service also encouraged people to attend courses to help protect them from harm. One course some people attended was a sexuality and relationships course and a community policeman had visited some people who used the service to advise them on how to keep safe in the community and what to do if they were being bullied.

At a house in Stockport we were invited to attend we met a social worker who was visiting a client. He told

us, "I have been involved in the outsourcing since the start. I think Mencap took on more than they could cope with in the beginning. Recruitment is difficult. All the services who took on Stockport's outsourcing faced initial difficulties in the same way. They have coped with it really well. They have been proactive in attending meetings and took on board what was said. From my point of view they have been open and honest. They have dealt with all the issues and you don't have to chase them up. I am happy with all the documentation I have seen. It is a competent service and there will always be teething problems. The care is a great standard, probably better than when it was the local authority. I have one person here whose communication has improved and is now meeting up with family. The person has gained much more confidence."

One person told us, "There are enough staff to help us. We usually have one to one during the day." Staff said, "There are enough staff around and they are currently interviewing and two new staff have just been accepted There are enough staff to meet people's needs" and "There are enough staff to meet people's needs." There were staff of various grades in the office and support workers came in to the office and spoke to us during the inspection. There were sufficient numbers of staff to support the people they cared for.

A person who used the service said, "I help interview for the staff who work here." The service encouraged people who used the service to help decide who worked in their homes.

We looked at five staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and safe to work with vulnerable adults.

We saw that electrical equipment was visually checked to ensure it was safe for staff to use and the landlord of the building maintained the fire alarm and equipment and carried out tests to ensure it was working correctly.

From looking at three plans of care we saw that risk assessments were undertaken for individuals such as for going out and there was a risk assessment in each house people occupied for any fires. We saw that where necessary people had access to a professional such as a Speech and Language Therapist for communication problems or eating difficulties. Risk assessments were also implemented to help people become more independent, for example, leaving people for a short while or their personal safety completing tasks. The risk assessments were to help keep people safe not restrict their lifestyles.

There was business continuity and contingency plan to ensure staff had details of how to keep the service functioning in an emergency such as electrical failure or an office fire.

Although people lived in their own homes staff had been trained in infection prevention and control topics and were supplied with protective clothing such as gloves and aprons. People who lived in the supported houses were encouraged to participate in keeping it clean and doing their laundry if they could. This helped people if they moved towards more independent living. Some people had specialised equipment in their homes, for example an industrial type washing machine with a sluicing facility or self-cleaning toilets to help preserve people's dignity. This is a toilet that cleans a person and therefore eliminates staff intervention.

We looked at the medicines administration records (MAR) for people in one of the houses we were invited to visit and found they had been completed correctly. Staff either administered medicines or reminded people

they needed to take them. We saw staff had been trained in all aspects of medicines management including ordering, storing administration and disposal.

Each person had a medicines profile which detailed the support needed and there were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

Staff who administered medicines had been trained to do so and the systems were audited by managers on a regularly. We saw that one staff member had completed the training again after errors were found in the records. We also saw that staff had their competency checked yearly or more frequently if required.

Staff retained the information leaflets to check for any side effects, contraindications or possible reaction to other medicines people were taking.

Good

Is the service effective?

Our findings

People who used the service told us, "I help choose the food and go shopping. They are good cooks and the food is good" and "If I have to help with the shopping I do. I try to duck out of the shopping but I help choose what we have to eat and help cook."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People who used this service were either shared occupants of a house or live in their own homes. Staff are responsible for supporting some people to make their food or take their meal. One person we spoke with said staff helped him to eat in a dignified way. Staff encouraged people to plan financially and nutritionally each week's menu with the proviso that meals could also be taken elsewhere or people had the right to choose something different on the day such as a takeaway meal.

Staff were trained in food safety and would advise people who used the service on good storage and preparation of food to help protect their health and welfare. We saw in the plans of care that people's dietary and nutritional needs were recorded. In one plan we saw that a person may need assistance with cutting up some foods and recorded what the person could do for themselves. There was a section in the plans which recorded a person's likes and dislikes or any allergies. This helped inform staff what a person liked or not giving them food which may be harmful.

People were encouraged to eat socially in the community. Part of living in this service included people having the opportunity to cook for people living in other houses on a rotational schedule which people said they enjoyed. Other people then cooked for them. This gave people the chance to show their skills but was also for the enjoyment of each other's company.

We were invited to visit two homes on day two of the inspection to talk to people and see how staff supported them to live their lives. We saw people had a tenancy agreement which showed the rules, regulations and their rights for living at the home. One person we spoke with told us, "I came to see the house with my mother and they made changes so it was better to live in. I have a nice room and like living here." Whilst it is not our remit to inspect the homes we did see they were well decorated and people had chosen the decoration of their own rooms and been able at meetings to choose what the communal areas looked like.

A person who used the service told us, "They have to watch my health really carefully and they do. They get me to see the doctor if I need to." We saw people had access to professionals and specialists. This included dentists, doctors, opticians, podiatrists, consultants and other services like day centres. This helped ensure people's health care needs were kept up to date.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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.

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. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We saw from the plans of care that people had a mental health and capacity assessment which was reviewed when required. Whilst the people we spoke with had capacity and were told that no service users required any restrictions placed upon their liberty although we did see that best interest meetings were held to ensure a person was getting their desired care and treatment. The meetings involved the person, their family if required, staff from the service and relevant professionals. Any treatment was discussed and we saw that this included a visit to a dentist and for an operation. One best interest meeting assessed a person who wanted to go on holiday. The assessment looked at the risks and the benefits and how best to support the person in the least restrictive way to do what they wanted. This was to help people make the right decision and protect their rights.

Where possible we saw people had signed their agreement to their care plans and the support they needed.

Staff we spoke with said, "I had an induction and it was good. I help mentor new staff to complete the care certificate now. When I had an induction it was very good and gave me a lot of the information I needed to work here", "I am completing the care certificate. I have found it to be very good. It is different every day. I think they gave me enough support before I started working on my own. The real work started when I met the people who use the service" and "I have completed my induction folder and I have got my care certificate. I am on probation and due to be signed off. I think it is going well." We saw from looking at five staff files that staff had completed their induction. Staff were given a suitable induction which gave them the skills to work with vulnerable people.

A person who used the service told us, "I think the staff are well trained." Staff said, "I think we have enough training to do the job"; "I am up to date with all my training. I would like to do dementia training and have had management training. I think the training gives us the skills to do the work" and "I did some training straight away such as medicines administration, safeguarding, food safety and infection control. I had two lots of medicines training because I thought I needed it. I also completed training for first aid, health and safety, moving and handling and infection control. I think we get a lot of good training."

We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included the MCA, DoLS, first aid, fire safety, food safety, nutrition, medicines administration, moving and handling, infection control, health and safety, safeguarding, the care of people with behaviours that may challenge others and fire awareness. Staff were encouraged to complete further health and social care training such as a diploma or National Vocational qualification, care of people with dementia and end of life training. Managers received extra training to support them in their roles which reflected upon their styles and set a plan with targets to meet. Staff received sufficient training to be competent in the duties they performed.

Staff we spoke with said, "The manager has supported me all the way. I have been awarded top talent three years running which shows they appreciate us. You can discuss things about work and training at supervision but also any other issues"; "We have a shape the future meeting and we can discuss our training

and setting goals and what we have done. We have supervisions, medicines checks and team meetings" and "I have had supervision every three to four weeks. The managers are around every day to support us. It is a two way process." We saw that staff received regular supervision for managers to discuss their competency and for staff to discuss training or other issues.

Good

Is the service caring?

Our findings

People who used the service told us, "I am all right. I am going out. I enjoy living here. They are taking me out and I enjoy it", "I love it here. The staff are amazing, helpful and friendly" and "The staff are bonkers. They are all nice. We have a laugh and a joke. I am happy here." People we spoke with were satisfied with the attitude of staff.

Staff said, "I like my job because I like supporting people"; "I love it here and would never leave it. I get satisfaction from seeing people achieve their goals", "I like the job because it is rewarding and I like to see how people move on in life and helping them to be independent. I love it. I will stick at it and prove myself." Staff felt motivated and enjoyed working at the service.

A person who used the service told us, "I keep in touch with my family. I have a lot of contact with my family." We were also told a person was seeing family because he had gained confidence since living at one of the supported tenancies. Other people who used the service also told us of the social life they had within the group and in the community. People were encouraged to maintain contact with their family and friends.

People who used the service told us, "I am happy with my care here. It is the best move I ever made. I have more independence now I live here" and "I get to choose who works here. I help to choose the staff, what I eat and wear. You get lots of choice." A staff member said, "One of our service users now lives on her own. I see her in her own home and she now needs minimal support." We also saw from looking at the care plans that a person's life skills were detailed and how people were involved in the plans to ensure they received the care they wanted. This helped people to remain as self-reliant as possible and improve their chances of independent living.

We saw the plans of care contained a detailed past history, their likes and dislikes, what they liked to do which included all their health and social care needs including activities and life skills.

We observed how staff interacted with people, which was professional and friendly. We did not see any breaches of a person's privacy which helped protect their dignity.

Staff were trained in confidentiality and data protection issues and had access to policies and procedures to help inform them of confidentiality issues. We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Some staff were trained in end of life/palliative care. This would help staff support people and their families at the end of their lives. There was a section in people's care plan where a person's last wishes were recorded. This included details such as the type of funeral they wanted, the undertaker, any legal involvement and who the person wanted to be involved. Some people had bought plans to cover the expense.

People were involved in house meetings and forums to present staff with their views on how they wanted

their home to be run and to decorate and refurbish to their wishes. Other informal meetings were held such as coffee mornings in the office where people could also discuss the service.

The service were promoting the use of volunteers. There was a system for deciding what training each volunteer needed dependent upon what service they were providing. For one person a volunteer took a person to the gym. The service produced a video with two people who used the service interviewing them for their advertisement to keep fit. One person was looking for a training enthusiast. Another person was advertising for a person to take them on surprise outings and a volunteer was awaiting an interview. This person got anxious when they knew when and where they were going out. Another volunteer was going through the process to take a person on walks. A volunteer was matched according to their interests of the people who used the service. When this process is fully up and running it will enhance the lives of people using the service and the registered manager said they were surprised at the high numbers of respondents they were getting.

We saw compliment cards sent by professionals and family members. These included one from a social worker who said, "[name of person using the service] is looking so much better and healthier than when I last saw them"; "We are very happy with the service and support given to [our relative] and that the staff team go over and above what they need to do" and "I just wanted to say thank you for helping [our relative] have a fantastic birthday. I am so impressed with the staff team. They have gone the extra mile again."

Good

Is the service responsive?

Our findings

People who used the service told us, "I like my computer and I go on social media. I go to the local shops, music gigs and places like Leeds. We went to Wales for holiday. I stopped going to the clubs because I did not like it. I go to a social group called Jigsaw. We do different things like cooking in each other's houses or going out for meals" and "I like football. I go to some matches. I am very busy. I go to the gym, to different sports, go to play snooker and I am better than the staff. I sometimes go out for meals, play wheelchair football and go out to clubs. I like dancing. I go out with my family Saturday and Sunday. I like to go out for a drink every now and again. I want to go on holiday next year with another person who lives here. I need to save for that. I am having a holiday in October. An activity holiday."

We asked a member of staff what activities they participated in at the home they worked at. The staff member said, "We have a cookery group, go bowling, meet up socially with other people who use the service in a park, have coffee mornings at the office, do arts and crafts, go walking, to the cinema, swimming and teach life skills such as dressing and personal care. We have just been to Butlin's and went to places of interests in the area. We Go out to pubs or for meals. One person attends a local club. We also attend other places where activities are held such as the Cherwell centre, the Monday club to do activities and have tea and have a get together on a Thursday." People were given the opportunity to engage in activities of their choice if the wished.

People who used the service told us, "If I had any worries I would talk to staff or the managers or if I had any concerns" and "I like living here. I would talk to staff if I had any concerns and they listen to me." There was a suitable complaints procedure accessible to people who used the service and their relatives. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. There had not been any complaints to the CQC since the last inspection from people who used the service or their relatives.

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. We saw that the assessments had been fully completed for each person. This process helped to ensure that people's individual needs could be met at the home.

A person who used the service said, "I am involved in my care and if I need anything it is changed. They help me with personal care, eating and drinking. I get the choices I need." We saw that people were involved in developing and reviewing their plans of care which ensured their wishes were known and recorded. For some people with communication issues staff took time to observe what they liked and disliked before fully completing the plan.

The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, tissue viability, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. There was a daily record of what people who used the service had done or how they had been to keep staff up to date with information. We found they were detailed and showed staff if a person had eaten well or not, been out or were ill. The computer system the service used aided management to keep track of people's care and social needs. The information could be accessed by staff at a local level or staff at the organisation's headquarters.

Key workers for each person regularly contributed to the plans of care and concentrated on what achievements a person had made. For one person who had recovered from an operation they records showed the person was engaging again in activities. This helped staff keep a track on people's recovery from illness or if they were achieving their goals.

Staff also attended a handover at the start of their shifts which meant staff were aware of any ongoing issues.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people who used the service and staff how they thought the home was run. People who used the service told us, "All the staff are approachable including the managers" and "The managers are all nice and you can talk to them."

Staff said, "The manager is very good but we have more contact with our line manager. I feel very appreciated here"; "There is an on call number to contact if you cannot get hold of the office. They are supportive"; "They are really good at supporting us here. The managers are approachable. There is an on call number if you need any support as well"; "I have had support from the managers. The managers in the house will help you as well as my line manager" and "When I started everything was new but the support I got was amazing. It is still amazing." Staff and people who used the service thought managers were approachable.

There was a system for improving managers through the 'leadership program'. This gave managers the training and tools they needed to help improve their performance including reflecting upon their own performance. There was a clear line of management running through the service. The registered manager was responsible for the whole service with managers responsible for certain geographical areas and a manager in each household.

A member of staff said, "At team meetings you can bring up any topics you like." Each house had regular meetings with people who used the service and staff. There were also staff team meetings. At the last meeting in May Previous meetings included topics we saw that items on the agenda included recruitment, safeguarding and the MCA, health and safety, staff opportunities, lunch club and social activities. Also discussed at other meetings topics discussed were the health issues of people who used the service, encouraging people to join social circles, medicines, fire training, data protection, supporting people with behaviours that challenge and whistle blowing. At the end of the meeting staff were given an opportunity to bring up any items they had. This helped staff have a say in how the service was run.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating.

We saw that staff had access to policies and procedures to help guide their practice. The policies included medicines administration, infection control, health and safety, safeguarding, data protection and confidentiality. The policies were updated to reflect current guidance.

We saw in the plans of care that people were asked about their care and treatment in surveys. People were

asked if they had access to their personal files, if they felt safe, could they make their own choices, do they receive a good diet with staff support, were people happy with support staff and could people talk to managers. We saw that one person who had difficulty reading had their care plan read to them and all the files we looked at showed people were happy with their care and support.

The registered manager and senior staff conducted regular audits. Most audits were done on a computer system that enabled managers to look at training, including which staff had undertaken training or a reason why they had not, the health of people who used the service and any professional input, staffing, medicines administration, people's mental health and capacity, quality of life and any professional input. It also recorded how people had responded when questioned how happy they were. Managers used this information to look at ways to improve the service.