

Lansdowne Road Limited

Lansdowne Road (67-71)

Inspection report

67 - 71 Lansdowne Road
Aylestone
Leicester
LE2 8AS

Tel: 0116 2834025

Website: www.craegmoor.co.uk

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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

This inspection took place on 15 September 2015 and was unannounced.

Lansdowne Road is registered to provide residential care and support for 26 people with a learning disability who present behaviours which challenge us and may in addition have autism and needs related to their mental health. At the time of our inspection there were 24 people using the service.

Lansdowne Road had 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 told us that training had helped them to understand the needs of people, which included their right to make decisions about their day to day lives. Staff were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or senior managers.

Summary of findings

Staff had received training which reflected the needs of people who used the service which enabled them to provide care in a safe manner. This included supporting people when their behaviour became challenging and through the appropriate support for people who required support with their mental health. We found people received their medication in a timely and safe manner by staff that had been trained in the administration of medication.

Our discussions with staff told us that they received on-going support and development through supervision, appraisal and the accessing of training. The training staff accessed reflected the needs of people who used the service which meant people received effective care and support. Records confirmed staff had received training in a wide range of topics.

People were protected under the Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) we found that appropriate referrals had been made to supervisory bodies where people were thought to not have capacity to make decisions. Staff we spoke with spoke about their role in supporting people to maintain control and make decisions which affected their day to day lives and told us how this was a key part of their role when supporting people.

People's health and welfare was promoted and they were referred to relevant health care professionals in a timely manner to meet their health needs.

We observed positive and supportive relationships between people who used the service and staff. People were comfortable and relaxed in the company of staff and shared laughter and conversation with them. We noted staff supported people in a timely manner, which included supporting them when they became anxious.

We observed people being encouraged to make decisions about their day and records showed people's comments and views were documented in daily records and within the minutes of meetings.

A range of documents had been produced in an 'easy read format', which used pictures and symbols to assist in people's understanding of the information. However we found that the minutes of meetings, whilst being provided in this format contained words and phrases that did not reflect the 'easy read' style and therefore had the potential to exclude people from the information. This was discussed with the registered manager who told us this would be addressed.

People we spoke with were confident that any concerns they had would be responded to appropriately and knew who the registered manager was. Records showed that the service within the last twelve months had received one complaint which had been investigated and acted upon.

The attitude of the registered manager and staff showed they were enthusiastic about their work and committed to providing the best possible care for all those who used the service. All were aware of each person's individual needs. Staff appeared caring, friendly and talked about their work and were well informed about those using the service.

There were effective systems in place for the maintenance of the building and equipment which

ensured people lived in an environment that was maintained and safe. Audits and checks were effectively used to ensure people's safety and needs were being met, as well as improvements being made as required. People's representatives and staff had the opportunity to influence the service, which enabled the provider to review and develop 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.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of suitable staff and people received their medicines correctly and at the right time.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to enable them to provide the support and guidance people required.

People's consent to care and treatment was sought. People were supported to make decisions which affected their day to day lives.

People's dietary requirements with regards to their preferences and needs.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Good



Is the service caring?

The service was caring.

We observed positive relationships between people who used the service and the staff employed.

Staff encouraged people to make decisions about their lifestyle choices and understand the impact of their decisions on themselves and others. A range of information had been produced in an 'easy read' format to assist people in the accessing of information. However we found some instances where improvements were needed.

Staff supported people with empathy and understanding with regards to their dignity.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to them moving into the service and they or their representative were involved in the on-going review and development of their care.

People appeared relaxed and comfortable in the company of staff and we saw staff responding to people's needs in a timely and considered manner.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices within an inclusive and empowering environment.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider undertook audits to check the quality and safety of the service, which included seeking the views of external stakeholders.

Lansdowne Road (67-71)

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 inspection took place on 15 September 2015 and was unannounced.

The inspection was carried out by two 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. Our expert by experience for this inspection had expertise in people with a learning disability.

Prior to the inspection we contacted commissioners for social care, responsible for funding people that live at the service, and asked them for their views about the service.

Before the inspection we reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned to us.

We spoke with six people who used the service and spent time with others in communal areas of the service. We spoke with the registered and deputy manager and four support workers. We looked at the records of four people, which included their plans of care, risk assessments, health action plans, and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, and the minutes of meetings

Is the service safe?

Our findings

A person we spoke with told us, “I feel safe.”

People’s records included assessments of risk where people were vulnerable to potential abuse or exploitation and the role of staff in promoting people’s safety. This included supporting people with the management of their finances and the development of relationships within the wider community. This showed that people’s safety was assessed and measures put into place to reduce risk whilst acknowledging people’s rights in their lifestyle choices and the promotion of their independence.

We asked staff what action they would take should they witness or have reported to them potential abuse. One member of staff told us, “I would report it to my manager” and when asked if the concerns were about the manager they told us they would contact a senior manager. A second member of staff told us, “safeguarding is there to protect and keep them (people who use the service) safe, I would report to the manager or senior manager if it concerned my manager.”

We looked at how the provider protected people and kept them safe. The provider’s safeguarding (protecting people from abuse) policy provided staff with guidance as to what to do if they had concerns about the welfare of any of the people who used the service.

Staff were trained in safeguarding and knew what to do if they were concerned about the welfare of any of the people who used the service. Records showed that staff had acted appropriately when there had been a safeguarding issue by making a referral to the local authority and notifying the Care Quality Commission (CQC).

Policies and procedures were in place where the provider had involvement with people’s finances. Records were kept as to people’s individual expenditure which included the receipts for items purchased and financial records signed. The provider had a system for auditing people’s monies which produced a report; this practice supported people from the potential of financial abuse.

Staff ensured people were kept safe. People’s records included risk assessments and plans of care which included potential triggers and the strategies to be used to support people when their behaviour became challenging. Staff we spoke with were knowledgeable about how they

supported people to promote the safety of all. This enabled those who used the service to access the wider community, confident that their needs would be met and that staff had strategies to provide the support they may need.

Staff records and information provided within the PIR demonstrated that staff had received training in topics that were related to the safety of those using the service and included, the moving and handling of people, fire safety, emergency aid awareness, health and safety, first aid and infection control.

There were effective systems in place for the maintenance of the building and its equipment and records confirmed this. A refurbishment plan was in the early stages of implementation. The registered manager advised us that the service was to be re-decorated and this would include the provision of furniture and the replacing of flooring and fabrics. In addition bathing and toilet facilities were to be modernised.

People’s safety and well-being had been planned for as a personal emergency evacuation plan had been produced for each person, which provided information for staff and emergency services as to the support the person would require if people had to leave the building in an emergency, such as a fire.

People’s safety was supported by the provider’s recruitment practices. We looked at recruitment records for staff. The recruitment of staff was managed by the provider’s human resources office. The registered manager had access to staff recruitment records through via the provider’s computer system. We found that the relevant checks had been completed before staff worked unsupervised at the service.

We observed that there were sufficient staff to meet people’s needs, which included one to one support for some people during specific hours of the day. This enabled staff to support people in a safe manner both within the service and when accessing the wider community.

A person we spoke with told us, “medicines are in a safe in my room, they (staff) have got the key, medicine is never late or missed.” A second person spoke to us about their medicine, telling us that they administered it themselves. They told us it was important to them to maintain their independence and that they felt reassured that staff were with them when they took their medicine.

Is the service safe?

People's plans of care and risk assessments provided information about the medicine people were prescribed and its potential side effects and included guidance as to how the person took their medicine to promote their safety. In some instances medicine was placed into food to assist the person in taking their medicine so as to avoid the potential for them to choke, whilst others had medicine that was in liquid form as this was easier for them to swallow.

We looked at the medicine and medicine records of three people who used the service and found that their medication had been stored and administered safely. This meant people's health was supported by the safe administration of medication. Internal medicine audits were carried out to ensure medicine was managed well. An audit had been carried out by the supplying pharmacist and had found the service to be meeting the expected standards.

People's plans of care included information about the medicine they were prescribed which included protocols for the use of PRN medication (medication, which is to be taken as and when required). This ensured people received their medicine in a consistent manner and as directed by the prescribing health care professional. Staff we spoke with were aware as to when and how people were to be administered PRN medication, which was consistent with the plan of care and PRN protocol.

Staff responsible for people's medicine had undergone training by the supplying pharmacist and had their competency to manage medicine assessed annual which supported the promotion of the safe management of medicine and people's welfare.

Is the service effective?

Our findings

People we spoke with when asked about staff told us, “they (staff) are alright, night staff are alright, there are some new staff, we are getting used to them and they are getting used to us.” People advised us that they did know the staff and did not have strangers working with them.

One person we spoke with told us that they had been involved in the recruitment of staff, which had included asking potential candidates questions at interview. The registered manager told us that the recruitment process included inviting potential staff to spend (supervised) time with people who use the service. This enabled people using the service and the registered manager to assess how potential staff could be effective in meeting people’s needs by observing their interactions and by asking people who use the service for their views of a person.

Staff we spoke with were able to tell us how they applied their training to the support they provided to people. A staff member told us how training in autism awareness had helped them to understand how people with autism processed and interpreted information and understood the need for them to be patient when supporting people. This included giving people sufficient time to process information and to respond to questions with consideration as to how they phrased questions to promote effective communication.

We saw staff supporting people in the lounges and dining areas. We observed that staff understood different people’s needs so they were able to assist them promptly and effectively without having to refer to records or ask for advice. Staff talked with people as they supported them and we saw that staff and the people using the service had a good rapport.

We asked staff about the needs of people, they were able to tell us how their care and support was provided, which was consistent with the information we had read within people’s plans of care. This showed that the service had an effective system that enabled staff to acquire the relevant information in order that people’s needs were met.

Staff records and information provided within the PIR demonstrated that staff had received training in topics that were related to the care and support of people, enabling staff to provide effective care. Topics of training included,

understanding the care and management of diabetes, positive behaviour support, mental health awareness, dementia care and the principles of working with people with a learning disability.

Staff told us they attended regular staff meetings where issues were discussed. Minutes of staff meetings showed staff were updated as to training available. Staff advised us that they were regularly supervised and appraised by the management team, which included one to one meetings. This showed effective communication systems were in place which promoted the support people received as staff were kept informed.

The registered and deputy manager were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions and were able to speak with us about those people using the service where a Deprivation of Liberty Safeguards (DoLS) had been authorised. Care records showed that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing people’s ability to make decisions. Where people had as being able to make an informed decision, records showed that relatives and other representatives had been involved in the decision-making process.

We found that there were 12 people with a DoLS in place at the time of our inspection. We looked at the records for three of these and found that the staff were working consistently with the information recorded within the DoLS authorisation. One person we spoke with was aware of restrictions placed on them with regards to requiring the support of staff when accessing the wider community. They told us, “I go out with a member of staff as I need their support.”

Records showed that one person who had a DoLS in place had regularly meetings with a ‘paid person’s representative’. They monitored the implementation of the DoLS and as part of their role spoke with staff and viewed the person’s records which recorded how staff implemented the DoLS. This showed that the provider worked with outside agencies to ensure people’s care was in line with legislation. We spoke with the paid person’s representative who confirmed that staff worked consistently with the information recorded within the person’s DoLS.

Is the service effective?

Staff records and information provided within the PIR demonstrated that staff had received training in the MCA and DoLS. We spoke with staff to establish their understanding of MCA and DoLS, and they told us it's, "Making decisions in their (people who use the service) best interest." Whilst another member of staff told us, "Everyone has rights to make their own decisions" Staff we spoke with had an understanding of the MCA and DoLS and had 'flash cards' which they carried informing them of the principles of these, which they could refer to for guidance.

Incident reports were completed when people's behaviour became challenging and external agencies which included social services and the CQC had been informed. This ensured people's rights were protected and their safety monitored and maintained.

Information about DoLS and advocacy services was available in an easy read version to promote people's understanding as to their rights.

People we spoke with told us they could have drinks when they wanted, and if it was at night they told us they would go into the kitchen and make their own drinks. Kitchens were open to people and we were told that there was no formal menu and that people who were involved in cooking for the day looked in the freezer and cupboards and decided what they wanted. People told us they would ask for something else if they did not like what others had chosen. We saw people making drinks for themselves in one of the kitchens.

People's plans of care included information about their dietary needs, which included information as to their likes and dislikes. A Speech and Language Therapist (SALT) had been involved where people had been identified at risk of choking. A plan of care was put into place which outlined the dietary requirements of a person to minimise choking, which included specialist equipment the person required. This ensured the person's needs were effectively met and promoted their safety.

It has been recommended by the government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. We found these had been completed and included information as to people's health and social care needs including their medication, likes and dislikes, and communication needs.

People with on-going health care needs, which included diabetes, attended routine health screening appointments, to monitor their health and identify any changes. A person we spoke with was fully aware of their health and spoke to us about how they measured the sugar levels within their blood by undertaking daily checks which they managed themselves. Records showed people had regular access to a range of health professionals for the monitoring and improvement of their health, which included dentists, chiropodists, GP's and psychiatrists.

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring and that they were treated well, with one person saying, “and we treat them (staff) well and with respect.”

One person told us, “I help them (staff) in the kitchen, I get hours in the kitchen and help to get the lunch ready.”

We asked if issues talked about were acted upon and one person said they had asked for something and had not heard anything about their request so did not know if anything had been done about this.

We looked at the minutes of the ‘voice meetings’ (meetings for people using the service) and found that issues raised by people were not consistently addressed or evidenced in the minutes of meetings. For example minutes of the July meeting there were requests for a female hairdresser, the provision of lamps in a lounge, a trip to Skegness, a request for fish bowls in a room and a new shed. When we looked at the minutes of meetings for August and September there was not a response to the request for a female hairdresser, the fish bowls or a new shed. We did see evidence that the trip to Skegness had taken place and that the lamps had been provided. This meant people’s views were not consistently acted upon or responded to as recorded within the minutes of meetings. We discussed this with the registered manager, who confirmed issues had been acted upon, but acknowledged this had not been recorded. The registered manager confirmed this would be addressed to ensure those using the service had access to information as to the progress of their comments.

We found within the minutes of ‘voice meetings’ that whilst these had been produced in an ‘easy read’ format the words used did not support people’s understanding. An example of this was where people had been reminded to report any issues about the environment to staff. The outcome to the issue stated ‘explained that we are having

new carpets and are waiting to be agreed on CAPX’. This does not promote people’s understanding and has the potential to exclude them from information. This was discussed with the registered manager who told us they would review how feedback was presented to people.

We found that a range of information, which included how to make a complaint, advocacy services and the service user guide had been made available in an ‘easy read’ format, which included words supported by pictures and gestures to promote the understanding of its content to those using the service.

People’s privacy and dignity was promoted with staff providing timely support to those requiring personal care. Staff were polite and respectful and knocked on people’s doors before entering. People were asked if they would like to speak with us and explained who we were and why we were visiting. On one occasion we were asked to withdraw from an area as one person became upset and agitated, this showed that staff put the needs of people using the service first and gave consideration to their privacy and dignity.

People’s bedrooms were personalised with regards to the décor and personal possessions. People gave us examples of how their needs were met for example one person told us they had a refrigerator in their room and had food items within. A second person appeared surprised when we asked if they had a refrigerator in their room, replying that they would not have a need for one as they would use the one located in the kitchen. This showed that people’s individual needs and views were catered for and respected.

Staff records and information provided within the PIR demonstrated that staff had received training in topics that were related to the promotion of people’s privacy and dignity, which included equality, diversity and human rights, dignity; as well as training in respect and person centred care.

Is the service responsive?

Our findings

People we spoke with told us they had been to Skegness, went to bingo, and one person told us how they went out with one to one support from staff. A second person told us that they were supported with aspects of their care and to maintain their independence, which they had discussed with staff and agreed upon.

One person told us they had been shopping and had bought an item of clothing, another person told us they had been out for lunch with a member of staff.

People's needs were assessed prior to their moving into the service. People were encouraged to visit the service (or their representative) before making a decision as to whether the service was the right one for them. People were provided with information about the services offered by Lansdowne Road, which included a service user guide that was produced in an 'easy read format'.

One person's assessment identified that they needed support to engage with everyday tasks, which included personal care, taking their medicine and going out. Standard phrases to be used by staff were included within the person's plan of care which were positive and encouraging statements designed to encourage the person to engage, which we observed being used.

People's plans of care contained information as to how they communicated, which included changes to their behaviour and included changes to people's well-being. Plans of care recorded what the person was attempting to communicate, which included how they demonstrated they were in pain, were anxious or required support. For one person this included photographs to enable staff to understand the person's moods. The information enabled staff to respond to people's needs through interpreting their behaviour and gestures.

We noted the registered manager and staff respond to someone who was becoming anxious due to the number of people visiting the service, which included ourselves. We were asked to leave the area and support was provided to the person, consistent with their plan of care. This showed that people's needs were responded to and their welfare promoted.

Plans of care reflected the support people required with their mental health, which included how staff were to approach people or not to interact with them dependent upon the individual circumstance, which included information as to how people's behaviour may change and what this meant for the person themselves. This meant staff were able to respond to people needs and respect the person's view enabling staff to support appropriately.

People's needs were reviewed with the involvement of staff from the service and external health and social care professionals. Staff at the service recorded changes to people's well-being, which were shared with external professionals. This resulted in people's plans of care being revised to reflect changes to the support people required. We looked at records which provided examples of where people's plans of care had been updated following changes to people's needs. These included changes to the medicine people were prescribed that were used to support people with their anxiety and behaviour that challenged.

People's records showed they accessed the wider community on a regular basis, which included visiting local shops and places to eat, swimming, visiting the local cinema and included day trips to places of interest. People had attended local colleges and had accessed courses in the development of communication skills.

People we spoke with were able to name the registered manager of the service and told us that they would talk with them about any problems and that she would sort them out. People told us about 'voice meetings' which were where they could express their views.

The registered manager had an 'open door' policy and encouraged people to come and speak with them if they had any concerns or wished to talk about anything that affected them. Throughout the day we saw people going to the office and sitting with the registered manager, sometimes to talk and on other occasions just to spend time with them.

The service had a complaints procedure which was produced in an 'easy read' format, using symbols to promote people's understanding of how to make a complaint. One complaint had been received by the provider, which had been investigated and the complainant responded to, showing people's comments were considered and responded to appropriately.

Is the service well-led?

Our findings

People we spoke with were clear as to who the manager of the service was and that if they had any issues these would be dealt with and jobs would be done. People were confident to raise issues with the management team.

The registered manager told us that they were supported by the provider and this had included accessing the appropriate training, which had included ILM (Institute of Leadership and Management) level 4, and Diploma in Care. The registered manager spoke to us about the development of the service and how they wanted to consider how the service supported people with a greater level of independence within the wider community.

The registered manager spoke about the regular appraisal of staff and the monthly 'voice meetings' where people using the service meet to influence the service they receive. They also spoke about the 'group voice meetings', where people from other services operated by the same provider got together to discuss wider issues.

Staff were encouraged to share their views through staff meetings and through ongoing supervision and appraisal of their work. Minutes of staff meetings recorded any changes to people's individual needs which provided an opportunity for staff to question their practices and their colleagues in order that the service they provided to people was working well. Minutes also highlighted the expectations of the provider and registered manager of staff in the undertaking of their role to ensure people received a service that met their needs.

We asked staff what communications systems were in place to enable them to work well. We were told that individual supervisions (one to one meetings) took place, where staff had the opportunity to discuss the needs of people using the service, their personal training and development and suggestions as to the development of the service. Staff also told us daily 'handovers' of information between members of the staff team promoted consistency of support to people by ensuring all staff were informed about events within the service.

We sought information from commissioners of people using the service, we received information from a social worker who told us that during their visits they found people were supervised appropriately dependent upon their individual needs and that staff were professional

ensuring people were cared for appropriately. They told us that staff keen to involve those using the service with external agencies to ensure their views were heard. They found that the management structure was good with a good communication network and person centred care.

Records showed that on a monthly basis the registered and/or deputy manager visited the service during the night, unannounced to ensure themselves that the service people received was as per their expectations. Records showed that they spoke with those who had not retired to bed and made notes as to their observations, which included who was watching television, or making themselves a drink. Records included their observations of staff on duty and any discussions held. This shows that the management team had considered the need to ensure the service operates well at all times and that all staff were supported.

The registered manager told us that they were supported by the provider and this had included accessing the appropriate training, which had included ILM (Institute of Leadership and Management) level 4, and Diploma in Care. The registered manager spoke to us about the development of the service and how they wanted to consider how the service supported people with a greater level of independence within the wider community.

We asked the registered manager what quality of care meant to them. They told us, "Quality of care is very important and we ensure that everything is documented in the person centred care plans. We have good quality assurance processes and internal audits on health and safety, infection control, maintenance and fire risk. I ensure that we have meaningful action plans to drive improvement in the service and that these are in one place so that they are easy to access."

The registered manager had in place records which supported the five key questions asked by CQC when inspecting services. This showed that the registered manager had considered the significance of the key questions and how these were to be considered. Records of meetings showed that staff had been made aware of the five key questions and used to discuss the development of the service.

Prior to the inspection the provider sent us the completed PIR, which identified planned areas for improvement over the next twelve months. These included the refurbishment of the service, continuing to action plans where

Is the service well-led?

improvements had been identified and further commitment to staff development through training and appraisal. For those using the service the PIR recorded their plans to encourage greater links with the wider community, which included learning opportunities along with recognition of people's individual achievements.

The provider assures themselves of the service's ability to deliver quality care through its range of audits that were carried out by internal teams employed by the provider.

An unannounced monitoring visit was carried out by a representative of the provider in the month prior to our inspection. We viewed the report as to the findings of their monitoring visit, which showed that the person had identified areas for improvement, which included improvements to the décor and furnishings of the environment. The report also acknowledged that records with regards to people who used the service and staff were in good order and included meetings for those using the service and the up to date supervision and training of staff. The person spoke with people using the service and staff and had observed people being supported and found that

people were treated with dignity and respect. An action plan detailed the improvements required, the anticipated date for issues to be addressed and the person responsible. Improvements to the environment had been planned for and had commenced.

The provider had considered how people who used the service could continue to receive the appropriate care and support should an untoward event occur, such as adverse weather, failure of electrical systems, or damage to the building which made it uninhabitable. A business contingency plan had been developed which had assessed the potential risk and outlined the action to be taken should an untoward event occur. This showed that the provider would be able to continue to provide the appropriate care and support and keep people safe.

External agencies responsible for the commissioning of packages of care for some of the people using the service, along with health and safety audits had recently been carried out. Their reports showed that the service was meeting their expectations.