Saint John of God Hospitaller Services

St Bede's House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected St Bede's House on 7 and 22 November 2017. This was an announced inspection. We gave the provider 24 hours' notice. We did this because the service provides support in the community and we needed to be sure that someone would be in.

St Bede's House provides 24 hour care and support for one person who has a learning disability and lives in their own home.

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

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good. We have rated the effective domain was outstanding due to the innovative and multidisciplinary approach used by the provider to support the person to lead a more fulfilled life.

Relatives felt the service was safe. Policies and procedures were in place to keep people safe such as safeguarding, whistleblowing and health and safety. Staff were trained in safeguarding and understood the importance of acknowledging poor practice and reporting their concerns to management. Medicines were managed safely by trained, competent staff. Accident, incident and safeguarding concerns were recorded and investigated to prevent any reoccurrence. Infection control procedures were followed. Staff had access to personal protective equipment. The provider had a file containing information for staff in case of an emergency to ensure service continuity.

Relatives described the effectiveness of the service as amazing and excellent. The provider used a holistic approach to assessing and planning support to meet the person's outcomes. Staff supported the person to achieve their outcomes by using an innovative method by using a range of activities. Staff worked diligently to plan activities which enabled the person to sample various outings and events using behaviour monitoring to recognise which benefited the person in reducing behaviours that may challenge. The provider used current legislation and national guidance when supporting the person. For example, Social Care Institute of Excellence guidance on co-production. Co-production is a method of ensuring people are involved in planning their support. Staff were trained in a range of subjects to meet the needs of the service. Supervision and appraisals were in place for staff following yearly planners. Referrals to health and social care professionals were made when appropriate to ensure healthcare was monitored. Staff provided support and guidance with nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained consent before any intervention with the person.

Staff were caring in their approach with the person they supported. Staffing rotas were developed to ensure staff had the opportunity to spend quality time with the person. Staff put the person at the heart of everything they did. They also offered kindness and maintained relationships with relatives as part of their caring role. The culture within the service was one which promoted personalised care tailored to the person's needs. Staff respected the person's privacy and dignity ensuring their independence was promoted. Staff were aware of the person's life history and knew how important contact with their family was.

Care plans were individualised and contained information on how to support the person in a person centred way. Plans were in place to meet the person's physical, mental, social and emotional well-being. The staff used a variety of methods to gain information when developing support plans. For example, life history and assessments from other health and social care professionals. Where possible the person was involved in how they preferred their support to be delivered. The provider had a system and process in place to manage complaints which included pictorial information. No complaints had been made to the service. End of life care was not relevant at this inspection.

The provider had an effective quality assurance process in place to ensure the quality of care provided was monitored. The registered manager and service improvement manager's audits fed into the service's action plan. People and relatives views and opinions were sought and used in the monitoring of the service. The provider maintained links and worked in partnership with organisations to ensure best practice and national guidance was incorporated into the quality of care provided. The registered manager held regular meetings to discuss best practice and share learning. Staff felt the registered manager was open and approachable. Staff felt supported by the provider. The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

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 remains good.

Is the service effective?

Outstanding ☆

The service was extremely effective.

Staff used an innovative method of trialling various activities and monitored behaviours to support the person meet their outcomes. The provider worked with other agencies and used best practice when holistically assessing the person's needs.

Staff felt supported and received regular supervision and appraisal which included review of their personal development in order to develop their skills and knowledge.

Staff's training was tailored to meet the needs of the service therefore enhancing the person's experiences. The provider ensured staff received training in positive behaviour support and support planning using co-production, including a joint approach with external organisations.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

St Bede's House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 7 and 22 November 2017 and was announced. We gave the provider 24 hours' notice. We did this because the service provides support in the community and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG).

We met with the registered manager at the location's registered office in Darlington on 7 November 2017 where we viewed records. At the time of our inspection the service supported one person who lived in their own bungalow, we visited them on 22 November 2017. Due to their communication needs we did not speak to them directly about the service they received. However, we spent time in the communal areas and observed how staff interacted with the person. During the inspection we spoke with the service improvement manager, registered manager and five care staff. We also spoke with two relatives of the person who used the service.

At the location's office we viewed a range of records and how the service was managed. These included the care records of the person supported by the service, the recruitment records of one staff member, training records, and records in relation to the management of the service including a range of policies and procedures. We also reviewed records relating to the person and the environment that were held at the person's home.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they felt the service was safe for their family member. The provider had systems and processes in place such as safeguarding and whistleblowing policies for staff guidance. Staff received training in safeguarding and had a clear understanding of what constituted abuse and how to report it. One staff member told us, "We would record everything, complete incident records and notify [Registered manager]." Staff were aware of discriminatory practice and told us how the person could be supported using positive behaviour strategies in order to keep them safe in situations where their dignity could be compromised.

We found the person's human rights were acknowledged and the provider had systems and process in place to ensure staff understood how to support the person. For example, policies and procedures for equality and diversity and staff training.

We found risk assessments were in place to ensure the person was supported in a safe manner. They had control of their life and were able to make choices such as, access to the community and to travel in their own vehicle. Staff had clear strategies to follow if the person became anxious and distressed. We saw risk assessments were in place to cover environmental factors such as fire safety, infection control and health and safety. Staff also had access to lone working policies and procedures for support and guidance along with a risk assessment setting out how they could reduce the risks associated with working alone.

We saw the registered manager had a system in place for managing accidents, incidents and safeguarding and whistleblowing concerns. We found all incidents, accidents and safeguarding concerns were recorded and investigated. Where an incident had resulted in lessons to be learnt these were disseminated to staff during meetings or individual supervisions. If necessary, support plans were reviewed as part of the learning process. One staff member told us, "We discuss all incidents so we can make sure it doesn't happen again or look at other ways of supporting [person]." The provider had not received any whistleblowing concerns. The registered manager advised if they did received any concerns these would be taken seriously and investigated thoroughly.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, two references and disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record or were barred from working with vulnerable people.

The registered manager had developed a bespoke staffing rota to ensure the appropriate amount of staff were on duty to meet the needs of the person. The rota was under constant review to facilitate trips in the community. We observed the staffing levels were appropriate to meet the person's needs during our visit to the person's home.

Medicines were managed safely. Staff had received training in the administration of medicines and had their competency checked regularly to ensure they remained skilled in all aspects of medicine management. A

medicine file was in place which contained the medicine policy and procedure, information on how to support the person with their medicines. Protocols for 'as and when' medicines were available for staff guidance. We reviewed medicine administration records (MAR) and found these were completed with no gaps or anomalies. Temperatures of the medicine cupboard were taken twice a day. These were found to be in normal limits for safe storage.

Infection control procedures were in place and staff had access to personal protective equipment to reduce risk of cross contamination. Staff followed cleaning schedules within the person's home to ensure a clean environment.

Health and safety checks were completed such as portable appliance checks, fire fighting equipment and water temperatures. Any maintenance or remedial works needed in the property were reported to the appropriate agency. Equipment used by the person was checked for safety, for example, wheelchair checks. Vehicle servicing and maintenance records were available.

We found the person had an up to date personal emergency evacuation plan in place which was accessible to staff in case of an emergency. The provider had a disaster/emergency plan in place which was accessible for staff in case of an emergency.

Outstanding ☆

Is the service effective?

Our findings

Relatives we spoke with felt St Bede's were exceedingly passionate about the service they provided. They told us staff had an excellent understanding of their family member and had enabled them to access the community enriching their life in many ways. Comments included, "They have made such a difference to [family member]", "It's excellent, we are so very, very lucky to have such support", "Dedicated staff" and "Absolutely amazing work".

Since the previous inspection we found the provider had done a lot of work with health care professionals and staff to develop relationships and formulate support plans. We discussed the person's outcomes with the registered manager and staff. They told us how they had identified the person's needs in such a way that positive outcomes were achievable for them. We found a clear directive to support the person with their aims and goals in terms of enabling them to access the community more and build a positive fulfilled life.

We found the person's health and well-being had improved over the recent months with increased time spent in the community. We saw evidence from health care professionals to demonstrate how staff had worked together in supporting outcomes which had brought about an improvement where behaviours were lessoned. This had resulted in the person no longer needing input from mental health professionals and being discharged from community services. One health care professional commented, "I am sure due to your caring and approachable contribution [person's] behaviours have not only reduced but quality of life has improved." We found records developed by the registered manager where staff had recorded behaviours and responses to activities, these had been reviewed and analysed by health care professionals. The results were used in further development to support the person. The person no longer had the input from occupational therapy, being discharged from services due to the improvement in engagement with activities.

We discussed this work with relatives who told us, "The persistence, work and dedication of staff have made the difference here. With the development of charts, then discussing it such as, this activity works, this one doesn't. Staff slowly introduced different things; it was really trial and error but made such a difference," and "It is an exceptional service, they deserve a medal for what they have done."

Staff had been part of a co-production group to look at how the person could be best supported. Co-production means people who use services are consulted, included in and work together with those who provide services from the start to the end of any plan that affects them. The provider maintained a file in the person's home with details of co-production for staff guidance and to use as an aide memoire when reviewing support plans. Staff spoke with passion about how they felt the person had achieved such a lot and were proud to have been part of their journey. One staff member told us, "Seeing [person] how they are now, I always knew there was a person in there, it's wonderful to see." Another said, "We all put our ideas in, even planning holidays now, there is no need for medication whereas before this was needed." Such were the improvement in behaviours that may challenge that MAR records demonstrated 'as and when' medicines were no longer being administered.

Care records demonstrated how the person's needs were assessed on a regular basis. Care records contained information which took into account current legislation and national guidance. For example, nutritional guidance from the NHS, Social Care Institute of Excellence Co-production in Social Care and National Institute of Clinical Excellence (NICE) Management of medicines for adults living in the community.

We found support plans contained strategies and protocols for staff to follow to support with behavioural changes which had been developed in conjunction with other health care professionals in meeting outcomes. The registered manager had worked with health care professionals and developed a recording chart for staff to complete with the aim of identifying the person's level of engagement in activities. We found this had been instrumental in finding activities which reduced behaviours and making them happen. This innovative piece of work had a very positive impact on the person who now enjoyed a more full filled life in the community. We found activities included, going to the disco and celebrating birthdays. We saw several photographs of a recent themed party the staff had arranged, the person had clearly enjoyed themselves and was laughing and smiling in the pictures. The registered manager advised, "This was an amazing day, [person] was so engaged, interacting with others and staff."

Building and maintaining relationships was an important outcome for the person. We found staff engaged with family member's and facilitated trips to enable the person to spend time with family. We found staff supported the person to maintain relationships and send birthday cards to family members. The registered manager told us the person had a network of people they met with regularly through attending activities and spending time with residents from the provider's nearby location. They felt by engaging with others this gave the person the opportunity to build relationships in a familiar environment. We saw several photographs showing the person engaging in activities obviously enjoying the experience.

Staff told us how they felt to see the person achieve so much. One staff member told us, I feel proud to be part of the team, we are all reading from the same hymn sheet. When I see [person] laughing, it's fantastic, I actually cried." Another said, "I feel privileged to support them, it is so important to use the reaction to activities to plan we now have the knowledge of what helps."

The service improvement manager told us, "The whole service is built around [person] we are really proud of how well they are now. Their behaviours have stopped and they are far happier than in residential care. It is such a success, family are also so happy with how [person] has done. Staff have made such a difference by working together to support [person].

We saw records were in place to offer support and guidance for staff regarding nutritional needs. Staff used information given by the speech and language therapist [SALT] when supporting with eating and drinking. Such as, verbal prompts to slow down when eating and the use of finger foods. We found the menu contained a healthy varied diet with the person's likes and dislikes taken into account. Staff told us how they monitored the person's intake in order to ensure their diet was well balanced. This had been agreed with the GP.

We reviewed records to demonstrate how staff had monitored the person's health against their episodes of behaviours that challenge. By recording these incidents, health care professionals were able to analyse these and used the findings to develop new strategies to use in order to meet the person's planned outcomes.

We found staff supported the person with healthcare, such as attending appointments and accessing the GP. Records were on file to evidence involvement from other health and social care professionals such as social workers, dentists and opticians. Staff ensured the person was fully prepared for any examinations that

needed to take place which reduced the risk of anxiety. One relative told us, "Staff are able to recognise if [family member] is unwell, and react straightaway."

We found staff training was up to date and was built around the person's needs. Staff completed a range of training such as risk assessment, autism and NAPPI [Non abusive psychological and physical intervention] which also covered positive behaviour support necessary to support the person. Staff had attended co-production training to ensure their understanding of the methods used to plan and deliver outcomes. One staff member told us, "We have had the right training to work with [person] that has made a difference in supporting them to do the things they can do now."

Staff told us they were supported by having a strong staff team, through supervisions and regular team meetings. The registered manager told us, "It's important to have the team together, that way we are consistent, it's all about working as one." One staff member told us, "We are all part of a strong team, supervision is important to look at how we are supporting [person], what we can do differently to make [person's] life better." Another told us, "Everyone has ideas, to bounce things of each other is great, and [person] has come on leaps and bounds." Relatives told us they felt staff had the skills and knowledge to support their family member. One relative told us, "They [staff] are well trained, without a doubt. They know how to support [family member] and are so dedicated.

Staff were also subject to regular visits by the registered manager, who would attend the person's home to ensure that care was carried out in line with the care plans in place and the provider's own procedures. This meant staff were able to update their skills and knowledge and there was effective monitoring of training within the service. Having these processes in place meant people could be assured that they would receive effective care and support.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager was aware of the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They had been liaising with the local authority to discuss their approach to the MCA to ensure they were protecting the person's rights. Lasting power of attorney (LPA) information was available on file setting out who was responsible for acting in the person's best interests.

Staff we spoke with had an understanding of the Mental Capacity Act and the importance of how meetings were held to make 'best interest' decisions. Best interest decisions are where decisions about treatment or accommodation are made for or on behalf of a person by people such as carers or health and social care professionals who know the person. We found a best interest decision meeting had been held to ensure the person was supported safely when using a wheelchair by using a lap belt.

Staff told us and we observed how they gained consent from the person before engaging in any form of support, using either verbal responses or by gestures and body language. One staff member told us, "[Person] gets up and goes in the shower to get ready, that's how we know they are ok to go out. We always give a couple of options when [person] needs to make a decision and give the chance for [person] to acknowledge what we had said." The staff member explained, "Choices are made with the knowledge of what [person] likes to do or we explore something new.

The bungalow was personalised with items and furnishings that supported the person's daily life. Staff had access to a bedroom to enable 24 hour support.

Good

Is the service caring?

Our findings

Relatives told us they felt the service was kind and caring. Comments included, "They know [family member] so well, it is clear they are a caring team" and "We are very lucky". We found health care professionals also felt the service was caring. With comments such as, "Caring approach" and "I have no concerns with regards to welfare or the care they [the person] receive."

During the inspection we saw staff had a genuine relationship with the person and knew them very well. Staff responded in a positive way to ensure the person's health and well-being was monitored. Where needed contact was made with the most appropriate person, for example, GP and social workers. We saw staff interacted positively with the person and provided them with support and encouragement. Staff treated the person with dignity and respect and provided opportunities for independence. Staff took time to sit down and communicate with the person in a way they could understand, speaking clearly and using gestures and facial expressions as part of their communication. It was evident from the person's response that they felt comfortable in the presence of staff.

Staff spoke with genuine compassion about the person it was clear they valued the relationship they had together. One staff member told us, "I felt accepted by [person] when I joined the team, they reacted positively to me." Staff told us how the person's dignity is respected whether that is in the house or in the community. For example, if any incident outside causes anxiety or distress which leads to change in behaviours then this is assessed and if necessary the option is given to return home, or just to sit in the car for a while. One staff member told us, "By ending the trip it makes sure we maintain [person's] dignity". We found support plans also contained information and guidance for staff to follow to ensure the person's dignity was respected by using strategies and protocols to divert the possibility of their dignity being compromised. Staff respected the person's need for privacy when they chose to spend time in the lounge or their bedroom.

Staff were aware of the person's life history and knew how important contact with their family was. Comments included, "I have known [person] for a long time, I can see a vast difference. [person] trusts me", "We have all read the care file so we know about [person] and how important seeing family is" and "We keep in touch, and [person] spends quality time with [family member]".

We found staff kept a 'Positive thoughts for the day book'. This book had been developed by the staff. The registered manager told us, "If they are feeling a bit fed up, they think of a positive and write it in, I think it's a lovely thing to do." Comments in the book included, "My positive thought for today is to be happy and calm to make my hours with [person] happy, productive and rewarding to lessen behaviours", "Stop saying, I wish, start saying I will. Make it happen" and "In every day we have 1,440 minutes, that's 1,440 opportunities to do something positive." Staff also made comments under some of these statements such as, "That's a great one", and "Reading this book has given me lots of smiles and happy thoughts." Both the registered manager and service improvement manager take the time to read the book making comments such as "Really enjoyed ready this, you have brightened my day" and "Keep up the good work". This meant that staff were caring towards each other and had [person] at the centre of their thoughts.

Staffing rota's were developed to ensure staff had the opportunity to spend quality time with the person. We spoke to staff about how decisions were made and agreed with the person. Staff told us they always include the person in any plans about their support or any other things to do with their daily life. One staff member told us, "[Person] is at the centre of everything we do." Another told us, "When we plan meals we always give two choices, we know not to give to many options as this makes it difficult for [person]. We found care plans set out how [person] can make choices about their life including outings, personal care and food and drink. For example, "Staff need to explain choices slowly; I may need to think about things for a few minutes. I may say no but may change my mind. Family help me make decisions that are in my best interests alongside professional people who care for my health and well-being".

Staff told us how independence was promoted in everyday situations, from enabling the person to manage their own personal hygiene to getting ready to go out. Support plans set out how staff were to support the person with independence and what strategies to use. For example, setting out only two outfits on a morning, supporting with stirring food and encourage small tasks such as putting cup and plate in kitchen.

Staff had received training in equality and diversity as part of their induction into the service. We found care records and staff responses provided evidence that the person was supported in a personalised manner which celebrated their personality and character. One staff member told us, "I feel privileged to support them."

We found the person attended team meetings and was encouraged to participate as far as possible. Team meetings were held in the person's home to allow this to happen. Staff told us that whenever there were changes to be made or if there was a change in need this was always discussed with the person. Comments included, "[Person] is included in everything, it is all about them" and "We listen and watch how (person) reacts so we can see how things are going.

Good

Is the service responsive?

Our findings

Relatives told us they felt the service provided support which was relevant to their family member's needs. One relative told us, "Everything is built around [family member], they are doing so much more."

We reviewed the person's care records and found information from a family member gave a clear picture of the person's past. We found these were detailed and provided personal information of their life from childhood and what they had been like in the past right through to needing more support. This meant staff had a true understanding of how the person had grown up, what had happened during their younger life and how they had come to access services. This information had been used in developing support plans.

The registered manager told us how family, staff and the person were fully involved in the development of the support plans. They told us, "We have a good relationship with [person's family]. The staff are the ones directly involved, they are aware of [person's] needs, and know them so well. The team is a strong one and they have worked extremely hard. We discuss support with [person]; it's all tailored around them."

The person's physical health, mental and emotional needs were reflected in their care file. We reviewed the support plans and found these to be extremely personalised and included information about the person's choices of activities, their interests and how social interaction was provided and supported. For example, having favourite magazines and music available. Support plans provided specific phrases to use when communicating about eating and drinking, along with words the person particularly liked to staff to say. These words provided a sense of comfort. Support plans also set out tactile interventions such as hand massage which provided emotional support. Staff understood the importance of integration with the person and how to read behaviours which demonstrated sadness or happiness. Such as, making specific sounds or using specific gestures.

We found support plans were reviewed and where necessary changes were made to support plans. We found detailed handover sheets were in place, daily records were informative and gave clear concise details of the person's day to day activities. We saw staff highlighted important information regarding health input for easy reference for staff coming on duty.

The staff kept a photograph album to share memories with the person from outings, trips and celebrations. We saw photographs from a recent party where both staff and people from the provider's other service had dressed up to celebrate the person's birthday. It was clear the person had enjoyed the party by their smiles and facial expressions. Staff spoke about planning holidays, something the person really enjoyed. Staff told us how the person enjoyed Christmas and now opened their presents themselves, something which they did not used to do. The garden was accessible, staff told us how the person liked to be outside and had pulled up some vegetables this year.

The service provided information about the service to people who used it. This included an easy read guide which included information about making complaints. The complaints information was detailed and included appropriate information about the local authority and CQC. The registered manager had a system

in place to monitor complaints and ensure that they had been responded to appropriately. At the time of the inspection no complaints had been made about the service.

End of life plans had been considered and funeral plans had been discussed with family members and agreed in principle.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. 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.

We spent time speaking with the registered manager who described the vision the provider had for the service. The service had been tailor made for one person in order to meet their individual needs to live independently and to integrate them into the community. During the inspection we found that the person's outcomes were being met and they continued to develop further. This demonstrated a positive culture in the service that provided a person-centred approach.

Relatives felt the management was supportive and approachable. One relative told us, "They keep us informed, we have a good dialogue." Staff members we spoke with told us they were happy in their role and felt supported by the management team. Comments from staff included, "A genuine manager who gets the job done," and "[Registered manager] visits, we are able to raise anything at any time, she is really approachable."

We were able to observe interaction between the registered manager and staff during our visit to the person's home, we saw they had an open and honest relationship. We saw the registered manager respected staff's input and observed them supporting staff whilst in the service, discussing the person's needs. Staff were relaxed and used the opportunity to discuss some storage issues. The registered manager acted immediately and arranged to have a new safe purchased.

The provider had a newsletter for staff which contained, a 'Look after yourself' link for staff to follow about a range of health needs, the management structure, a day in the life of (a tenant) and celebrations from other services. This meant staff were kept up to date with news and items of interest in the provider's wider organisation.

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings took place regularly and were used to share information about any changes in the organisation. Staff told us they felt confident in raising any concerns or issues with the service at team meetings and these would be taken seriously and acted upon.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The registered manager advised the person using the service is not able to complete any written or pictorial survey. Staff used the person's facial expressions and general behaviour to determine their satisfaction with the service, along with relative's comments. We found positive feedback from health care professionals regarding the quality of the support given to the person.

We found the provider had a system in place to monitor the quality of the service. We found a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, nutrition, care records and health and safety. The audits provided evidence to demonstrate what action had been taken if a gap in practice was identified and when it was addressed.

The registered manager attended monthly managers meetings to discuss best practice and share learning. We found the senior management team met monthly to discuss trends in service and develop actions plans which were then discussed with the registered manager.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.