Prime Life Limited

Acorn Close

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

The inspection visit took place on 12 December 2016. We gave the provider 48 hours' notice of our inspection because many of the people who use the service go out and we wanted them to know we would be available for them to speak with us.

Acorn Close is a residential care home providing accommodation for up to 23 people living with learning disabilities who require personal or nursing care. The home is purpose built with accommodation on two floors. There are three sections to Acorn Close, each with accommodation and communal lounges and kitchen / dining areas. People can access all communal areas. At the time of our inspection 21 people were using the service.

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

People who used the service were safe. They were supported and cared for by staff that had been recruited under recruitment procedures that ensured only staff that were suited to work at the service were employed. Staff were trained in how to protect people from abuse and avoidable harm. They put their training into practice.

People's care plans included risk assessments of activities associated with their personal care routines and activities people enjoyed. The risk assessments provided information for staff that enabled them to support people without restricting their independence.

The registered manager decided staffing levels by assessing the dependency levels of people using the service. This meant people were supported with their personal care needs. However, the registered manager told us that on a few occasions people had not been able to go out when they wanted because staff were not available to support them.

People were supported to receive the medicines by staff who were trained in medicines management. Medicines were stored safely and unused medicines were collected by the pharmacy that supplied them.

Care workers were supported through supervision and training. People who used the service told us told us they felt staff were well trained and competent.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights. No person at Acorn Close was subject to Deprivation of Liberty Safeguards.

Staff understood the importance of people having health diets and eating and drinking. They supported people make meals. They also supported people to access health services when they needed them.

People were involved in decisions about their care and support. They received the information they needed about the service and about their care and support.

People contributed to the assessment of their needs and to reviews of their care plans. Their care plans were centred on their individual needs. People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider.

The service had effective arrangements for monitoring the quality of the service. These included a range of audits carried out by the registered manager and regular visits by a regional manager who carried out checks. People's views about their experience of the service were sought and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood and put into practice their responsibilities for protecting people from abuse and avoidable harm.

The provider's recruitment procedures assessed applicant's suitability to work at the service and all pre-employment checks were carried out. Suitably skilled and knowledgeable staff were deployed to meet the needs of people using the service.

People were supported to take their medicines by staff that were trained in safe management of medicines. Arrangements for the storage and disposal of medicines were safe.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision, appraisal and training and were supported to study for further qualifications in health and social care.

Staff understood their responsibilities under the Mental Capacity Act 2005. They ensured that care and support was provided only if a person gave consent and they protected the rights of people to make decisions about their care.

Staff provided people with a choice of nutritious food and favourite meals.

Staff supported people to access health services when they needed them.

Is the service caring?

Good

The service was caring.

Care workers were attentive to people's needs. They communicated well with people and gave them information they

needed.

People were involved in discussions about their care and support and had a say about when care was delivered.

Care workers respected people's privacy and dignity when providing care and support.

Is the service responsive?

Good

The service was responsive.

People received care and supported that was centred on their personal individual needs.

People were supported to participate in stimulating activities.

People knew how to make a complaint if they felt they needed to.

Is the service well-led?

Good

The service was well-led.

The registered manager and staff shared the same vision of providing the best possible care to people using the service.

People using the service and staff knew how to raise concerns and were confident their concerns were taken seriously.

The service had effective arrangements for monitoring the quality of the service.

Acorn Close

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 12 December 2016. We gave 48 hours' notice because we knew that people who used the service were often out and we wanted them to know we would be at Acorn Close.

The inspection team consisted of two inspectors.

Before our visit we reviewed notifications the provider had sent to the Care Quality Commission about incidents that had occurred at Acorn Close in the previous 12 months. Notifications are events a provider has to tell us about, for example serious injuries and allegations of abuse.

On the day of our site visit we spoke with eight people who used the service and a relative of another person who used the service. We spoke with the registered manager, a director who was visiting the service, a senior support worker and three support workers. We also spoke with two health and social care professionals who were visiting the service.

We looked at three people's care plans and associated records. We reviewed information about support staff received through training and appraisal. We looked at two staff recruitment files to see how the provider operated their recruitment procedures to ensure they only recruited staff that were suited to work for the service. We reviewed records associated with the provider's monitoring of the quality of the service. These included surveys and audits.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe at Acorn Close. They gave a variety of reasons for feeling safe. These included how staff treated them. A person told us, "The staff are always courteous and polite". Another person told us it was because "I find it relaxing here". Others commented on there being a pleasant atmosphere at Acorn Close which meant, a person said, and "We [people who used the service] get on well. Another person told us, "I feel safe here because I've got friends here". When we spoke with a group of three people and asked what they liked most about Acorn Close they unanimously said they liked it because it was safe.

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse. All staff had received training about the provider's safeguarding procedures and knew how to recognise and report signs that a person was at risk of abuse. We saw from a folder of incident reports that staff used those procedures to report occasions when people were exposed to risk of harm or injury, for example when they had been affected by another person's behaviour towards them either at Acorn Close or when they went out into Shepshed or further afield. This showed that staff put their safeguarding training into practice.

The registered manager reviewed incident reports and carried out investigations when needed. They took actions to either eliminate or reduce the risk of similar incidents happening again. For example, they worked with the local NHS community mental health team to establish why people sometimes presented with behaviour that challenged others. They had taken action to protect people from being harmed by others and to support the people who presented challenging behaviour. Those actions had significantly reduced the number of incidents between people using the service. Only one such incident had occurred in 2016.

People's care plans had risk assessments of activities associated with their personal care routines, their lifestyles and behaviours. For example, some people were at risk of self harm. Others went out to a variety of venues in Shepshed or further afield. People were involved in their risk assessments and were advised about how to stay safe when they went out. For example, they were advised about how to use public transport or how to contact Acorn Close if they needed support whilst they were out. The risk assessments showed that people were supported to be independent and to make choices about how they spent their time. People were not restricted from exercising their choices. This was something people told us they liked about the service. All the people we spoke with told they could go out when they wanted. Staff told us the same. This showed that staff did not restrict people's freedom and choices even if the involved risk and demonstrated that people were supported to be independent.

A contributing factor to people being safe was that the provider deployed enough suitably skilled and knowledgeable staff to be able to meet people's needs. The minimum staffing level was four support workers who were allocated to specific sections at Acorn Close. A senior support workert time on all three sections. The registered manager was available to support staff. This gave a ratio of seven staff to 21 people. People who used the service told us they felt enough staff were available. Staff told us the same. The registered manager was seeking to secure additional funding for one-to-one care for a person who liked to

go out but who required a support with them at those times. A health and social care professional who regularly visited the service told us they felt enough staff were on duty on days they visited.

The registered manager operated the provider's recruitment procedures. These ensured as far as possible that only staff suited to work for the service were recruited. Candidate's suitability was assessed through review of their job application form then at interviews when they were interviewed. All necessary pre-employment checks were carried out before a person started work including Disclosure Barring Scheme (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce.

People told us they were supported to have their medicines at the right times. They knew what their medicines were for. People were supported with their medicines by support workers who had been trained in the safe management of medicines. Those support workers' competence to support people with their medicines was assessed every three months.

The arrangements for the ordering and disposal of medicines no longer required were safe. Medicines were safely and securely stored. Temperature checks of the room where medicines were stored were carried out daily.

The safety of medicines management was audited annually by the pharmacy that supplied medicines. Their most recent audit in July 2016 found that the arrangements were satisfactory apart from medicines containers not always being dated when they were first opened. The registered manager reminded staff of the need to date containers at staff meetings and in one-to-one meetings with staff. Subsequent medications audits by the registered manager found that medicines containers were dated when first opened, but an audit on 29 November 2016 identified four undated containers. This did not pose a risk to people because medicines were replaced every 28 days, but it meant some support workers had not followed the provider's medicines management policy. The registered manager told us they would speak to the support workers to remind them of the policy.

Good

Is the service effective?

Our findings

People who used the service told us that support workers had the right skills and knowledge about them to be able to support them. A person told us, "They know about me". Another said, "They know what I like and they support me the right way". When we spoke with three support workers we asked them questions about people and the contents of their care plans. All three demonstrated a detailed knowledge about people who used the service and how to support them.

Support staff developed knowledge of people's needs because they supported the same small group of people. The service operated a 'key worker' system where one support worker was a person's first contact and the support worker involved in reviewing people's care plans with them and arranging health and social care appointments when necessary. People who used the service chose who their key worker was.

All staff had received the relevant training to equip them with the knowledge and skills they needed to support who used the service. Training continued irrespective of how long a support worker had worked at the service. One, who had worked at Acorn Close for several years, told us, "The training is good. I've had lots of training this year. We also have the workbooks which we have to complete. The manager always checks and ensures we complete them. We have a time frame to do this." We saw from records of staff meetings that the registered manager monitored that staff attended training courses and completed training workbooks. Those workbooks included tasks, assignments and written exercises that staff had to complete in order to demonstrate they had the right knowledge and skills. A support worker who had been at Acorn Close for a few months told us about their induction training. They told us, "It was comprehensive. I spent time shadowing two experienced staff. First I watched how they supported people, and then I was observed before I was allowed to support people on my own." They told us this process continued until they were confident to support people and the registered manager was satisfied they were able to.

The staff team at Acorn Close were experienced. Most had worked at Acorn Close for at least two years and several had done so for over five years. This meant there was a strong pool of knowledge and experience. A support worker told us that was evident to them when they first came to the service. They told us, "First thing I observed is that most staff have been here for years and that gave me confidence." A health and social care professional who was visiting Acorn Close at the time of our inspection told us, "The staff are very much in-tune with people and knowledgeable about them".

Staff were also supported through one-to-one supervision meetings that took place regularly. There were no fixed intervals between supervision meetings, but all staff had at least six supervision meetings a year. These meetings were used to provide feedback to staff about their performance and discuss training needs. Staff were able to seek advice for senior and the registered manager at any time. A support worker told us, "The manager and seniors are supportive. They are always there for us. If you need anything or are not confident about anything, we can just ask and they'll sort it." Another support worker told us, "I have had frequent supervision. I've found the manager and senior approachable. I'm able to discuss anything freely with them. The support is readily available when required".

We saw several examples of staff communicating effectively with people. They adapted how they communicated with an individual, for example by speaking slowly or using gestures. When a person who used the service expressed a concern about something staff gave them the time they needed to explain what the concern was. They supported the person to elaborate on what they were saying and repeated what the person said to check their understanding of what they were saying. We found that staff were skilled at communicating with people who used the service. A healthcare professional with specialism in mental health told us, "The staff are very good at communicating".

The Mental Capacity Act (MCA) 2005 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. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

None of the people who used the service at the time of our inspection was under a DoLS authorisation. However, the registered manager and support workers we spoke with had an understanding of the MCA. Support workers we spoke with understood the principles of the MCA. For example, that people had to be presumed to have mental capacity unless there was evidence to the contrary and that were people lacked capacity they were supported in their best interests in the least restrictive way. No person who used the service was under any form of restriction on their freedoms. They all received support to be as independent as they wanted to be. People were able to go out when they wanted. A person we spoke with told us, "There are no restrictions. It's all freedom in here". Another person told us, "I like that I can go out when I like". We saw people going out and returning when they wanted.

Support workers supported people to have meals of their choice. They made meals for some people and supported others to make their meals. A person who used the service told us, "We have a good choice of food. I enjoy my meals. On Sundays we have roast dinners and if we want we can have fish and chips from a chippie on a Friday". Another person told is, "We are asked what food we'd like". A person told us they especially liked that they could have a cooked breakfast, they called it a "fry-up". Other people told us they made their own meals. People had access to a kitchen they could use.

Staff supported people to have meals when they wanted. We saw people having meals and snacks at different times. A person told us, "They [staff] make me drinks when I want". Another person told us, "We have enough food, we have seconds if we want". Staff supported people to have meals when they were on holidays away from Acorn Close. A person told us, "I'm fed well when I'm on holiday".

People's comments about how they were supported with their meals showed that staff had a good appreciation of people's preferences about the food they had.

Support workers were alert to people's health needs. They had training about medical conditions people lived with and were attentive to changes in people's health. For example, when a person's blood pressure was found to be high a support worker contacted the person's GP and arranged an appointment. When people reported symptoms of feeling unwell, support workers called NHS 111 for advice and acted upon it. On occasions people presented untypical behaviour that challenged others they sought to understand the reasons for the behaviour and when necessary they engaged with specialist NHS services to arranged additional support for a person. Support staff supported people to attend hospital and healthcare

appointments.

People's care plans included details of which health professionals support workers should contact in the event of unforeseen changes or concerns about their health staff. This included agencies to contact out of hours and at weekends. Where required, care plans included a 'crisis plan' in the event a person required a hospital admission. Where people were known to have anxieties about going to hospital or health centres, the service made arrangements for health professionals to come to Acorn Close. This meant people could be assured of prompt and effective action by support staff in the event of an emergency requiring health services.

Good

Is the service caring?

Our findings

People we spoke with unanimously told us that staff were kind and caring. A person told us, "The staff are nice and friendly, I can't fault them". Another person told us, "We mix really well with the staff. I love them". Other people made comments that included, "They have been very kind to me" and "I like the kindness of the people".

A support worker told us that staff sought to help people to feel they mattered by fostering a homely and friendly environment. They told us, "People are safe here. This place is not like other care homes. This is homely, they feel at home. I also feel like it is a second home for me." Our observations throughout our inspection were that there was a friendly and homely atmosphere. Staff were available to support people and were attentive without being intrusive. They spoke with people as they would with family and friends. A person told us, "I really like that I can talk with staff and have a cup of tea with them". Another person said, "The staff are really friendly".

Staff did things to show that people mattered to them. For example, they remembered people's birthdays and sent cards. They supported people to enjoy festive occasions. People appreciated that. Comments from people about that included, "Staff get us presents on birthdays and Christmas" and "The staff are really good at arranging parties and they make them a lot of fun". One person told us, "What I like best about here is that we have lots of birthday parties and celebrations".

The kindness that staff showed to people included relieving people's anxiety. We saw and heard support workers asking people why they appeared to be unhappy then offering them comfort and reassurance. A relative told us about how staff supported their son to a hospital appointment they were anxious about. They told us, "The staff were great. He [person who used the service] was scared of hospitals but the staff supported him so well and stayed with him. Everything went well".

People who used the service told us they felt involved in decisions about their care and support. Comments from people included, "I know all about my care plan" and "I feel involved". People told us that something they liked a lot was that they decided how they spent their time. For many people this meant they went out when they wanted. Their choices about this were respected by staff. Two people we spoke with told us this mattered to them. One said, "The staff encourage me to be independent, I can decide what to do. We all can". People were involved in those types of decisions on a daily basis. They were involved in longer term decisions at reviews of their care plan. Other decisions, which effected other people, were made a residents meetings. For example decisions about social events such as parties and activities.

The registered manager kept relatives informed about people who used the service. A relative told us, "The service is very good to us [he family]. They keep us informed and that is very important to us because we like to understand what is happening".

The service worked closely with specialist services. During out inspection two health and social care professionals visited people at the service. Part of their role was to represent people's interests and advise

them about their rights. Both told us the service provided good quality care and support. One described the care experienced by the person they came to see as "fantastic".

The provider promoted dignity and respect through policies, staff training and supervision. Support workers told us about how they respected people's dignity. One told us, "We protect people's dignity. Sometimes we have to remind and support people to protect their own dignity. For example, closing the door when having a shower." Another support worker told us, "We always respect their privacy and dignity. We always knock on doors". We saw this to be the case during our inspection. We overheard a support worker asking a person "Can I clean your bedroom?" The person replied "No". The support worker asked if other tasks were required, but the person declined that too which the support worker respected. This confirmed what people told us about staff being polite and courteous.

People were able to enjoy the privacy of their rooms. People told us their rooms were pleasant and personalised to their taste. A person with an interest in ornithology had posters of birds decorating their room. Every person we spoke with told us they liked their rooms.

People were supported to be as independent as they wanted to be. Their care plans included assessments of their dependency needs and what people wanted to achieve with the support of the service. Staff were aware of these and they used the information to encourage and support people to be independent. For example, a person with limited mobility who wanted to go out independently was supported to have a mobility scooter they could use. Other people had been supported to learn about how they could safely use public transport so that they could travel alone to different places on the bus and rail networks.

People's relatives and friends were able to visit them without undue restrictions. We saw from the visitor's signing in book that relatives and friends visited Acorn Close at different times of the day. Relatives were invited to festive occasions.

Good

Is the service responsive?

Our findings

People we spoke with told us that were satisfied with the quality of care they experienced. Every person we spoke with told us they care and support they received was good. A person using the service told us, "You couldn't get a better place than this". A relative told us that the care and support their family member received had improved the quality of that person's life.

We saw from information in care plans we looked at that people using the service contributed to the assessments of their needs. Where they had them their relatives or representatives made a contribution. People, their relatives and representatives participated in reviews of care plans annually or sooner if a person's circumstances changed.

People's care plans were 'person centred' because they contained information about people's life history and individual preferences. The care plans also contained detailed information about people's needs and what they wanted to achieve. People's most important aim was to achieve or maintain their independence. A relative told us that the care and support their family member received meant they were much more independent and confident than they were before they moved to Acorn Close. They told us, "[Name of person] has received excellent care and support. The staff have helped [person] handle change which they haven't been able to do before. They are much more alert and they participate in activities which they hadn't done before".

People were supported to maintain their interests and hobbies and to participate in stimulating and meaningful activities. To a large extent this was because people were supported to be independent and many want out alone or with friends they'd made at Acorn Close. They went to places that were of interest to them. People were supported with interests such as playing musical instruments or painting. We saw lots of people's paintings on display in a communal area. Other people were taken swimming. People were supported to develop meal making skills and shown how to safely use kitchen appliances. People who wanted to helped staff with housekeeping, for example washing crockery after meals and cleaning their rooms. A person told us, "I like to help out with things like washing and drying up". People who followed sport were reminded when their favourite sports events were televised so that they could watch them. People with faith needs were supported with those needs because the service arranged for faith representatives to visit them every week. A relative told us this was very important to the person who used the service. People were supported to attend a local college where they studied subjects of their choice. The service organised trips to places people wanted to go to. A person told us how much they and others enjoyed a trip to Blackpool. We saw from an Acorn Close newsletter that people had been to a variety of entertainments venues and places of interest. A support worker told us, "We went to a safari park. The joy of their faces…I have never seen them like that. They enjoyed it. We have decided we are going again next year."

People were able to have pets at Acorn Close. Staff told us this gave people a sense of being responsible for the care of the pets. A support worker told us, "Some people keep pets. One people has a cat, another person has a hamster. It is their thing to look after them which they like. Staff support them to do this."

People participated in activities in Acorn Close. They told us they thoroughly enjoyed visits by entertainers, bingo sessions. Knitting, baking classes and board games. During the summer people and staff participated in an 'Acorn Close Olympic Games' over a two week period that included 16 events with medals and prizes being awarded. We saw lots of photographs from that and other activities which showed people enjoying themselves. This showed the service was innovative and creative in providing stimulating and enjoyable activities for people who used the service. A health and social care professional who told us they visited Acorn Close often told us, "There are always activities taking place".

People we spoke with told us that everyone at Acorn Close got on well with each other. Some had made friends with others. We saw people interacting with each other and support workers. A person told us, "[Support worker] is like family to me".

All of these activities and the ability of relatives to visit when people wanted them to meant that people were protected from social isolation.

People using the service had access to a complaints procedure that was in an easy to read format, which made it accessible to them. People we spoke with told us they knew how to make a complaint though they had not had reason to make one. They told us they would talk to their key worker, a senior support or the registered manager if they had a concern. The complaints procedure made clear that complaints were an important source of feedback and learning. No complaints had been made since our last inspection.

Good

Is the service well-led?

Our findings

People who used the service and relatives told us that Acorn Close was a friendly and homely place to be. That was a reason some people told us they felt safe and others gave as the main reason they liked Acorn Close. People's responses to a satisfaction survey showed that most people felt Acorn Close was a 'homely and welcoming environment'. A relative told us "It's quiet, friendly and caring which has made such a difference to [person using the service". People' feedback showed that the service was successful in achieving its aim which was to 'Make life enjoyable at Acorn close'.

People using the service and their relatives had opportunities to be involved in discussions about what happened at Acorn Close. These included relatives and residents meetings which the registered manager used to invite people to make suggestions about activities and discuss what they liked or didn't like. People were involved in reviews about their care plans which gave them an opportunity to discuss things that mattered to them.

Staff were supported to raise concerns about what they felt was poor practice. This was through policies and incident reporting procedures. They were also supported to raise any concerns during one to one supervision meetings. Support workers we spoke with were familiar with those procedures. Though support workers had not reported any safeguarding concerns relating to poor or unsafe practice, they had reported incidents that occurred at Acorn Close such as disagreements between people who used the service that posed a risk or harm. This showed that staff alert and attentive to what they had to report. Incident reports we looked at contained evidence that the incidents had been investigated and actions were taken to reduce the risk of similar incidents happening again. For example, reasons for people's behaviour were explored and risk assessments were reviewed. Staff received feedback about investigations staff meetings and supervision meetings.

The provider promoted caring values through policies. Their aim was to provide quality care and support that helped them to be as independent as possible. Our observations throughout our inspection were that staff put their training into action. They treated people as individuals, spoke to them in ways that suited their communication needs and respected their choices. The registered manager and senior support worker monitored support worker's care practice through daily 'walk-about' observations that staff provided care in line with the provider's values and standards.

People using the service and relatives knew who the registered manager was. The registered manager was easily accessible to people who used the service, relatives and staff. We saw several people go into the registered manager's office throughout the day of our inspection. This showed that the registered manager operated an 'open door' policy. A support worker told us, "The manager is always there. They will answer any question that I have even when it is things that I am supposed to know." Support workers told us the service was well managed. One told us, "The manager knows staff's strength and utilises the strengths of each person in the team. It works well." Another support worker said, "I've found the manager and senior to be approachable. I'm able to discuss anything, concerns or support, freely with them".

The registered manager understood their responsibilities under the terms of their registration with the Care Quality Commission (CQC). They kept the CQC informed of events at the service, such as deaths, accidents and incidents. This was important because it meant the CQC could monitor the service. They had a clear vision of what they wanted to improve at the service. These included consolidating and building upon working relationships with providers of specialist health services.

The registered manager met with their counterparts in other services run by the provider to discuss common issues and share learning. For example, there had been discussions recently about the impact of the new medicines management system that had been introduced and how these would be shared with the supplier of the system.

The registered manager used a `tool kit' for registered managers called `Quality Matters' that the provider had developed. This included the latest guidance CQC for providers and information from other organisations such as the National Institute for Clinical Excellence (NICE). The tool kit was used to develop the service procedures for monitoring the quality of the service using our guidance and best practice as promoted by NICE.

The provider's procedures for monitoring and assessing the quality of the service operated at two levels. These procedures were based on 11 `key indicators of performance'. The registered manager carried out a range of scheduled checks and monitoring activity to provide assurance that people received the care and support they needed. They reported their findings to a regional manager who carried out their own checks to verify the registered manager's findings. The regional manager's reports were reviewed by the provider's operational board. This meant the most senior managers in the provider organisation knew how the service was performing. It also demonstrated that the provider had effective governance arrangements. For example, an event at one location run by the provider resulted in a review of a policy with a view to preventing a similar event occurring at any other location run by the provider.