

Community Integrated Care Redlands Lane

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

About the service

Redlands Lane is a two-bedded residential care home that was providing personal care to two people who have a learning disability and or a physical disability or autism at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was registered for the support of up to two people. Two people were using the service. This is in line with current best practice guidance. The building design fitted into the residential area and the other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People were encouraged to be independent within their home. Staff understood people's individual communication needs and worked in proactive ways to provide person-centred support.

People were supported to have choice and control over their lives and staff demonstrated an understanding and awareness of mental capacity and best interests' decisions. However, the records did not always clearly reflect the outcomes of best interest's decision meetings.

We have made a recommendation concerning the recording of best interest decisions.

The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. This ensured the provision of best practice guidance and that supported staff to meet people's individual needs.

People participated in a range of activities that met their individual choices and preferences. Staff understood the importance of this for people and provided the support required. This enabled people to achieve positive outcomes and promoted a good quality of life.

The provider had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity. There was a strongly embedded culture within the service of treating people with dignity, respect, compassion, warmth and kindness.

A system was in place to ensure medicines were managed in a safe way for people. Staff were trained and supported to ensure they were competent to administer medicines. People received support with meals and drinks.

Staff knew how to access relevant healthcare professionals if their input was required. The service worked in partnership with other organisations and healthcare professionals to improve people's outcomes.

Staff were recruited safely and there were sufficient numbers of staff deployed to keep people safe and to meet their care needs. Staff received appropriate training which was relevant to their role. Staff were supported by the management team and were receiving formal supervision where they could discuss their on-going development needs.

Relatives and staff told us they thought the home was well led and spoke positively about the management team. The provider and registered manager carried out numerous audits to ensure the service was effective. Staff supported people to integrate into their local community and the culture of the service promoted the values of supporting people to be as independent as possible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 23 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Redlands Lane

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Redlands Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications received from the registered provider and feedback from the local authority safeguarding team and commissioners. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Some people at Redlands Lane were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them. We spoke with two people, three care workers, the acting service manager and the registered manager. We reviewed a range of records. This included two people's care records and medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two relatives and two professionals who regularly visit the service for feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We saw evidence of people having been supported using their preferred communication methods to confirm they felt safe being supported by the service. For example, one person was shown photos of different homes and services and they had consistently demonstrated their preference was Redlands Lane. A professional told us, "He is very settled there".
- There were appropriate policies and systems in place to protect people from abuse. Safeguarding information and signposting were displayed in the office.
- Staff understood their role in protecting people from abuse and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected. One staff member told us, "My first point of call would be to speak to [acting service manager's name] if in the house, then to [registered manager's name] and beyond. I understand there is an escalation process that can be followed. I can also report it to the police or go through CQC [the Care Quality Commission]".
- The registered provider had an equal opportunities policy which outlined staff and management duties in ensuring people were treated equally, with respect, as individuals and protected from discrimination. This helped to keep people safe and challenge any discriminatory practice.

Assessing risk, safety monitoring and management

- Risks to people were recorded in their care plans and staff demonstrated they had good knowledge of how to mitigate these risks to keep people safe.
- The culture in the home was not risk adverse. People were supported to take positive risks. For example, for one person the service had identified a previously enjoyed activity. They had supported the person to reintroduce this activity in a proactive positive way and at the person's pace. They had continuously reviewed and updated the person's risk assessment as their independence and familiarity with the activity was developed.
- Environmental risks, including fire safety were assessed, monitored and reviewed regularly.
- Equipment was maintained and had been regularly tested to monitor effectiveness and safety.
- Business continuity plans were in place to ensure that staff were able to respond to unplanned events which could affect the safety of people.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. We observed sufficient staffing levels during the inspection and saw staff were unhurried in their interactions with people. We reviewed the

support hours being provided against the contracted hours and saw how the provider reviewed this weekly to ensure these hours were met. We spoke to staff who confirmed there were sufficient staffing levels.

- Staff files contained the information required to aid safe recruitment decisions and protect people from the employment of unsuitable staff.

Using medicines safely

- There were safe medication administration systems in place and people received their medicines as prescribed. Protocols were in place to guide staff on the use of medicines prescribed 'as required'. For example; when a medicine was prescribed for occasional pain relief.

- There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.

- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Preventing and controlling infection

- People were supported by staff to do their laundry and be involved in cleaning where possible.

- There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves were available for people and staff to use.

- Staff completed monthly infection control audits and the acting service manager checked these regularly.

- The home was clean, tidy and odour free. Waste was disposed of correctly.

- Staff were trained in infection control.

Learning lessons when things go wrong

- A system was in place to record and monitor incidents and this was overseen by the acting service manager, registered manager and regional manager to ensure the appropriate actions had been taken to support people safely.

- Accidents and incidents were documented and investigated. We saw that some incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams. One staff member told us, "Anytime anything comes up we quickly deal with it. We know them, and we quickly speak to [acting service manager's name] and put something in place".

- The provider had some processes in place to learn from incidents and accidents. The registered manager could describe learning from incidents to reduce risks of reoccurrence. This learning, and the sharing of this learning, was clearly evidenced. For example, there had been a recent incident where the registered manager had actioned some reflective practice with the staff team, professionals and relatives and had updated the person's risk assessment with additional information. The staff we spoke to demonstrated they were aware of the updated information. One professional told us, "They have learnt from that and it is in the support plan".

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs. One professional told us, "They know my client really well".
- Comprehensive care plans clearly identified people's needs and the choices they had made about the care and support they received.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.
- The provider ensured staff had access to best practice guidance to support good outcomes for people.

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which included the provider's mandatory training. They worked alongside more experienced staff until they felt confident and were competent to work directly with people. Staff new to care were supported to complete the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- Staff received training that enabled them to meet the needs of people living at the service. For example, Autism Awareness and MAPA® (management of actual or potential aggression) training. MAPA® is a training programme which teaches management and intervention techniques to help staff cope with escalating behaviour with a focus on prevention. A staff member told us, "We do our MAPA® course which is not about restraint but avoidance of attack and injury".
- Staff had regular supervision which enabled the acting service manager and registered manager to monitor and support them in their role and to identify any training opportunities. One staff member told us, "I get supervisions every three months. [Acting service manager's name] comes with things and starts with them so you get to have a conversation. He is very professional, I look forward to supervisions".

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to maintain a healthy, balanced diet and were provided with a choice of meals which met their individual preferences. People were supported to plan and cook their meals where able.
- We saw people being offered drinks and food and were supported by staff who had received food hygiene training.
- Information on people's weight was kept up to date in their care records and was monitored. The

registered manager told us how they would ensure people who were losing or gaining weight would be referred to the most appropriate healthcare professionals for appropriate support if required. This was supported by the information in people's care plans and staff awareness.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed staff worked effectively with, and sought timely support from, external professionals when needed. For example, one person had shown signs of changes in behaviour and we saw that a GP visit and a referral to the community learning disabilities team had been promptly made. One professional told us, "Staff are always on hand to answer questions. I have built up a good rapport with staff, it helps the staff consistency that is there".
- People had care plans which contained essential information, including information about their general health and a summary of their needs. These could be shared with hospital staff enabling coordinated person-centred care to be provided consistently as people moved between services.
- We saw from the care plans and daily records that a range of professionals were involved in providing additional care and support to people. For example, people were visited regularly by a Chiropodist.
- The service worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. For example, staff contacted GPs and accompanied people to medical appointments. We saw one person had an appointment scheduled for an annual health check with the local GP surgery.

Adapting service, design, decoration to meet people's needs

- People had personalised bedrooms which reflected their interests and preferences.
- Redlands Lane had been adapted to meet the needs of the people living there and was accessible. For example, it had been converted into two separate self-contained apartments.
- Assistive technology was used to support people to maintain independence, such as a 'one touch' kettle which enabled one person to independently make their own drinks.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager demonstrated their knowledge and understanding regarding mental capacity and best interest's meetings. Staff were knowledgeable about the MCA 2005 and were able to describe the principles of the Act and how they used this in their work. For example, one staff member told us what they

would do if someone refused care and treatment, "I wouldn't push them into it but would offer again later and if still didn't want to would hand it over to the next shift".

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.
- People had mental capacity assessments that were decision specific and a consultation had followed to enable a shared decision to be made about what was in the person's best interest. However, we found that the records of the best interest's meetings did not always clearly record the outcome agreed.
- We recommend the provider improve the recording of best interest decisions.
- The registered manager had ensured that DoLS authorisations had been applied for where necessary and these were reviewed when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives and professionals told us that staff were welcoming and friendly. A relative told us, "They look after [person's name] well there". One professional told us, "Client is very happy there".
- We saw a warm and caring approach by staff with positive and kind interactions between staff and people. Staff spoke about people with genuine interest and affection. One professional told us, "They tend to be very respectful from what I've witnessed".
- In their conversations with us, and through observations, staff demonstrated an empathetic, non-judgemental and accepting attitude towards the people they supported. The registered manager told us, "Staff all care, it's not just a job to them, they all really care about the individuals who live here".
- We observed staff were friendly and caring when supporting people. They allowed people time to express themselves, offered reassurance and actively promoted their independence. For example, when supporting a person to get ready to go out we observed a staff member support a person to identify their preferred coat and verbally encourage them to go and get it from their apartment themselves.
- The promotion of independence in care plans was clear and detailed. A health and social care professional told us, "They [staff] don't stop trying even though [person's name] can be reluctant to try new things".
- Staff offered people choices of what to eat, drink or do. We saw staff spending time with people and patiently encouraging them. The registered manager told us how one person liked staff to sit and eat their meals with them and this was actively encouraged by the service.
- Staff spoke with fondness and genuine concern for the wellbeing and the happiness of the people they supported. Staff were able to describe the bespoke support they provided to each person. One staff member told us, "The two people we've got here have different interests and don't like the same things, it's knowing the difference and making sure others do to".
- Information about people's life history and preferences was recorded, which staff used to get to know people and to build positive relationships. For example, one person had been fully supported to explore their religious beliefs and to identify how much involvement they wanted with the church.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us that they and people were involved in decisions about people's care. A relative told us, "I often go to meetings there and am asked about things".
- We saw people being supported using their preferred communication methods and staff demonstrated an

awareness and understanding of people's needs. We saw positive communication interactions between people and staff. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication.

- Staff told us they enjoyed working at the service and wanted to help the people to be involved in their lives. A staff member said, "Coming here gave them their own space, they have their own property and can buy their own food. We can give them individuality here". Another staff member told us, "For me personally I just want them to do what they feel like".
- Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their requests or responses.
- We saw evidence that people were supported with monthly reflective reviews which incorporated a review of the daily records to identify what had gone well for people that month and what had not gone so well; non-verbal communication was recorded to aid these reflective reviews. These aided changes and updates to personalised care planning. In addition, the registered manager told us how they ensured that multiple perspectives were sought when discussing any changes as people had unique relationships with different staff members and relatives.

Respecting and promoting people's privacy, dignity and independence

- People's independence was valued and promoted by staff. For example, one person had been supported to learn how operate their television and DVD player independently through the innovative use of coloured stickers.
- Staff understood the importance of respecting people's privacy. Staff recognised when people wanted to spend time on their own and always knocked before entering people's apartments. We observed a staff member respecting a person's preference to be on their own and leave their apartment during the inspection. Staff were very clear on being able to recognise when people wanted to be alone.
- Care records and other confidential information were stored securely in the service.
- We saw staff treated people with the utmost respect. Staff knew people extremely well, their individual likes, dislikes, life history and interests.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation

- Care plans were detailed, person centred, and goal orientated with a focus on achieving outcomes. A staff member told us, "If I find something that doesn't work for them [the two people] then I'll put it another way, or a different approach and find a way that works for them. Keep trying. It is about finding the way that works for them so that they can do it". One professional told us, "Care plans and risk assessments are always up to date and reviewed regularly".
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. For one person it was very important to them to be home to watch their preferred programmes in time. Staff were aware of this and ensured they supported them to plan their day effectively. This meant that opportunities for the person to go out and engage in their community were promoted in such a way where their anxieties were managed well and reduced the risks of social isolation for the person.
- There was information about people's unique backgrounds. This helped staff engage meaningfully with people and build an understanding of their support needs.
- Consistency of staff was important to people. The service had a very low turnover of staff and had contingency plans in place to manage any staff shortages to ensure minimal impact on people. One professional told us, "Consistency of staff is important and any change to that would be quite negative for [person's name] but staff are consistent there".
- People were supported to do activities of their choice and had access to a range of opportunities including eating out, shopping, cinema, bowling, swimming, holidays and days out at local attractions. The provider was very much part of the community and regularly held events designed to introduce people to their community. We observed people engaged and being offered choices of activities within and outside of their home. A relative told us, "It is very good. They do take [person's name] out quite a bit".
- In line with the principles of Registering the Right Support, there was a strong focus on building and maintaining people's independence. A staff member told us, "We support them by getting them to do as much as possible for themselves, get them focused on what they are doing and getting them to do as much for themselves as possible to get their independence up".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were recorded in care plans providing information and guidance on how best to communicate with people who had limitations to their communication. For example, easy read complaints literature was available for people and one person had a bespoke communication system in place.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. This was displayed in an easy read and picture format so that it was accessible to people.
- The service had not received any formal complaints, but the registered manager was able to detail how they would respond to, and manage, a complaint in line with the providers policy procedure. Relatives and professional told us they had no concerns. A relative told us, "I'm quite happy with the care [person's name] receives and have no complaints".
- The service sought the views of people, relatives and staff through surveys and there was evidence of analysis taking place. The registered manager told us that they were in the process of redesigning the surveys for people in the service to make them even more user friendly.

End of life care and support

- At the time of the inspection no one living at Redlands Lane was receiving end of life care.
- Care records demonstrated that discussions had taken place with people and their relatives about their end of life wishes and these were clearly recorded. For example, we saw the arrangements for a person's preferred funeral plan which was personalised and identified what was important for that person at end of life and afterwards.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the management team. Comments included, "I think [acting service manager's name] and [registered manager's name] are fantastic", "They are both very approachable. I do feel that you are listened to here", and, "I can go to them anytime".
- Staff had access to policies and procedures which supported them to perform their role effectively. Staff told us information on safeguarding and equality and diversity was easily available in the office and displayed on notice boards.
- The registered manager and staff told us that the organisation supported an 'open door' approach from managers and senior managers, and staff told us the culture of the service encouraged an open and transparent approach.
- The organisations visions and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed that staff understood and cared for people in a manner that was in keeping with these principles and during the inspection staff were relaxed and happy and engaging with people consistently.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their roles and responsibilities. There was an acting service manager in place who supported the effective management of the service. Staff were positive about the management team and felt supported. One professional told us, "It is quite a good service".
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.
- The CQC were notified of incidents and events in line with legislation. The rating from the previous inspection was visibly displayed in the service.
- The registered manager and provider were aware of the duty of candour and had clear processes in place to ensure this was met when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have. For example, one staff member said, "For some things we'd only know by the behaviour being the form of communication".
- There were systems in place for gathering the views of all stakeholders. Annual questionnaires were sent to people using the service, relatives and staff. Results were analysed to identify themes and areas for improvement.
- Staff told us that they felt involved in the service and that the management were supportive. They told us they felt listened to and could influence change within the service. Comments from staff included, "I feel like the company are looking out for me internally and externally which is really nice", "If I feel something needs doing or I have a concern I know they will deal with it professionally", and, "If anything goes on or wrong, then they [management team] are there and support you".
- We saw documentation that staff meetings were held regularly and covered relevant topics. Minutes showed these were used to share ideas and suggestions on how the service could be improved. One staff member told us, "They tell us everything, whether something has changed, we always talk about the guys, what worked well last month and what didn't work as well, how we can do more with them".
- Staff supported people to access support provided by external agencies. People had access to professionals. We saw detailed evidence of their involvement in records. One professional told us, "When I have e-mailed them, I have always got quite a responsive reply and it's sorted straight away".
- Staff felt supported and received regular supervisions and continuous appraisal in line with the providers policy. The registered manager had access to a rewards system for staff to recognise outstanding work. They told us the organisation held award events for staff and that within the service, thank you cards were sent to staff when they had gone above and beyond.

Continuous learning and improving care

- The registered manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They participated in the local registered managers meetings, to learn from others and share good practice.
- Quality assurance questionnaires were sent to people, their families and staff. Feedback gathered was analysed electronically and the registered manager would receive a report detailing the feedback received.
- In addition, feedback was gathered using informal chats and regular meetings. Staff were also encouraged to regularly feedback about service delivery and share ideas and suggestions on how the service could be improved.
- The service had robust quality assurance procedures to help drive ongoing improvements. A range of audits were completed to check the safety and effectiveness of infection control measures, medicines management and care plans. Furthermore, the provider carried out monthly and six-monthly audits and had regular meetings to identify any concerns and trends. This helped to maintain their oversight of quality and safety within the service. When issues were identified, action plans were made with timescales for work to be completed.
- The registered manager demonstrated an open and positive approach to learning and development. They told us about the organisation's initiative concerning 'game changers'. This was where allocated game changers from across the organisation would meet up nationally on a quarterly basis, and be the voice for people, support workers and managers to bring things forward to the executive team to affect change.