

United Response

United Response - 16 Mansfield Road

Inspection report

16 Mansfield Road
Heanor
Derbyshire
DE75 7AJ
Tel: 01773 711270
Website: www.example.com

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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?

Outstanding 

Is the service well-led?

Good 

Overall summary

The inspection took place on 17 June 2015 and was unannounced. We returned on 22 June 2015 to look at staff records and this was announced.

The service provides accommodation for up to four people. At the time of our inspection there were three people using the service. It is a specialist service for adults with learning difficulties and complex needs. It

offers care and rehabilitation for people to support them to move into the community. The service has a communal kitchen, dining room and living room. Bedrooms are on two floors and are accessible by stairs.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Where people were at risk, staff had the information they needed to help keep them safe.

People were supported by knowledgeable staff who had a good understanding of their needs. They received tailored and individual support that kept them safe, including where their behaviour became challenging.

People received their medicines in a timely manner. They were stored safely and people were supported, where possible, to look after their own. Staff understood people's health care needs and referred them to health care professionals when necessary. They supported people attending health appointments in innovative ways to ensure that their experiences were as positive as possible.

Staff supported people in a confident manner and understood their needs. We saw people were relaxed in their company.

Staff told us they received regular training that helped them to understand the needs of people, which included their right to make decisions about their day to day lives. People were supported to make decisions about their lifestyle choices and were not restricted.

People's dietary needs were met and they enjoyed grocery shopping and preparing and cooking food if they wished to.

People were supported by staff who had developed positive and professional working relationships with them. They were supported to expand their life experiences in positive, valued and meaningful ways that met their cultural and religious needs and enhanced their wellbeing.

People had their needs assessed by the registered manager prior to moving into the service to ensure their needs could be met and that they would complement and fit in with those already receiving a service.

People were involved in the day to day running of the service, which included the recruitment of staff, social events and activities along with household chores. They were supported in innovative ways to make their views known about the service.

The registered manager and staff were committed to meeting the needs of people and improving their life experiences by supporting and encouraging their independence, their achievements and their life aspirations.

Staff were positive about the support they received from the registered manager. Regular meetings, supervision and appraisal provided them with an opportunity to develop and influence the service provided.

The provider had a robust quality assurance system which assessed the quality of the service. Information gathered as part of the quality audits was used to continually develop the service and look for ways in which people using the service could achieve greater independence.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood their responsibility to keep people safe from abuse.

Recruitment was robust and involved people who used the service.

Medicines were safely managed in the home and administered by trained staff.

Good



Is the service effective?

The service was effective.

People were supported by staff who were well trained and supported. They were helped to make decisions for themselves and their consent to care and treatment was sought in line with legislation and guidance.

People had sufficient to eat and drink and were involved in grocery shopping and the preparation and cooking of food.

Staff understood people's health care needs and referred and supported them to attend appointments and manage their health.

Good



Is the service caring?

The service was caring.

People were supported by staff who were supportive, caring and compassionate.

People were encouraged to make decisions and were supported to make positive choices about their lives.

People's cultural needs were met and this supported their dignity.

Good



Is the service responsive?

The service was responsive.

People were supported by staff and managers who knew their needs and a service which was organised to meet them. They were helped to develop their skills and abilities and to live active and fulfilled lives.

Outstanding



Is the service well-led?

The service was well-led.

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

Good



Summary of findings

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

The provider and registered manager undertook audits to check the quality of the service provided and used the findings to continually develop the

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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 Regulations 2014, 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 17 June 2015 and was unannounced. We returned on 22 June 2015 to look at staff records and this was announced.

The inspection team consisted of two inspectors.

Before our inspection we looked at information we held about the service and information we received from the local authority that paid for the care of some of the people using the service. People were unable to tell us about their experiences due to their complex needs. We used other methods to help us understand their experiences, including observation. We spoke with one relative of a person who used the service. We spoke the registered manager, a team leader and two care staff.

We looked at two people's care plans, two staff files and records associated with the management and running of the service.

Is the service safe?

Our findings

A relative we spoke with told us they felt the person who used the service felt safe.

We saw that the provider had policies and procedures in place that reflected the local procedures and included information on who to contact if they had concerns. Information was displayed in the service in a format that people would understand.

Staff we spoke with understood what constituted abuse and what their responsibilities were including whistle blowing. They received training on safeguarding as well as on how to manage behaviour that challenged. Staff were aware of what may upset people or make them anxious and how to respond and keep them safe to meet their needs. This was supported by appropriate care records and management of incidents. Safeguarding was also a standing agenda item at team meetings. This encouraged staff to be open about it as well as learn from incidents.

The provider had systems in place to ensure people were protected from discrimination on the grounds of age disability, gender, gender identity, race, religion, or sexual orientation. We were told that the provider had employed a member of staff with a specific cultural heritage to match that of a person using the service. This was to ensure that the service understood and could respond best to their needs and to provide them with a positive role model.

Staff told us how they supported people to have active lives but also remain safe. We were told how one person was now able to travel on public transport. Staff had worked with the person to ensure they were safe but could still take risks in their life to help them have independence and control in their life.

We saw that accidents and incidents were recorded and the manager assessed each event to see what could be learnt from it to ensure the risk of the incident happening again was minimised. We were given an example where a person had become distressed in a shop. Staff were debriefed after the event to see if the person had given any indication they were becoming anxious. The registered manager then looked at any learning needs for staff or if the person's care plan needed to be amended as a result. This meant that people who used the service could be kept safe but continue to be active and enjoy a positive lifestyle.

We saw there were procedures in place to cover foreseeable emergencies and each person had a personal emergency evacuation plan to ensure they were safe in the event of an emergency. These plans reflected people's individual requirements including where one person had previously refused to leave the building during a fire drill. It described what action staff should take to keep the person safe until fire crews attended. We saw emergency planning procedures for a range of different events including; pandemic flu and adverse weather. Staff had a range of contact numbers in the event of an untoward incident.

A relative told us they felt the service had enough staff to support the person who used the service. Staff told us they felt there were enough staff on usually to keep people safe and that there was a good skills mix on each shift. The registered manager calculated required staffing levels and rotas on the basis of needs and care plans agreed with funding authorities and were regularly reviewed. Each person had a number of one to one hours to ensure they were able to take part in meaningful activities. This meant that staffing varied from day to day. The provider was in the process of recruiting as they had a vacancy and were expecting a new person to move into the service. The registered manager felt very strongly that they would only employ someone who was suitable, would get on with the people who used the service and could work as part of the existing team.

Staff told us they felt there were enough staff on usually to keep people safe and that there was a good skills mix on each shift. We discussed with the registered manager how they established the rota. We were told that they looked at what activity was happening that week and the needs of people to ensure they had the suitable staff available. They avoided using agency staff and had bank staff who had a 20 year knowledge of the service so knew all the people who used the service and their routines very well.

We looked at staff recruitment procedures. No one worked at the service without the required background checks being carried out to ensure they were safe to work with the people who used the service. Staff recruitment files that we looked at had the required documentation in place.

There were systems in place for the maintenance of the building and its equipment and records confirmed this. This meant people who used the service lived in a safe and well maintained home.

Is the service safe?

Staff were only allowed to administer medicines following training and a competency assessment. Records showed that people received their medicines when they needed them.

We saw that people stored their medicines in locked cupboards in their bedrooms. Risk assessments were in place to ensure that people had access to their keys in a key cupboard. One person chose to keep their key with them. This meant that people received their medicines when they needed them. There were no facilities to store

controlled drugs or medicines that needed refrigeration. The registered manager told us that currently they did not have anyone who needed controlled medicines or any that needed refrigeration, should that change they would get the equipment without any problem.

There were also hospital grab sheets for each person, in case of admission to hospital, this provided crucial information to hospital staff to enable them to support the person safely.

Is the service effective?

Our findings

A relative told us that they thought staff were very patient and understood the needs of people who used the service. They told us, “I don’t know what training they have but they seem to understand, they are very good people.”

Staff told us they received regular training and updates and felt supported by the provider. A staff member told us, “The training here is ten out of ten. It’s always updated.” Staff had received appropriate training to deliver the care and support for people living in the home. Records showed training covered all essential areas plus additional areas specific to the type of service, such as how to communicate effectively. There was also training about person centred support and working with people with autism. We saw that where training was an E learning course the manager and team leader carried out observational competency checks to ensure that staff had understood the training and followed the correct procedures. The provider had a system in place that identified when staff needed to update their training this meant that staff were always up to date with changes in practice or legislation.

We were told that new staff had an induction when they started and this included a probationary period. This period was used to see if the person was suitable to work with people who used the service. The registered manager told us that they have in the past terminated people’s contracts as they did not work well with the people who used the service. We saw induction records for new staff that showed they received the information and training they needed to work effectively.

Staff told us they felt supported by the managers of the service. The registered manager told us that the team leader carried out regular supervision with staff. We looked at records and these showed what training and development each person was involved in.

Team meetings were held every six weeks, the minutes of these meetings showed that staff had the opportunity to discuss issues that may have impacted on the service. Appraisals were also carried out with staff to look at performance and training needs for the following year. Staff also told us they were encouraged to get involved in different projects they may be interested in. For example supporting people accessing the community garden.

The registered manager told us that they had developed a team profile and knew the strengths of team members. This enabled the team to work to their strengths and deliver a more effective service. Staff told us how they were encouraged to develop their skills and abilities. We were given examples where staff had been encouraged to work with colleagues to help them develop their skills when working with people they found challenging. This had been successful and had improved not only the care staff’s skills but the effectiveness of the service the person was receiving.

Staff we spoke with knew about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. All staff understood the difference between lawful and unlawful restraint. This meant that people who used the service were not subject to unlawful restraint. There were no restrictive practices within the service. We saw people moving about the home during the day, including walking out into the garden unaccompanied. Staff supported and encouraged people to go out as much as possible during the day.

We saw examples where people’s mental capacity to consent to their care and treatment had been considered and best interest decisions made. People’s care records indicated that their capacity had been assessed for specific activities. For example, their ability to self-administer their medicines, understanding their support plans and finance. Where it was established the person did not have capacity they were supported by a best interest decision. We found that some of the paperwork was not fully complete for finances. We brought this to the registered manager’s attention; the registered manager said this person had a DoLS authorisation in place. A copy of this authorisation legally must be held by the service; however the registered manager was unable to find a copy. They made arrangements for this paperwork to be obtained from the local authority during our inspection.

A relative we spoke with told us “[Person’s name] has a healthy diet. They consult a nutritionist. They seem to get the balance right between a healthy diet and treats.” People’s meal times were varied and depended on when

Is the service effective?

the person wanted to eat. The registered manager told us that they had moved away from fixed menus and mealtimes to enable people to have more say in what they ate and when they ate.

The service had recently signed up to a healthy eating plan developed by the community nurse at their local surgery. It aimed to promote a better diet by eating more fruit and vegetables. We saw information about this project in the staff room. Staff also told us that this was a project they felt involved in and understood the importance of promoting a healthy diet with people who used the service. We also noted that one person had been able to lose weight as a result of their improved diet which in return had improved their general health. This was commented on positively by their relative.

Where people had identified cultural needs we saw that the service had accessed culturally appropriate luncheon clubs and employed staff who could support this need.

People were supported to see healthcare professionals when they needed to. Records indicated what time of day would be most preferable for the person to attend appointments. This meant that staff could ensure that the person would be able to attend appointments without becoming distressed. We saw that they had visited the chiropodist at least annually; one comment from the chiropodist was that person had 'feet are in excellent condition.' This showed that staff ensured people not only received the care from healthcare professionals but also ensured people's physical health and wellbeing was monitored throughout the year.

Is the service caring?

Our findings

A relative told us. "I am made to feel welcome when I visit and I can visit any time. [Person's name] is treated with dignity and respect. They appear relaxed in the company of staff and the other people who live there."

During the course of the inspection we observed positive interactions between staff and people who used the service. We also saw where staff followed people's care plans when encouraging them to carry out a task. For example, people were preparing to go to the community garden and a member of staff instructed a person to go to the toilet. It was done in a short sentence and could have appeared rude. However it was clear from the person's care plan that they needed to be given instructions in this manner otherwise they could become confused and distressed. We saw that the person carried out the instruction and was happy and relaxed when they returned to go out in the car with the member of staff.

People were helped to feel they mattered because they were involved where possible in interviews for new staff. For example, they were involved by helping create a pre interview questionnaire and helping when the interviewee came to visit the service by showing them round the service.

People were also helped to feel that they mattered because where they had needs in respect of their culture, we saw that the service made arrangements to meet these needs. We saw for example that staff made arrangements for one person to attend culturally appropriate clubs and arranged holidays that reflected their cultural heritage. This included in one instance making arrangements to find relatives who could support their cultural identity.

We saw that staff supported people where possible to remain independent and to enhance their independence safely. For example, one person was supported in looking after their own medicines. A risk assessment was carried

out and they were helped to keep their medicines in a locked cabinet in their bedroom. People were also supported to prepare their meals. This might be buttering their bread for a sandwich to helping peel vegetables. A staff member told us. "I have worked here a while and we have developed people's abilities. When I first started working here people couldn't do lots of things, now we have supported [person's name] to be able to use public transport."

Staff spoke with enthusiasm about their role and how they could support and change people's lives. They were able to identify where there were obstacles to the person leading full and active lives and show how they were able to overcome them with patience and careful support.

A member of staff, who was dealing with an incident when we arrived for the inspection, told us "[Person's name] was trying to tell me something. I just have to work out what it was." The member of staff was concerned by the person's behaviour and had tried to work out what they were trying to tell them as they did not have the ability to verbally communicate. The staff member did not see the behaviour as negative or challenging but rather as a method of communication. Care records also took this approach identifying different behaviours and what they could mean. This meant that staff did not label people as 'challenging'.

All staff knew the people who used the service, their personal histories and the way they preferred to receive their care. Many of the staff had worked at the service for many years and could see how people had developed during that time. Staff spent time involving people in making decisions where possible. We saw in care plans how people should be supported. For example, one person's care plan stated that should not to give too many choices as it could cause them distress. This plan was based on assessed needs in the context of an overall plan aimed at enhancing their independence. We observed staff during the day following this plan.



Is the service responsive?

Our findings

A relative we spoke with told us “[Person’s name] has been there a long time. Staff react well to their moods. They know them very well.”

People were supported by staff who knew them and their needs very well. Care plans provided staff with detailed information on how to meet people’s needs in a personalised manner. Each plan included an initial assessment and care plan was developed from this assessment. During our inspection the registered manager was preparing for a potential new person to move into the service. It was clear from discussions taking place with staff and the team leader that this was a well thought out process. The person had been encouraged to have several visits to the service including overnight stays. Time was spent ensuring that any new person moving to the home was not only going to have their needs met by staff but also would fit in with the other people who already lived at the service. We saw that the person’s initial support plan was created from an assessment and that the plan gave details of their life history and preferences, interests as well as how staff should provide support that both ensured their needs were met and maintained and enhanced their independence.

The service used an assessment system called Life Star, it looked at key areas in a person’s life and helped develop an action plan to support the person in achieving identified goals and life aspirations. We saw that each person had an action plan that had been developed through consultation with family members, where possible and other key people in a person’s life. These were regularly reviewed and identified where something had been achieved or they were still working towards achieving an outcome. For example where a person had identified they would like to attend a gym, we saw what steps staff had taken to make this possible.

The people using the service had very limited communication skills. The provider had ensured that all efforts were made to involve people in the assessments of their needs and the development of their plans of care. They had ensured that available assistance was secured to support people and for example had recently secured new iPad applications which were Makaton based. (Makaton is a

language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

We saw that plans were very detailed and were reviewed regularly to ensure they remained up to date and relevant to the person’s needs. For example, one person’s plan was extremely detailed. Staff explained that this was because the person’s specific needs were complex and it was important that they should understand them as fully as they could. Each member of staff was able to describe this person’s needs, care plan and routine. This meant, for example that the person would be able to get up washed and dressed without becoming anxious. A member of staff told us. “I have supported [person’s name] hundreds of times but I still carry a little reminder with me when I do provide support to make sure I do it in the right order.”

The registered manager told us that when they started at the service everyone attended a day service and had done so for many years. However they considered just because they had done this for years it didn’t necessarily mean it was the best way of meeting their individual or collective needs or that they enjoyed it. As a result of working with the people who used the service they have developed a far wider range of activities, which were in keeping with their needs and preferences and aspirations. This now included one person doing voluntary work at a local charity shop, people going swimming, belonging to a local community walking club and attending a gym.

We asked staff how people were introduced to new activities. We were told that ideas came from families as well as them knowing the person really well. A member of staff told us, “We might decide that [person’s name] might like to try something, so we look at the risks and decide on the best way to support them. We try it and from their reaction make changes to improve their experience or try something else.” Care records showed that staff recorded how the person was during the activity and any changes that needed to be made such as doing the activity at a different time or try with a different member of staff.

The registered manager told us about a project in Shipley Park where the provider had taken over a gardening project attached to a café. The project had volunteers and paid staff who were both people with learning difficulties as well as well people without. Some people were from the local community. People with a learning difficulty working at the



Is the service responsive?

project were from other services in the provider's organisation. People could have work experience, a trial work period and then may be given a zero hours contract. Days and hours could be chosen to meet the needs of the person and the constraints of therapeutic earnings. The recent introduction of a touch screen till had increased people's independence. We saw photos of people working within the garden and poly tunnels. People appeared happy and relaxed whilst carry out their tasks. The registered manager told us that they were developing better links with the local community and the café was a useful way of promoting the skills and abilities of people using the service.

Staff also told us that as a result of the gardening project they had become self sufficient in potatoes and broccoli, so much so that the people who used the project decided to donate the extra vegetables to a local soup kitchen for the homeless.

We were also told that one person had expressed an interest in keeping rabbits so the service had bought two rabbits and were supporting the person to care for them. These examples show that the service listened to people who used the service and developed the service to meet their needs, aspirations and interests.

Staff told us that where people had a religious belief or needs specific to their cultural background they were supported to attend the local place of worship and other culturally specific activities. For example, we saw that one person attended church every Sunday. Another example was a person attended an African Caribbean day service. We saw that they had brought home a list from which to choose their Christmas dinner. To make the choices more meaningful the service had provided pictures of each of the options so that the person could point to which one they would like.

Another person who used the service loved public transport. The provider had arranged for that person to have a bedroom that over looked the main road where there was a bus stop. They could therefore sit in their bedroom and watch the buses stop. They had also arranged for them to travel on a bus and we saw photographs of the person on day trips to transport museums.

Another person was being supported to purchase a car through the national Motability scheme.

We saw that people received care that was innovative and centred on them as individuals. It focussed on what they were able to do for themselves and looked at developing their abilities in areas they were less independent in. In doing this it also had a clear focus on their aspirations and wellbeing. We saw that this had happened over a period of years and that staff had worked closely with people to improve their life experiences. For example, the service with the local day centre recently supported one person to identify their hopes and dreams for the future at a person centred meeting. This identified their love of soap operas. Staff arranged for them to get tickets to a charity cricket match, where they had cream tea and met the cast of Emmerdale.

The registered manager gave us examples of how they had facilitated medical appointments for people in ordinary rather than specialist learning disability settings. In order for one person to attend the dentist they obtained pictorial information about what to expect and what would happen. They also negotiated that this person would sit in an ordinary chair rather than the dentist's chair. Another example was a person needed a procedure in hospital and the service involved the Learning Disability Acute Liaison Nurse to assist with that process of making the situation more predictable and less stressful for the person.

A relative we spoke with told us that the provider had invited them to care review meetings and gave them opportunity to talk about the service. They told us they felt listened to.

Although people who used the service had limited verbal communication staff told us how they would support them in making a complaint. We were told, "I would know if [person's name] was upset about something or if something hadn't happened as it should. I would speak to the team leader or the manager and would follow it up to make sure it was dealt with."

The registered manager said there had been no complaints in the last 12 months. We saw that a complaints procedure was in place and also in an accessible format. It included details of timescales and internal escalation. We saw that during 2015 compliments had been received from a relative and member of the public. In the visitor's book, a social worker had written "this service is unique". The social worker had been attending a review and was pleased with the progress the person was making.

Is the service well-led?

Our findings

A relative we spoke with told us they found the registered manager approachable and felt listened to when they had raised any issues regarding their relative's care.

The registered manager and the provider recognised that to provide a high quality service staff needed to be supported and motivated. Staff were encouraged by the provider to be involved in developing the service and developed and they had for example developed strong links with the local community through their work at Shipley Park. They were supported to try new things with people who used the service and develop their life experiences to broaden their professional experiences and competencies. We saw that some staff had worked for the provider for many years and had been encouraged to try new roles to help maintain their motivation and develop new skills. A member of staff was able to support a person who moved from the service into supported living. This was done to ensure the transition from a care home setting into supported living was seamless and positive move as possible. It also presented the member of staff with new experiences and developed their skills and knowledge in a different setting.

The provider had a clear purpose of enhancing the wellbeing and independence of people using the service. This included ensuring that they were able to understand how the people they supported communicated and focussed on listening to what people said, through words and behaviour. This purpose was embedded in management practices such as supervision with staff and team. In this way staff and the provider understood what people's aspirations were and how to fulfil them. We saw that the service continuously learnt from what went well and what did not work so well.

A relative told us that staff kept them informed of what was happening at the service. The provider ensured that relatives of people who used the service were kept informed of important events through a six monthly magazine as well as staff keeping in regular telephone contact with families.

The registered manager told us that the provider encouraged managers throughout the organisation to spend time in other services to share best practice and understand how things could be done differently. As part of

the service's ongoing development we were told that an away day was planned later in the summer of 2015 to look at ways the staff could continue to improve the service and further develop ways of including people who used the service in the running of their home.

Staff spoke positively about the registered manager and the vision and values of the organisation, describing them as "supportive" and "giving clear guidance on what standard is expected of us". A member of staff also told us, "We regularly get feedback, we learn from incidents all the time, how to improve and make the service better."

We saw that the provider operated an open and transparent management structure ensuring staff understood their responsibilities in providing high quality care to people and understanding the policies and procedures they needed to follow to support this. All policies and procedures were available on the computer and staff knew how to access them when they needed to. The provider was currently undergoing a review of all their paperwork with the purpose of improving the information available to staff.

The registered manager told us how they listened to staff about how to implement changes in the service. They explained that this was because staff knew the people who used the service very well and understood how to ensure they received a service that made a difference to their lives.

The provider had received a number of management awards from quality accreditation schemes. These included Investors in People award, Investors in Diversity, Driving up Quality Code and Positive about Disabled People award. These awards show that the provider strived to improve and develop an organisation that is positive for people who have a disability. This meant that people who used the service were assured that the provider kept up to date with innovations in care and strove to provide a high quality service.

The registered manager told us that the provider continually strived to improve the service. They looked at ways to involve people who use the service at all levels. An example of this was that the provider employed a quality checker who had a learning difficulty. We saw the letter of introduction they had given to the service when they visited 30 April 2015. The registered manager said they were awaiting their report but the feedback had been positive. Another example of how the provider used creative ways to

Is the service well-led?

support people to communicate and involved was by introducing two new iPad apps. These had been used to support people's communication when reviewing care plans and giving feedback about the service. Both apps used Makaton to support people to be involved in assessments and care planning, increase their choice and have more say over how the service was run. For example, where one person had no verbal communication staff have used one of the apps to develop their itinerary when they go on holiday.

The registered manager told us that they held residents meeting with people who used the service about four times a year. We saw that agenda items were recorded. The manager told us that these were informal due to the needs of the people who used the service and no minutes were taken. The agenda items included diet and the general election. We saw the materials used to promote discussion and understanding around these subjects. This included detailed pictorial information which the provider had developed for people to encourage understanding of and voting in the election. We were told us that all three people who used the service had voted in the election.

Staff contacted the Speech and Language Therapy for a person who was an out of county placement. The funding authority had suggesting they moved back to that area. The service wanted to ensure that every opportunity was given to the person to be involved in the decision making process and have their views heard.

We saw that staff worked closely with social care and health care professionals in ensuring that people who used the service received the best possible care and were able to communicate in a meaningful way. For example, we were told that an advocate had been obtained for one person who used the service as there was some question over their future living arrangements. They told us that Derbyshire Advocacy Services were available to provide support.

The provider had a thorough and comprehensive set of audits. They recorded all actions and issues and when they had been completed or resolved. The registered manager could tell us exactly what the issues were and what had been done to resolve them. Audits were conducted at regular intervals and assisted the registered manager in understanding how to maintain and develop the quality of the service.

We saw that the weekly audits for medicines were not fully complete. The registered manager told us that this was because new forms had been introduced and they assured us they would pick this up at the next staff meeting.

The registered manager understood their statutory responsibilities as a manager and ensured they kept CQC informed of all relevant events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.