

Heart of England Mencap

# Heart of England Mencap DCA Central

## 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

We visited the offices of Heart of England Mencap DCA Central on 5 July 2016. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

Heart of England Mencap DCA Central provides a domiciliary care service and a supported living service, which provides personal care and support to people in their own homes. At the time of our visit, five different teams with their own service manager, supported 86 people. Twenty four of these people received a supported living service. The service was last inspected on 10 December 2013 when we found no breaches of the Health and Social Care Act 2008 and associated Regulations.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service and staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and checks on staff to ensure their suitability to work with people who used the service.

There were enough suitably trained staff to deliver care and support to people. Staff received an induction and a programme of training to support them in meeting people's needs effectively. Staff understood the principles of the Mental Capacity Act (MCA) and staff respected people's decisions and gained people's consent before they provided personal care.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Care plans contained relevant information for staff to help them provide the care people required. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed. Healthcare professionals were positive about the care provided.

People knew how to complain and were able to share their views and opinions about the service they received. Staff felt well supported by the registered manager and were confident they could raise any concerns or issues, knowing they would be listened to and acted on. The registered manager valued staff and promoted their development.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on staff and a programme of other checks and audits.

## 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.

People were kept safe because risks to people's individual health and wellbeing were identified and staff followed care plans to minimise these risks. There were sufficient numbers of suitably skilled staff to meet people's individual needs and staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed and the registered manager checked staff were suitable to deliver care before they started working with people at the service.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and staff gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

Staff provided a level of care that ensured people had a good quality of life. They respected people's privacy and dignity and encouraged people to maintain their independence. People were valued and staff understood the need to respect their individual wishes and values.

### Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and had an excellent understanding of people's individual needs, preferences and how they liked to spend their time. People had fulfilling lives because they were fully engaged in activities that were meaningful to them. People were involved in planning their care, using innovative methods.

Health professionals were positive about the care provided. People knew how to complain and were able to share their views and opinions about the service they received.

**Is the service well-led?**

**Good** ●

The service was well-led.

People were satisfied with the service and felt able to contact the office and speak with the registered manager if they needed to. Staff felt well supported by the registered manager and felt able to raise any concerns. Staff were encouraged to share ideas to make improvements to the service. The registered manager was dedicated to providing quality care to people. The quality assurance process ensured good standards of care were maintained.

# Heart of England Mencap DCA Central

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 July 2016 and was announced. We told the registered manager prior to the inspection that we would be coming, so they and the staff were available to speak with us. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the office visit we sent surveys to people who used the service to obtain their views about the quality of care they received. Surveys were returned from 31 people who used the service, including one relative, one member of staff and three community professionals who were involved in the care of people who used the service. Before our inspection visit we contacted people who used the service by telephone and spoke with 10 people. During our inspection we spoke with the registered manager (who was also the provider's deputy operations manager), two service managers, two team leaders and two support workers. Following our inspection visit, we spoke with one community professional.

We reviewed five people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe because they received care from staff they knew well and trusted. One person told us they felt, "Very safe." Everyone who used the service that responded to our survey told us they felt safe from abuse or harm from the staff of the service. People told us they felt comfortable talking with staff or a manager if they felt unsafe. People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, "I would speak with the team leader, the manager or the local authority crisis team if I had any concerns, they are always available." They told us they could identify signs if people felt unsafe because, "We work steady shifts with the same people." Records showed concerns about potential abuse had been appropriately reported and action was taken by the registered manager to keep people safe.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed, that identified any potential risks to them during their care and support. The registered manager told us key workers wrote people's risk assessments and these were reviewed regularly. A key worker is a member of staff who is allocated to support a person on an individual basis.

The registered manager told us as part of their PIR, 'Care plans and risk assessments are devised as necessary to ensure the customer can live the life they want safely. For example, a customer who wished to build and lead a team for a local raft race.' During our inspection visit the registered manager explained how risk assessments were undertaken, "Realistically to keep people safe, but were not about stopping people from doing things." Staff gave examples where one person had been supported in their goal to make a sky dive safely. Another person had been supported by staff to campaign for double yellow lines outside their property, to improve their wheelchair access. The registered manager said, "We encourage staff to participate in writing risk assessments because they are with the customer more than the managers." They explained staff talked through the risks with people and if people did not have the capacity to understand, then other appropriate people would become involved to support them, such as advocates or family members. An advocate is a person who works on an individual basis with a person to support them and to promote their best interests.

Risk assessments had been completed for people and care was planned to minimise risks in most cases. However we found there was no care plan or assessment of risk for one person who displayed negative behaviours when they felt anxious. This meant there were no instructions for staff about how to recognise triggers or support the person to prevent negative behaviour patterns and protect people's safety. We discussed this with the registered manager who told us there should have been management strategies in place to keep people safe and triggers to look for. A care plan and risk assessment were provided for the person following our inspection visit.

Incidents were recorded and actions were taken to protect people and keep them safe. We found records of incidents included the actions taken as a result of any incident. A member of staff told us, "If there's an incident I record it in the daily communication book, write a report and tell my manager." The registered



manager explained that all reported incidents were monitored by the service manager of each team and shared with the provider on a weekly basis. They gave an example where one person had recently experienced falls and they were currently assessing the person's needs, to establish if there was a pattern related to the accidents and how the risk to this person could be reduced. Records showed information about risks were escalated to the provider on a regular basis, where information was reviewed again in order to ensure people were protected.

Records showed risk assessments were completed for people's homes and the provider had ensured safety checks were completed for the water, gas, electricity, equipment and fire safety in people's homes.

There were sufficient numbers of experienced staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. People told us they had regular staff that they knew well. Ninety seven per cent of people who responded to our survey told us they received care and support from familiar, consistent care and support workers. Staffing was worked out using a rota, which identified when planned activities took place and times when people needed more support. A member of staff told us, "Extra staff are put on shift for special activities and busy times. For example, if one to one support is required."

The provider had an out of hour's on-call system when the office was closed. Staff told us they felt supported by this system and could always contact a senior member of staff for advice.

The registered manager checked staff were suitable to support people before they began working in the service, which minimised risks of potential abuse to people. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. One person told us, "They [staff] help me. I always get it [medicine] when I need it." Staff had received training to administer medicines safely which included checks on their competence. They recorded in people's records when medicines had been taken and they signed a medicine administration record (MAR) sheet to confirm this. Staff knew what action to take to protect people if there was a medicine error.

## Is the service effective?

### Our findings

People we spoke with told us staff had the skills they needed to support them effectively. Two people told us, "The staff are brilliant" and "They [staff] are very qualified." Everyone who used the service that responded to our survey, told us they felt care workers had the right skills and knowledge needed to give them the required care and support.

The registered manager explained how they matched staff to people who used the service to ensure people got on well and staff were able to meet their needs. They told us people who used the service were involved in the recruitment of new staff. People were asked to format interview questions for candidates and to meet the candidates, so they could get to know them and help choose suitable people to support them.

Successful candidates completed an induction when they first started work, which prepared them for their role before they worked with people in their homes. One member of staff told us they found the induction useful and they could ask to extend the time they spent shadowing a more experienced member of staff, if they wished. They told us they felt comfortable to work alone at the end of their induction. A service manager explained that new members of staff completed the nationally recognised Care Certificate during their induction period. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Records showed staff had obtained other nationally recognised care qualifications. Staff told us they were encouraged to gain care qualifications. One member of staff told us, "My manager encouraged me to do it [care qualification] and supported my development."

Staff received training considered essential to meet people's care and support needs. This included training in supporting people to move safely, first aid awareness, safeguarding people and positive approach training, which helped staff to support people when they exhibited behaviour that challenged. Staff were happy with the training they received and told us they were supported to do training linked to people's needs. A member of staff told us, "Training is quite good. It covers everything." They explained how training they received in communication methods had helped them to improve the way they supported one person.

Staff were supported in their practice. They told us their knowledge and learning was monitored through a system of supervision meetings and observational checks of their practice (spot checks). Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. A member of staff told us, "They've always looked after me, I feel supported."

The 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. We checked whether the provider was working within the principles of the MCA.

The registered manager understood their responsibility to comply with the requirements of the Act. They were working with the local authority to ensure Deprivation of Liberty Safeguards (DoLS) applications were made for five people, because the five people lacked the capacity to understand risks to their health and wellbeing and their care plans included restrictions to their liberty. The DoLS applications had not yet been authorised by the local authority.

Staff we spoke with understood the requirements of the MCA. A member of staff told us, "It's about understanding an individual's perspective and how much information they can absorb. There are people who can't make serious decisions. We get advocates involved a lot." The registered manager told us where people lacked the capacity to make complex decisions, they ensured people received support to make decisions in their best interest. A member of staff gave an example where one person was supported to move, because a deterioration in their health meant their accommodation was no longer suitable for their needs. They told us the changes in the person's health were identified early by staff and two independent advocates were obtained to support the person to make different elements of their decision. A member of staff gave another example where one person had a health problem which required treatment, so health professionals were involved to support the person to make a decision in their best interest and the person received appropriate treatment to improve their health. The registered manager told us staff had worked closely with health professionals to ensure the person's quality of life was maintained.

People told us staff gained their consent before supporting them. One person told us, "They [staff] always ask first." Staff told us they knew they could only provide care and support to people who had given their consent. One member of staff told us, "We have a conversation with the customer, it's part of their daily routine. If someone changed their mind, then we wouldn't make them do something."

Some people told us they received food and drinks prepared by staff. Two people told us, "I do my shopping list with them [carers], so I can choose what I have" and "If I need help they will help me." We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans. Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs.

People's health was monitored and where a need was identified, they were referred to the relevant healthcare professional, including district nurses and occupational therapists. Two people told us, "They sort out all my appointments for me" and "They do all of that for me." Staff told us they supported people to manage their health and well-being if this was part of their care plan. People's care plans included a 'health action plan', which gave details of their health issues, medicines and any health professionals related to their care. The registered manager told us in the PIR, 'When a customer is admitted to hospital the manager makes contact with the acute liaison nurse to ensure an effective communication between ourselves and the medical team, and ensure the customer receives the appropriate care and treatment.' Records showed staff worked closely with health professionals and followed their recommendations. The registered manager told us in the PIR, they did this to allow people to stay in their own homes as long as possible.

People were supported to maintain their health. A service manager gave an example. They said, "A staff member obtained a grant for a healthy living project. Courses were held for people with a nutritionist." They explained how people had benefitted from the courses and told us the nutritionist had agreed to make referrals to people's GPs for anyone who needed additional support with their nutritional needs.

## Is the service caring?

### Our findings

People told us staff were caring and treated them with kindness. Two people told us, "Staff are lovely" and "Yes I like all the staff they are kind." Everyone who used the service that responded to our survey, told us they were happy with the care and support they received and their care workers were caring and kind. Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. A member of staff told us, "I like to see people achieving things." They gave an example of one person who had previously lived in a residential home and now lived independently supported by staff. They said the person was "Flourishing."

People told us staff were compassionate and supported them according to their individual needs. People told us staff took time to listen to them and supported them to express themselves according to their abilities to communicate. One person told us, "We can talk with them whenever we need to." Communication methods were recorded in people's care plans. Staff told us they used different communication methods to meet people's needs, such as using pictorial aids.

A service manager told us person centred care was, "Asking people what they want and what they'd like to achieve and ensuring we meet their expectations." The registered manager said, "We are also honest about what care can be provided when people receive local authority funding and how we can challenge the funding." Staff demonstrated a clear understanding of the caring ethos the registered manager was keen to promote. A member of staff told us, "We are very good at looking after the guys and they get to do what they want to do."

Good relationships had been developed between staff and people who used the service. Some staff had worked at the service for several years and all the staff told us they enjoyed working there. Two people who used the service told us, "I get on well with them all" and "I have my favourites but they are all good." People told us they were introduced to new care workers before they provided care or support. One person said, "They come with another carer first so we know who they are." The registered manager told us in the PIR, 'Our low turnover of staff has enabled customers to have people around them they have been able to get to know. New staff are introduced slowly.'

People confirmed they were involved in making decisions about their care and were able to ask staff for what they wanted. Two people told us, "I'm very involved" and "We have meetings to sort this out." A member of staff explained the different ways people were involved in making decisions about their care. They told us some people could tell staff what they wanted and some people were supported to communicate their views, for example using pictures to help them. They told us people who used the service completed surveys which asked if they were happy with their care. The service manager collated the survey responses and contacted people on an individual basis if there was a problem. They gave an example where one person had commented that their house was not clean enough. The person's care and support was changed to make improvements, until the person was satisfied with the outcome.

People told us they were supported to maintain their independence as much as possible. Everyone who

used the service that responded to our survey, told us they felt they received support and care which helped them to be as independent as possible. One person told us, "We are quite independent but get help with stuff we need." Staff told us they had enough time to encourage people to do things for themselves where possible. One member of staff gave an example of one person who wanted to ride a bicycle. Staff supported the person to obtain a bicycle and accompanied them on rides. They told us the person enjoyed the rides and helped carry the shopping home from the local shops in their new bicycle panniers.

People told us staff were kind and treated them with dignity and respect. Two people told us, "I have my own flat they knock if they want me" and "If I want to be left alone they understand that." All the staff we spoke with told us they always treated people with respect and dignity. A member of staff explained how they maintained people's dignity whilst supporting them. They told us, "I knock on the door and ask 'Are you ready?' I allow people to do things for themselves and I go out of the room, so I don't watch them." Another member of staff told us, "If people can do things for themselves, I let them do it. I let them have the dignity and the privacy to do what they can."

## Is the service responsive?

### Our findings

People told us they were very happy with their care and support. One person told us, "We know each other well now." All the health care professionals that responded to our survey told us staff acted on any instructions and advice they gave and staff co-operated with other services and shared relevant information when needed.

The service provided care to people based on best practice, which was tailored to meet their individual needs. The provider had signed up to the Social Care Commitment with Skills for Care. The Social Care Commitment is a promise made by people who work in social care to give the best care and support they can. A service manager told us about the provider's award ceremony evening, where staff and people who used the service were involved and were given awards, for example, 'carer of the year'. They told us a member of staff had been awarded a 'carer of the year' award from a local radio station.

People told us their support needs had been discussed and agreed with them and that staff knew their likes and preferences. One person told us, "They know what I like." Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. A member of staff told us, "We talk to people about their preferences." The registered manager told us in the PIR, "There are regular team meetings so everyone has an opportunity to share their understanding of the customer, share best practice and the customer's preferences." Care plans contained detailed information about people's personal history and preferences.

We found staff used individual ways of involving people in the planning of their care and their views had been taken into account and included in care plans. A member of staff gave an example of one person who was supported to move, because deterioration in their health meant their accommodation was no longer suitable for their needs. They told us how staff monitored the person's condition which changed quickly. Staff made referrals to health professionals for advice on how to improve the person's support. They looked at different ways to assist the person to remain in their property for as long as possible, such as adaptations to the property. However due to the person's change in needs, staff recognised they had become unable to move about safely in their home. The registered manager told us how the person was supported by staff and an advocate, to choose a new place to live. They explained how the provider funded a transition period of additional support of two hours a day for two weeks, to help them settle into their new accommodation. As part of the transition, staff moved the person's possessions to the new accommodation and arranged them in a familiar way, to make it more like their previous room.

People told us they had been involved in planning their care and had been invited to meetings to review their care. Two people told us, "We have regular meetings all together" and "We have meetings to decide what we can do, or where we can go that week." A member of staff told us, "Key workers will sit down and read plans with people. Some plans include pictures and we use these as a guide to help people understand. We get individuals involved in writing care plans and risk assessments." A key worker is a member of staff who is allocated to support a person on an individual basis.

People had fulfilling lives because they were engaged in activities that were meaningful to them. Staff told us about different groups people were involved in, such as local drama groups, discos and sports clubs. Staff were responsive to people's individual needs and preferences and found creative ways to support people to live a fuller life. For example, a new exercise group had recently been organised by staff for people with limited mobility. Some people were supported by staff to obtain and maintain voluntary work placements.

The service was actively involved in building links with the local community and people were supported in individual ways that suited their needs. For example, people were encouraged to attend local church services, colleges and social organisations. The registered manager explained how people who used the service, had been involved in organising an event for the general election last year. Following people's wishes, staff had supported them to invite their local party political candidates to attend a question and answer session, using their own questions and people had enjoyed the event.

Good communication between staff allowed them to share information and ensured people received care which met their needs. A member of staff told us about the different ways staff shared important information. They explained there may be a handover where there was an overlap of staff at people's homes, or they could use the communication book in people's homes and they discussed people's care needs at staff meetings. They told us this helped to provide, "Consistent care to people."

People told us they would raise any concerns with staff. One person told us, "I would tell the manager." People told us they had the information they needed to make a complaint. Staff knew how to support people if they wanted to complain. A service manager told us, "If a customer had a concern we would drop what we were doing and visit them. For example, if they didn't get on with a member of staff, we would make changes."

The provider's complaints policy was easy to read, it had pictures to help people's understanding and it was accessible to people in their homes. The policy informed people how to make a complaint and the timescale for investigating a complaint once it was received. It also provided information about where people could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with. We found complaints were dealt with to people's satisfaction. Records showed there had been nine complaints in the last 12 months and five other concerns recorded and responded to. We saw all issues had been dealt with in a timely way and in accordance with the provider's policy. Six compliments about the service had been recorded. For example, there was note from one person's relatives to say thank you to staff for their support following a change of accommodation.

## Is the service well-led?

### Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. Two people told us, "It's a good service" and "There seems to be no problems." Ninety four per cent of people who used the service that responded to our survey, told us they would recommend this service to another person. Staff told us they felt well supported by the registered manager and other senior staff.

Staff understood their roles and responsibilities and what was expected of them. They knew who to report concerns to and were aware of the provider's whistle blowing procedure. Staff were positive about the leadership of the service and about the support and guidance they were offered. Two members of staff told us, "I can go to my manager at any time" and "Supervision is useful, I get feedback." The registered manager told us, "We make sure staff are supported and that they enjoy their job."

People told us they were able to contact staff and raise any issues they wanted to. One person told us, "[Name] is the manager, they are approachable." A health professional told us, "There is always someone available to feedback to." Staff told us communication within the service was open and transparent and they were asked for their opinions on how the service could be improved. We saw there were regular staff meetings where staff were asked to contribute and share their ideas for the development of the service. The registered manager told us, "We make sure staff's opinion is listened to because they are on the 'shop floor' doing the job."

A member of staff explained how people who used the service were encouraged to provide feedback on how things were managed and to share their experiences of the service. They told us some people who shared a house together had a weekly meeting, where they could discuss any issues or worries. They said, "Suggestions are recorded in our house meeting book and people's ideas are always taken forward by carers." They gave an example where one person had suggested new board games for their house and these were purchased on the day of our inspection visit. A service manager told us, "A lot of our guys are good at making suggestions and staff think, 'how can I make this work?'."

People were also encouraged to provide feedback on how things were managed, by completing surveys. The registered manager explained there were questionnaires for people who used the service and people were supported by staff to complete these according to the person's communication needs. The registered manager told us questionnaires had last been sent out in April 2016 and the responses were still being collated by the provider. The questionnaires used pictures to help people understand them. Staff told us if there were any issues in people's responses, they received an action plan from the provider. They told us they liaised with people about their responses, in order to make improvements to their care. We looked at the previous survey results from 2015 and saw the results were very positive.

The manager was aware of their responsibilities as a registered manager and had sent us notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. They had completed the provider information return (PIR) which is required by law. We found the information reflected the service well. The registered manager



was aware of the achievements and the challenges which faced the service. The registered manager told us how they kept up to date with best practice by researching changes to legislation and procedures and by attending local forums to share information and best practice with other service providers. For example, they attended a local housing forum, which looked at changes in housing and benefit policies. The registered manager told us they found these events useful and said, "They help to support the customer and it is helpful to have support from other providers." The registered manager told us they kept staff up to date with best practice by sharing information in staff meetings and by sending staff emails.

The provider had received an Investors in People award, which is an internationally recognised accreditation for good people management. The provider was also a member of the United Kingdom Accreditation Service (UKAS). This meant the service was independently evaluated against recognised standards, to improve the quality of the service and share good practice.

There were systems in place to monitor the quality of service. This included checks made by service managers on a three monthly basis, spot checks carried out by team leaders on a monthly basis and additional checks carried out by senior staff from head office on an ad-hoc basis. Spot checks looked at issues to do with the safe maintenance of properties such as lighting and water. We saw where actions were required, action plans were followed and improvements were made. For example, one check identified that a fence panel in a property required repair. The registered manager told us they raised this issue with the landlord and improvements were made. The registered manager told us they checked action plans once a month and contacted service managers to take action if there were any outstanding issues. They also sent a weekly report to the provider, including information about accidents, complaints and other events which may call into question people's safety.