Freedom Care Limited

The Chantry

Inspection report

Chantry Lane
Off Groby Road
Leicester
Leicestershire
LE3 9QJ

Tel: 01163669654
Website: www.freedomcare.org

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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

This inspection took place on 23 May 2016 and was unannounced.

The Chantry is a care home that provides residential care for up to 13 adults with a learning disability and those with complex needs including autism, behaviours that challenge services and personality disorder. The service is a detached property located accessible using a private road. All the bedrooms are single occupancy with an en-suite facility and kitchen in some of the rooms and, which people can use with the support of staff. There are communal rooms including an activities room and the garden. At the time of our inspection there were 12 people in residence.

A registered manager was in post. 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 at the service and that staff had a good understanding of their needs and health conditions. People had dedicated staff who understood their role in supporting them at home and when accessing the wider community.

Staff received ongoing support and training to provide person centred care to keep people safe and provide support if their behaviours became challenging. People were supported by staff to take positive risks to promote their independence, rights and choice of lifestyle. Staff helped people to develop daily living skills to promote their wellbeing and independence.

People's care plans took account of potential risks to people and recorded how risks could be minimised whilst recognising people's rights and choices in how they lived their lives. Information was available in an easy format, which helped people to understand their rights and make decisions about their care. People's relatives were involved in their family member's care to ensure the care and support provided was reflective of their interests and hobbies. Staff were trained and understood their responsibility in protecting people from the risk of harm and to support maintain their safety.

Staff were recruited in accordance with the provider's recruitment procedures. The provider took account of the needs of people they supported to ensure there were sufficient numbers of staff to promote their safety and wellbeing

People lived in an environment that was safe and comfortable and had access to a secure garden, which people could use safely. The premises and equipment were routinely serviced and maintained.

People received their medicines at the right time and medicines were stored safely. People had access to health support and referrals were made to relevant health care professionals where there were concerns

about people's health. People were provided with a choice of meals that met their health and dietary needs.

Staff were further supported through regular supervision and an annual appraisal to ensure they had the knowledge and skills to support people. Staff group supervisions were used to share information as to good practice and used as a learning opportunity to develop staff.

People's consent had been appropriately obtained and recorded. The registered manager and staff team understood the principles of the Mental Capacity Act and how they might apply to the people who used the service. When staff had concerns about people's capacity then they sought advice and made appropriate referrals to the local authority when people had been assessed as being deprived of their liberty.

People were involved and made decisions about their care and support needs. Information was provided in a form that the person could understand and enabled them to make choices about how they wish to spend their day. People had opportunities to pursue their hobbies and interests and their lifestyle choices were respected by staff.

We saw staff showed care and kindness towards people using the service. People using the service and relatives told us staff were caring that they had confidence in them to provide the support they needed. There was a warm and relaxed atmosphere where people were comfortable. We saw staff interact with people positively; and treated them with dignity and respect.

The registered manager and the team leaders collectively provided effective leadership and management of the service. Staff spoke positively about them in relation to the support and training provided. Staff were confident that any issues raised would be addressed.

People who used the service and relatives told us if they had any concerns or complaints they would tell the registered manager or the staff. Relatives told us that they were confident that any concerns raised would be addressed by the registered manager.

The provider had an effective system in place to assess and monitor the quality of the service. The views and opinions of people who used the service and staff were sought, which included meetings, completion of a range of surveys and internal 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 protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely to promote their independence.

Safe staff recruitment procedures were followed and sufficient numbers of staff were available to keep people safe.

People received their medicines at the right time, and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective.

Staff received induction, training and support that enabled them to provide the care and support people required.

People's consent to care and treatment was sought and their care plans showed the principles of the Mental Capacity Act were used. People were encouraged and supported to make decisions which affected their day to day lives.

People's dietary were needs met which took account of their preferences. People were encouraged to develop their skills in meal preparation and cooking meals.

People were supported by staff to maintain good health and to access and liaise with health care professionals as required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring in their approach.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their ongoing support was tailored to their needs and reviewed regularly to ensure the care provided was appropriate and met their needs and preferences.

People were supported to take part in activities of interest to them, achieve their goals and maintain contact with family and friends, to promote their wellbeing.

Information about how to make a complaint was available in format that people could understand. People were supported to complain. The management team listened to and acted upon concerns and complaints.

People were supported to complain and took account of their individual communication needs. The management team listened and acted upon complaints and concerns promptly.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who provided good support and leadership to staff which focused on promoting and maintaining people's quality of life.

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

The provider had a system in place to assess and monitor the quality of care provided. People and staff were encouraged to give their views about the service which enable the provider to assure themselves people were safe and received quality care.

The Chantry

Detailed findings

Background to this inspection

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

This inspection took place on 23 May 2016 and was unannounced. The inspection was carried 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.

Before the inspection we asked the provider to complete 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. The PIR was completed and returned to us.

Prior to the inspection we contacted commissioners for health and social care, responsible for funding people that use the service, and health and social care professionals who provided support to people and asked them for their views about the service. We reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service.

The registered manager told us they supported people who were able to express their views about the service. They also supported people who did not have the capacity to make an informed decision about meeting with us and/or have the necessary skills to converse and share their views about the service with us. We were advised that our visiting some people may result in them becoming anxious. Therefore, the staff spoke with people to find out if they wished to speak with us on the day of our visit. We spoke with three people and a visiting relative at the service. We also spoke with four relatives on the telephone and asked them for their views about the service.

We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe how people were supported at home.

We spoke with the registered manager, a team leader and eight support staff. We spoke with the regional manager and the registered provider who were based at the service. We looked at the records of four people, which included their plans of care, risk assessments, medicine records and records relating to their daily wellbeing and health. We also looked at the recruitment files of three members of staff, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Good

Is the service safe?

Our findings

Staff we spoke with understood the needs of people; risks posed to the person and other people using the service, staff or visitors. We saw staff interacted in a manner that promoted positive risk taking. For example, one person who became anxious went to the garden and started to use the trampoline. The person was visibly becoming calmer and smiled to the member of staff who was supporting them and indicated that they were ready to return to the service. This person with the support of staff made something to eat and drink for them self. This showed staff knew how to support people to ensure they were able to express their emotions safely.

A relative told us that their family member was happy and said, "He [family member] is very safe here; they [staff] understand him very well." Another relative said, "Yes I do definitely think it's safe [at the service]; no problems at all. If [person's name] has needed homely remedies there is no problem at all; they [staff] have got a very sensible attitude."

The provider's safeguarding and whistleblowing policies advised staff what to do if they had any concerns about the safety of the people who used the service. Staff we spoke with were trained in safeguarding and understood their responsibility in raising concerns with the registered manager and the role of external agencies such as the Police.

Staff had good knowledge of the people they looked after and the support they needed to stay safe. Staff told us that each person was supported by one or sometimes two staff when they were accessing the wider community or to attend health appointments. Staff were updated daily as to people's wellbeing and had access to information recorded within people's care records as to how to support people safely. This helped to ensure where people's safety could be at risk staff would provide the appropriate support to ensure the person stayed safe. This meant people could be assured of their safety and wellbeing.

The service has a restraint policy which had clear information about the restrictive interventions used by staff were legal, safe and ethically justified. The policy advised staff to use proactive and de-escalation techniques when people who display a high level of physically challenging behaviours that may lead to cause harm to themselves or others.

Staff were able to describe in detail the different types of interventions used when someone displaying challenging behaviours that could harm themselves or others. The example given by one member of staff about a person's behaviour and their role was consistent with the information in the person's care plan. This supported the information received from a health care professional who confirmed that staff supported people with complex needs and used the least restrictive technique to help reduce the person's anxiety and behaviours that challenge.

We found the service had reported incidents where physical intervention or restraint was used. Records showed that staff had followed the care plans; used the correct intervention training and following an incident reviewed the event to ensure support provided continued to be appropriate This meant people

could be assured that staff supported them safely, consistently and appropriately.

People finances were managed by their relatives or held in safekeeping by the provider. Procedures were in place to support people to manage their finances. Records were kept of all financial transactions and these were audited by the registered manager regularly. This helped to ensure people were protected from financial exploitation and abuse.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks including a check from Disclosure and Barring Services (DBS) had been completed before staff commenced work at The Chantry. DBS helps the employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service.

We found the information recorded within the PIR to be accurate and saw evidence within people's records that the provider works in partnership with local community mental health teams, GP's, the local authority. The care plans included the guidance provided by health care professionals. Records showed that people's care plans were regularly reviewed and updated when people's needs changed and monitored to ensure support provided continued to be appropriate.

Staff knew how to respond to emergencies or when people's health was of concern. Staff referred to people's health action plans and the emergency 'grab sheet', which contained all the relevant information such as the person's needs and communication, their medical history and their current medicines. This showed accurate information was available should it be needed in any emergency, to maintain people's health and wellbeing.

We found information within the PIR was accurate. Records we viewed confirmed that systems were in place for the servicing and maintenance of the building and its equipment including fire tests. This helped to ensure the people's home environment was safe and well maintained.

The registered manager told us that they monitored people's needs to ensure there were sufficient numbers of staff to meet their assessed needs and to keep them safe. Additional staff were available to support people to access the wider community using public transport or the home's own transport. The staff rota showed that staffing levels were maintained. That meant people could access the wider community and attend appointments.

A relative also told us that their family member "always had their medicines at the right time" which meant people's health was maintained. We observed two staff administered people's medicines. This was done correctly and confirmed the information recorded in the PIR with regards to how staff administered people's medicines.

People's care records and the medication administration records included the procedure for medicines administered as and when required, otherwise known as 'PRN'. Staff understood when those medicines were to be given and recorded the amount administered which helped to monitor the person's health. Records showed people's medicine was regularly reviewed by a health care professional to ensure that the medicine people took was working well.

Medicines were administered by trained staff whose competency had been assessed. Medicines were stored securely including medicines that needed to be refrigerated. The registered manager told us that they were in the process of moving to a new dispensing pharmacy. As part of the contractual agreement the staff would be trained and regular audits and checks could be carried out to ensure people's medicines were

administered correctly.

Good

Is the service effective?

Our findings

Relatives spoke positively about the staff and felt their family members were well supported and cared for. A relative said, "All the staff I've met seem well trained, I'm impressed with their skills e.g. a lot can sign [form of non-verbal communication] and all appear to be aware of autism and learning disability." Another relative said the "Staff are good at their jobs and competent."

We found the information recorded within the PIR to be accurate. Staff were confident that the training had provided them with the skills and knowledge to support people. Staff training records showed that staff were trained in a range of topics related to health and safety and specialist training to support the people using the service, which included training on learning disability, autism, and mental health and personality disorders. Because some people displayed behaviours that challenged services, all staff were trained in the use of physical intervention techniques and the use of restraint.

Staff told us they felt support by the registered manager and the team leaders on a daily basis. Staff were regularly supervised and their work was appraised. Staff felt these meetings were open and transparent and provided them with the opportunity to talk about the people they supported and their personal development. Staff told us that they felt confident to raise issues and make suggestions to develop the service and improve people's quality of life. For instance, someone being supported by staff to shop for their groceries and prepare their own meal.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff demonstrated a good awareness and understanding of the MCA, and when this should be applied.

Staff told us they sought people's consent and offered choices in a manner the person could understand. We saw a member of staff using signs to support communication such as the weekly activity plan to support the person to think about what they wanted to do.

We checked whether the service was working within the principles of the MCA and found conditions on the authorisation to deprive a person of their liberty were being met. Records showed that health decision specific capacity assessment had been completed, where appropriate. For example, someone who had their medicines given to them disguised in food and drink and another person required constant supervision for their safety. That showed the principles of the MCA were followed.

We looked at the how the service supported people to have sufficient to eat, drink, and maintain a balanced diet. One person told us that they brought their own groceries with a member of staff who also helped them to prepare and cook their own meals. Care plans had information about people's dietary requirements and the role of staff supporting them. Staff told us they supported people's individually to shop, prepare and cook their meals. This showed support provided was tailored to each person's needs.

A relative told us that staff were aware of their family member's preferred diet and a choice of meals to meet their cultural diets. They said, "[person's name] ate lots of fried food and fizzy drinks but now eats healthy food and has cordial drinks with water not fizzy pop." The relative informed us that their family member was healthier and visibly looked happier. That showed people's health was maintained. We found information about the health condition was also available to staff to refer to in order that they supported the person to maintain their health and wellbeing.

Relatives told us that their family member was supported to access healthcare services regularly and as and when required. A relative said, "When my relative had toothache and another problem there were taken to the GP and the dentist." This meant the information in the PIR was accurate.

We found people had a health action plan which detailed their ongoing monitoring of their health conditions and routine health checks which included well women and well men checks, eye and dental checks. Staff told us they worked closely with health care professionals including the learning disability community nurses in developing and reviewing people's health actions plans. This meant people were supported to maintain their health.

Good

Is the service caring?

Our findings

Relatives told us that the staff treated their family member with 'care, kindness and respect'. One relative said, "They [staff] are never disrespectful. They do send [care] plans, I'm not involved in the drawing up of them but I recognise [person's name] in them."

During our inspection visit we observed many caring interactions between staff and the people using the service. Staff we spoke with were mindful of how they sought people's views. We saw this to be the case as staff treated people in a dignified and respectful way. We saw that staff had a good rapport and built relationships with people and knew how to encourage positive behaviours to promote their wellbeing. For example, staff's approach was tailored to the person's communication needs using resources such as foam, balls, bubbles and trampoline. The person was visibly happy and comfortable with staff members supporting them. This showed staff were always aware and considered ways to engage and encourage people to express their views.

The registered manager gave us examples of how the staff were being particularly caring towards the people using the service. For instance, people had a dedicated staff member supporting them who were happy to continue supporting people in the wider community beyond the end of their shift and return to The Chantry when the person was happy to do so. Staff member confirmed this to be the case and told us that they would ensure staff at the service knew of their whereabouts. This showed people's care and support was tailored to their needs and promoted by staff's approach and commitment towards people.

One person told us that they were actively involved in making decisions about their care and support. We saw information in this person's care records was presented in a form that they could understand and their decisions made were recorded. This confirmed the information recorded in the PIR was accurate and showed people's rights and decisions were respected.

A relative told us that they were always involved when their family member's care needs changed to ensure the support to be provided was appropriate. Another relative said, "I've been involved in care planning and involved in the detailed transition [admission process]." They told us that the staff had provided them with information about the different activities their family member took part in, which helped them to talk by prompting conversations about the different activities, when they next spoke with their family member.

Records showed people were supported to be involved in their care and staff used visual communication tools to help people understand. Communication passports were in place for each person. Whilst the format varied from person to person, there was information about their life histories, families, likes, dislikes, and hobbies or interests. This helped staff to get to know people and provided them with information about people's interest and intervention techniques used to prevent any potential behaviours that challenge or agitations. Care records had been signed by staff to confirm they had read the information, which assured the registered manager that staff, knew how to support people.

The PIR stated that the provider had installed CCTV in the communal areas of the service. From our review of

people's care records, which included discussion with their relatives, we found they had been consulted in the use of CCTV in the communal areas of the service and how it would be monitored. The provider explained the purpose and management of the CCTV, and the period of time the recording would be stored for. A policy was in place for this which had been shared with people using the service, where appropriate and their relatives. This showed that the provider had ensured measures were in place to ensure people's right to privacy would be maintained.

Throughout our inspection visit we observed staff treating people they supported and others with respect. Staff understood the importance of respecting and promoting people's privacy and took care when they supported people at home or when accessing the wider community. Staff described their role in ensuring people's privacy and dignity was preserved. Staff addressed people by their preferred name; used short sentences and words which the person could understand in order for them to make a decision. Records showed that action taken by the staff was consistent with the guidance detailed in the person's care plan. This meant people could be confident that staff promoted and respected people's privacy and dignity.

The registered manager and team leaders regularly worked alongside the staff to support people, which also helped them to observe staff practices. The registered manager and the team leader told us that staff supervisions and meetings were used to ensure staff were aware of the provider's policies and procedures in promoting people's rights and choices. This included whether staff had appropriately considered people's equality and diversity and their rights and choices in all aspects of the support they had provided. This meant the provider and the registered manager monitored the quality of service to ensure people received care and support that promoted their wellbeing.

Good

Is the service responsive?

Our findings

A relative told us that staff were patient and supported their family member to move to the service when they were ready. Another said, "I really noticed as soon as they [family member] moved in; they are happier than at any other home" and "They [staff] understand [person's name] as a person and take their interests to heart" and gave examples of how staff supported their family member to continue with their interests and hobbies. That showed people received care and support that was tailored to their individual needs and their social interests and hobbies.

The registered manager told us that when people were referred to the service their needs were assessed and information was gathered from the person, where possible, and from their relative and health and social care professionals involved in their care. People moved to the service over a period of time and were supported by a dedicated staff team. This could include short day visits and overnight stays to ensure The Chantry was the right place for them and that their needs would be met. This meant that people could be confident that they received care and support tailored to their needs.

People's care records confirmed their needs had been assessed and clear information as to the support people required and recorded their views as to how they wished to be supported. We saw people were encouraged to contribute to the planning and reviewing of their care. Goals people had set themselves included a range of topics such as, accessing the wider community linked to their health and social interests, such as attending routine health appointments, going to the discos and establishing links with relatives and making friends.

A relative told us they visited their family member regularly and were able to spend time with time in the privacy of their room. They told us that their family member's health's has improved because diet includes fruit, vegetables and water. We looked at the person's care plan and their identified a goal was to work towards preparing meals their meals and cleaning.

We found people's care plans were in place to support people with their individual needs linked to their mental health, such as poor appetite, medicine management and behaviours that could challenge staff. Staff were able to describe in detail their role and support provided, which was consistent with people's care plans.

People's care plans and activity plans were supported with the communication passports. These detailed people's needs, interests and how they expressed and communicated their wishes and decisions made about their life. One person's records stated they would hug the member of staff to indicate they were happy and for staff not to be alarmed.

There was a relaxed atmosphere at the service. Some people were using the wider community facilities and shopping whilst some chose to remain at home. We saw staff spent time with people doing things that were of interest to them. One person preferred to watch the television in the activity room until they were ready to go out. Another person liked to stay close the main office where they could see staff. We saw staff member

entered or left the office they spent a few minutes communicating with the person.

The member of staff through discussion was able to talk in detail about the needs of people and how they had begun to develop a working relationship with people so that they could provide the appropriate support. They said for one person it meant they would only allow some staff to support them where for others they were happy to be supported by any member of the staff team. This showed that staff knew the people they looked after and were confident that people were supported by staff with whom they were comfortable with. This helped to ensure people received care that met their individual needs and requirements.

Care plans provided staff with information as to how they should interpret changes to people's behaviour as an indicator as to changes in their mental health. Staff were aware that people's mental health could change regularly and were able to respond by working flexibly with them to provide support and offer encouragement when necessary. We saw this to be the case as a staff member swapped with another member of staff when someone showed signs of distress. By changing the member of staff that was supporting them, it helped to alleviate any potential behaviour that challenge staff. That showed staff were responsive, understood people's needs and supported them in person centred manner.

We asked people if they were knew how to raise concerns and whether they were confident to do so. One person told us they would speak with the registered manager or staff. A relative said, "We don't have any complaints. Anything that is a problem we tell the staff and they sort it out for him [person using the service]."

The PIR stated that the service had received no complaints and the complaints records we viewed confirmed this. The registered manger told us the complaints would be recorded and investigated, and the outcomes shared with the complainants. As part of the provider's quality assurance all complaints, concerns and compliments were reviewed to assess the quality of care provided.

The service had also received compliments in the form of thank you cards, e-mails and messages from people's relatives and health care professionals involved in people's care. These related to promoting care tailored to people's needs, promoting people's independence and life skills and the quality of staff in providing a positive environment where people's wellbeing was promoted.

Good

Is the service well-led?

Our findings

The registered manager encouraged people and their relatives to be involved with the service in a meaningful way to help drive improvement to the quality of care provided. The views of people using the service and relatives views were sought through meetings and surveys. Surveys were also produced in easy read format so that people could understand.

We looked at a sample of the feedback received and found all were all to be positive. We found people and their relatives had also been consulted about the use of CCTV in the communal areas. Any individual issues raised by relatives had been addressed by the registered manager. The provider had developed an action plan which set out how the provider intended to address the issues from the surveys and monitored progress to ensure improvements were made in a timely manner. For instance, updating people's care plans to include their interests and hobbies. This showed that the provider listened and acted on feedback to improve people's quality of life.

A relative told us that their family member's health and wellbeing had improved since they moved to The Chantry. They found the registered manager and staff were open and encouraged them to help develop the care that focussed people's individual needs.

People's care plans and records showed they and their relatives where appropriate, were involved in the planning and review of their care. Where appropriate and by agreement, people's relatives were kept up to date about their family member's wellbeing and how they spent their time. Relatives were encouraged to share their views about the service which helped the provider assure themselves of the quality and management of the service was consistent with their own expectations.

The service had a registered manager. They were motivated and had a clear vision of the service and the values that they worked towards, which was consistent with what the provider and operations manager, based at the service, had told us. The registered manager kept their knowledge up to date in relation to health and social care and supporting people with a learning disability and autism.

The provider had produced easy read documentation which provides information in suitable formats for people with a learning disability and autistic spectrum disorder to understand. For example, the regional manager showed us the new care planning documentation that was being introduced and told us staff were being trained to complete these. The new format provided staff with clear and accurate information about the people they supported and helped to monitor and identify new goals and aspirations. This meant people could be assured they were involved in their care and received continuity of support to improve their quality of life and their future.

Staff were motivated and had confidence in how the service was managed. Staff had received support and training for their job role and understood what was expected of them by the provider. Staff described to us what 'good' care looked like, which included respecting people's dignity and promoting person centred care through involving the people they support to make decisions about their life. This meant that the service

promoted a positive and open culture amongst staff and people who used the service.

Staff at the service were visible in that we saw they were spending time with people individually, were available to talk with them and supporting people to access the wider community whenever people wanted to. Staff told us the handover meetings were informative and provided them with information about each person's wellbeing. Staff had delegated key areas of responsibility to ensure people's individual needs were met as well as any specific tasks which needed to be carried out by staff. This meant the system in place helped to ensure staff were kept informed and people received continued care and support.

Prior to the inspection we spoke with the local authority who had funding responsibility for some people who were using the service and a contract with the provider. They told us they had no concerns regarding the service delivery. The service reported any incidents in good time and overall the commissioners felt happy with the service that was being provided.

The provider's policies and procedures were reviewed and updated regularly. The registered manager and operations manager worked closely and carried out internal audits and inspections of the service, which helped them to assess and monitor the quality of care provided. Audits were completed on health and safety and the building, people's care records and medicines management amongst others. We saw where issues were identified; the registered manager took action to ensure improvements were made in a timely manner For example, medicines were checked and administered by two trained staff to ensure prevent the risk of errors or misadministration of people's prescribed medicines. This helped to ensure people's health and wellbeing was protected. There was a rolling action plan, which the provider monitored.

The registered manager told us they with the support of the provider took steps to continuously develop the service to improve people's quality of life. For example, the service was in the process of changing to a new dispensing pharmacy, which meant people could receive their medicines from the staff at the right time even when accessing the wider community. During our inspection visit the new pharmacy was completing an assessment of the treatment room and medicines to ensure appropriate storage, information and training for staff could be provided to ensure people received their medicines safely. This showed the provider had robust systems and management support in place that effectively monitor and ensure the provider's expectations of providing a quality service was maintained whilst promoting people's quality of life.

The provider had a business contingency plan which detailed what action they and staff would take in the event of an unplanned incident to ensure people continued to receive the support they needed.

The completed PIR provided key information about the service and it showed what the provider had done over the past 12 months and what they intended to do in the next year to make improvements to the service. This meant the provider was pro-active in ensuring the service provided was constantly being developed and improved for the people in residency.