

Leicestershire County Council

Smith Crescent Supported Living Service

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 inspected the service on 2 June 2016 and the visit was announced. We gave notice of our inspection because we needed to be sure somebody would be available at the office.

Smith Crescent Supported Living Service provides domiciliary care for up to nine people with learning disabilities in their own homes. At the time of our inspection nine people were using the service. The office is located in another of the provider's locations and is close to one of the houses.

At the time of our inspection there was a manager in place. This person was in the process of registering to become the registered manager. It is a requirement that 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 and their relatives felt safe with the support offered. Staff understood their responsibilities to support people to keep safe and to protect them from abuse. They dealt with accidents and incidents appropriately. The provider had made sure that people were being protected from avoidable harm. This was because they were assessing risks to promote people's health and well-being. For example, where people could have shown behaviour that challenged, staff had guidance available to them.

People received support from staff who had been checked before they had started to work for the provider. This had helped the provider to make safer recruitment decisions about the suitability of prospective staff. Relatives were satisfied with the availability of staff supporting their family members and we found that cover for staff absence had been managed.

People received their medicines as prescribed in a safe way. Staff were trained in how to administer people's medicines and were regularly checked for their continued competency to do so. Staff knew what to do should a mistake occur when handling medicines.

People were receiving support from staff who had the appropriate skills and knowledge. Staff received regular training and the provider had plans in place to enhance this further. Staff met regularly with their supervisor to discuss their work and to receive guidance and support to enable them to provide good support to people. Staff had received an induction when they had started to work for the provider so that they knew about their responsibilities.

People were being supported in line with the Mental Capacity Act (MCA) 2005. The provider had assessed people's mental capacity where this was necessary and made decisions in people's best interests. Staff understood their responsibilities under the Act and were aware of the need to make applications to the appropriate body where they had sought to deprive a person of their liberties.

People were supported to maintain a balanced diet and had access to healthcare services when required. People made decisions about their health where they could and staff knew how to monitor their well-being.

People received support from staff who showed kindness and compassion. Their dignity and privacy was being protected including the safe storage of their care records. Staff knew people's communication preferences and the provider had made information easier to read. For example, pictures were used to aid people's understanding. People were being supported to be as independent as they wanted to be by staff who knew their preferences. People had been involved in decisions about their support and had information on advocacy services that could help them to speak up.

People or their representatives had contributed to the planning and review of their support. People, where they could, had chosen how often to review their support and were involved in checking that their support continued to meet their needs. People had support plans that were person-centred. This meant that the support people received was focused on them as individuals. Staff knew about the people they were supporting including their interests and hobbies. People were taking part in activities of their own choosing including accessing the gym and undertaking voluntary work.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place and followed this when a complaint had been received.

Relatives described the service as well-led. People, their relatives and staff had opportunities to give feedback to the provider. The manager had taken action where necessary following the feedback received. The manager had also arranged for quality checks of the service to take place to make sure that it was of a high standard. For example, checks on people's medicines and their care records had been undertaken.

Staff told us that they were supported and we saw that the provider had processes in place to make sure that this occurred. Staff understood their responsibilities including reporting the poor practice of their colleagues should they have needed to.

There was a shared vision of the service by the manager and staff members. This included protecting the privacy of people and offering them choices in the daily lives. We found that the manager incorporated this vision into their practice and were aware of their responsibilities.

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 being protected from abuse and avoidable harm by staff who knew about their responsibilities for supporting them to keep safe.

The provider had a robust recruitment process to check the suitability of prospective staff.

People received safe support with their medicines.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had received regular training and guidance.

People received support in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act and supported people to make decisions for themselves wherever possible

People received support to eat well and had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion from staff and their privacy and dignity was being respected.

People's preferences were known by staff and they were supported to be independent.

People were involved in planning their own support where they could. People had received information on advocacy services that were available.

Is the service responsive?

Good ●

The service was responsive.

People or their representatives had contributed to the review of their support needs. They received support based on their preferences.

People were undertaking hobbies and activities that they were interested in.

People and relatives knew how to make a complaint and any received were responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff were supported and knew their responsibilities. There were opportunities for people, relatives and staff to give suggestions about how the service could improve.

The manager knew their responsibilities and they had monitored the quality of the service.

Smith Crescent Supported Living Service

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 visit took place on 2 June 2016 and was announced. 48 hours' notice of the inspection was given because the manager has responsibility for other services. We needed to be sure that they would be in. The inspection team included an 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 visit, 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 also reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us.

We spoke with four people who used the service and four relatives. We also spoke with the manager, the deputy manager, a senior manager within the organisation and five support staff.

We looked at the care records of three people who used the service and three staff files. We also looked at other records in relation to the running of the service. These included the health and safety and quality checks that the manager had undertaken.

We asked the manager to submit documentation to us after our visit. This was in relation to the training staff had received. The manager submitted this to us in the timescale agreed.

Is the service safe?

Our findings

People felt safe with the support they were receiving. One person told us, "Yes I feel safe". Relatives had no concerns about their family members' safety. One said, "I had concerns before this manager took over. We are quite happy with the support [person's name] receives now".

People were receiving support from staff members who knew their responsibilities to protect people from abuse and avoidable harm. One staff member told us, "We would report any abuse if we found it. I would consider calling the police if something was serious. Staff might need to be suspended so I would act quickly". Another said, "I would contact one of the managers within the organisation quickly". Staff told us that they were confident that any suspicions of abuse would be investigated by the provider. We saw that the provider had made an abuse policy available for staff which guided them to the actions they should take if they had needed to. We also saw that staff had received training in safeguarding adults that had covered the different types of abuse. In these ways people were being protected from abuse by staff who knew what action to take.

Risks to people's health and well-being had been assessed and regularly reviewed. For example, for one person assessments had been completed on how to keep them safe when assisting them with personal care, within their home environment and with their mobility needs. We saw that where possible, people had been involved in these assessments and this had been documented in their care records. This meant that staff had up to date guidance, based on people's preferences, about how to keep them safe. We found that the provider had a positive approach to risks. One staff member said, "Initially people had lots of risk assessments on their files but we said to ourselves why? We were not seeing incidents or accidents happening so we now just focus on areas where we know there is a known risk". This meant that people's freedoms were being protected.

Some people displayed behaviour that could have caused harm to themselves and others. Staff knew what to do should this have occurred. One staff member told us, "We're lone workers but we're trained. We look at people's behaviours and look to see why they may be behaving in certain ways. We use reassurance and talk to people about why they became upset. We also record and look for ways to reduce the amount of times people get anxious". We saw that people had up to date support plans that described their behaviour and how staff should assist them. For example, we read, 'Reassure me and talk to me'. We saw that staff had received training in supporting people who could become challenging. In these ways staff understood and knew how to respond to people's behaviours.

People could be sure that they would be supported safely if an accident or incident occurred. This is because staff were trained in first aid. Staff also recorded any accidents and incidents and they were then analysed by the manager to look at ways to reduce them. The manager told us that there had been very few accidents and incidents in the last 12 months and records confirmed this.

People's home environment was being checked regularly to make sure that people remained safe. For example, we saw that checks had been made on people's electrical equipment. We also saw that there were

plans available for staff to follow in times of an emergency, such as a fire. These included the support people would need in such an emergency and also plans for how the service would continue to operate. This meant that the provider had considered people's safety should an incident have occurred.

People received support from staff based on the amount of hours their social care professional had commissioned. Relatives told us that they had no concerns about the availability of staff. We saw that people were receiving their support as planned and staff told us that sickness cover would be arranged if necessary. We saw a rota that reflected this. Relatives spoke positively about staff. One told us, "The staff are long standing. They don't have a high turnover of staff which I think is very good".

Staff had been checked for their suitability to work with people before they started their employment. We saw that the provider had a recruitment policy in place and that staff had been safely recruited. The process had included the provider obtaining references and undertaking a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Records confirmed that these checks had been carried out. This meant that people were being supported by staff who had been appropriately verified.

People received their medicines as prescribed by their GP. One person told us, "Staff do my medicines. I always get it on time". A staff member said, "We dispense the medicines and people take it. They are happy with this, we ask them". We saw that people's support plans had documented how people preferred to take their medicines. They also included specific instructions for staff, as authorised by their GP, on the safe use of as required medicines to support people's behaviours. People had one page medicine profiles that contained information about their medicines and what they were for. This was important because some people managed some of their own medicines and meant that they had information if they needed it. We saw that people's medicine records had been completed thoroughly and stock was being checked to make sure people had enough. Staff knew what to do should a medicines error occur as the provider had a policy that gave them guidance. A staff member confirmed their understanding of this and told us, "I would report it to a senior or manager immediately, fill in an incident report and contact the GP if necessary". We saw that medicines were being stored and administered safely by staff that had received training and had their competency regularly checked. In these ways people received their medicines in a safe way and staff knew their responsibilities.

Is the service effective?

Our findings

People received support from staff with the appropriate skills and knowledge. A relative told us, "The staff I know have definitely had the training. They are very good". One staff member told us, "We've had all of the mandatory training. We have a training plan in place so we know who needs updating". Another said, "We're doing some training at the moment. We have refreshers. I did risk assessment training last week and this week we have fire awareness". We saw that staff had received training in areas relevant to their roles. For example, staff had attended training in emergency first aid and epilepsy awareness. We also saw, and were told by staff, that training in positive behaviour support had been undertaken by some and there were plans for all others to complete this. Positive behaviour support aims to improve the quality of life for people who can show behaviour that challenges. This meant that staff had, or were due to receive, up to date guidance when supporting people

Staff members received effective and regular support to enable them to undertake their duties. One staff member told us, "I had supervision with my manager about two months ago. I can always go and talk to the manager if I need to. We have the meetings about every three months and they are useful for keeping a track of the training I need". We saw that the managers were available to staff during our visit and they offered solutions and practical advice to questions asked of them. We also saw that people had received a regular supervision with their manager. Supervision is a process where staff meet with their supervisor to receive feedback and guidance on their work. Staff had also received an induction when they had started their employment. This meant that staff had received guidance on how to provide effective support to people.

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. We checked whether the provider was working within the principles of the MCA and found that it was.

Staff understood the requirements of the MCA. One staff member told us, "You should assume that everyone has the capacity to make their own decisions. If not, you would consider what decisions they can make for themselves". Another said, "We're doing some mental capacity assessments at the moment. It's about trying to give the person information in a way that they understand". Staff told us that they had received training in the MCA and records confirmed this. We saw that people's support plans had detailed if they could make decisions for themselves. For example, we read, 'I make medical decisions with medical professionals' and, 'I am able to make my own decisions'. People had signed their support plans where they could to consent to their planned support. We saw an assessment of a person's capacity regarding managing their own finances and saw that a best interest decision had taken place as they lacked the capacity to make this decision for themselves. In these ways people's human rights were being protected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection if

the provider was seeking to deprive people of their liberty. We saw that the provider was following this guidance. For example, we saw in a person's care records that the Court of Protection had been involved in determining their capacity. A deputy had been appointed to make decisions on the person's behalf as they were deemed to lack capacity for particular decisions. Staff were able to describe how authorisations were needed before they could deprive someone of their liberties. One staff member told us, "If I had any concerns I would speak to the manager. They would then progress this with a social worker and look at referring to deprive them of their liberties".

People chose their own food and drink. One person told us, "We can choose what food we want from a menu. The food is good". Another said, "I am a vegetarian and I get special vegetarian food, all different kinds. I like mealtimes". Relatives were satisfied with the food offered to their family members. One told us, "The food is excellent. They all get to choose their menus for the week". We saw that people had planned their own menus and undertook their own food and drink shopping with the support of staff. People's support plans detailed people's likes and dislikes to support staff to provide effective support. We found that these corresponded with people's menu choices.

People were receiving support from staff to have a balanced diet. For example, we read in one person's care records, 'It's important for me to have a balanced diet. I need support to plan my food'. We saw in another person's care records that there were plans to join a local group to gain support to lose weight. This had been identified as important by the person. We also saw that people were not at risk of malnutrition but the provider had supported people to weigh themselves regularly to monitor for any changes. This meant that people's nutritional needs were being met.

People had access to healthcare professionals when this was required to maintain their health. One person told us, "If I need a doctor I can go. I get my check-ups regularly". Relatives confirmed this. One said, "They are very good at this, always on time and never miss check-ups". Staff described how they could refer people to specialists, such as dieticians, should this be necessary. We saw that people had recently visited their GP, opticians and nurses and the outcomes of these appointments had been recorded. During the staff handover, where information was passed from one shift to another, people's well-being was discussed such as changes to one person's medicines. We also saw that people had Health Action Plans that helped them to be involved in decisions about their health. This meant that people's healthcare needs were being met.

Is the service caring?

Our findings

People were being supported by staff members who showed kindness and compassion. All of the people we spoke with felt that staff were kind. One person told us, "They listen to me, staff are nice". Relatives confirmed this. One said, "They are very caring and they always are very good to me when I go to visit too". Staff described their approach to supporting people. One told us, "We are just there to prompt really. We don't force our ideas on them. We help them in any way we can". We saw staff spending time with people and supporting them when they were unsure. Staff were calm and offered their support in a gentle way. We saw that people appreciated this approach as they were smiling and engaged with staff.

People could be sure that their communication needs were being met by staff. This was because people had communication passports. These documented how people preferred to communicate and guided staff on how to spend time with them. For example, we saw in one person's care records that they needed information broken down so that they could understand it. When we spoke to the person they confirmed this and staff were aware of this requirement.

The provider had made information meaningful to people. This was important as people's communication needs were different and written information would not have been understood by everyone using the service. We saw that people had lists of jobs that needed to have been completed in their homes such as cleaning and shopping. These were provided with pictures to aid people's understanding. We heard staff talk to people using their preferred methods of communication and, where needed, repeated and used words that they understood. This meant that people received information in ways that were important to them.

People were being treated with dignity and respect. One person told us, "The staff treat me with respect and I can have my privacy if I want". During the handover from one shift to another, staff members spoke about people in a dignified way and spoke about things that mattered to people. For example, we heard one staff member describing how people had slept and how one person, "Had Abba on in the taxi as the driver knew they like them". We saw that staff knocked on people's doors and waited to be let in. This meant that staff showed a caring approach to the people they were supporting.

Staff knew about the people they were supporting. One person told us, "I think the staff know me and what I like and don't like". One staff member said, "You just speak with people, they will tell you how they like things. We have their support plans as well to read". Another said, "[Person's name] decides what he wants to do for himself. It can change. He loves trains and is planning a hot air balloon ride next". We saw that people's support plans detailed their preferences. For example, we saw that for one person they enjoyed making their own meals and we saw them doing this with support from staff. We also saw that one person preferred to wake up later in the morning. We saw that staff were respectful of this and had adjusted their support to accommodate the person's wishes.

People had been involved in planning their own care where they were able to. A relative told us, "[Person's name] is very involved and supported to do things he wants to". Staff described how they had involved

people in their support. One said, "When I write people's care records I tell them what I'm writing and make sure they are happy with that". Another told us, "We did the support plans together. We've come up with ideas for how they can develop. For example, a budget plan for one person". This meant that people had been involved in making decisions about their lives.

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves. We saw that advocacy information had been made available within people's homes and was written in an easy to read way. We saw in one person's support plan that they had been offered the support of an advocate when making important decisions. This meant that people had information available to them if they needed support from outside the service when making decisions.

People were being supported to be independent. One person told us, "I do lots of things for myself". A relative commented, "I never thought [person's name] would be so independent. That is only down to the support and encouragement he receives". Staff told us about how they encouraged people to be as independent as they wanted to be. One said, "People go out on their own, that's important. They have the skills to do it and we explain to them how to keep safe such as making sure their mobile phone is on". We saw that people's support plans had documented their levels of independence. For example, we saw that for one person it was important that staff guided them on what time it was so that they knew what tasks they needed to be undertaking. In these ways people received support from staff to retain their skills.

People could be sure that information about them was being treated confidentially. This was because there were lockable cupboards for their care records. We saw that staff discussed people's needs in a careful and sensitive way making sure that their conversations were not overheard by others. We saw that the provider had made available to staff confidentiality and data protection policies. This meant that people's privacy was being protected by a provider who had suitable procedures and by staff who knew about these.

Is the service responsive?

Our findings

People had contributed to the planning of their support where they could. One person told us, "I choose what I want to do". Where people had support from a representative to plan their support, they had given information about their family members' support requirements. One relative told us, "We are involved and even more so since the new manager has taken over". We saw that people were being supported to achieve things that were important to them. For example, one person wanted to decorate their bedroom. We saw that a plan had been made with support from staff. This had detailed how they were going to achieve this and what had happened so far to meet this goal. This meant that the provider was responsive to people's individual needs.

People's support requirements had been regularly reviewed. One relative told us, "Every year we have a review meeting and make sure his care is suitable and that he is happy with the support he receives". Staff told us that they constantly reviewed people's needs. One staff member told us how they achieved this. They said, "I observe people, I look for changes and then I make sure other staff know. I do this by writing in the person's care records and also in the diary that we have". We saw that people's support plans had been regularly reviewed or at intervals as requested by people. For example, one person had chosen that their support plan was reviewed every six months and we saw that this had occurred. We also saw that a person-centred review had taken place with a person where areas such as what was important to them and important for the future had been discussed. This meant that staff had up to date information and guidance on how to provide support to people in ways that were important to them.

People's support plans were person-centred and detailed things that were important to them. One staff member told us, "They've all got individual plans about them and how they want their care carried out". We saw examples of this. For example, in one person's support plan we read, 'Every other day I would like staff to stand outside the bathroom and give me clear verbal prompts with washing'. We also saw information in people's support plans that guided staff about people's preferences and choices, such as the time they chose to go to bed. Staff were working in a person-centred way. We heard staff say, "The choice is his and he didn't want to come", when describing that a person had declined to take part in an activity. This meant that people received support based on their preferences and in a person-centred way.

People were taking part in hobbies and interests that were important to them and their care records confirmed this. One person told us, "I work at the farm two days a week". Another said, "I like going out and about. I go to aqua aerobics, walking and going to the gym". We saw that some people had a voluntary job that was important to them. One person told us, "I'm learning how to work". Staff members described how activities were planned with people based on their interests and could describe those that people enjoyed. We saw that activities that people were due to take part in were displayed in people's homes. We spoke to people about these who spoke enthusiastically about them. This meant that people were undertaking opportunities that made them happy.

People had been given information on how to make a complaint and were confident to speak up. One person told us, "If I've got any problems they [staff] will help me sort them out". Relatives knew how to make

a complaint or to raise a concern. One said, "I know how to complain. I would feel quite happy contacting the manager if I had any issues". Another told us, "I have no issues and if I ever have any queries or questions they are always dealt with to my satisfaction". The provider had a complaints procedure in place which detailed how they would respond to complaints. This also described how the provider would learn from any that had been received. The manager told us that only one complaint had been received in the last 12 months. We saw that this complaint had been dealt with in line with the provider's policy and they had taken prompt action. This had included talking to the person making the complaint and agreeing the steps that would be taken. This meant that the provider had ensured that their complaints procedure was known by people and their relatives and took action when a complaint was received.

Is the service well-led?

Our findings

Relatives felt that the service was well-led. One told us, "It has become much better since the new manager has taken over. He is very approachable". Another said, "The manager is really good. They are doing everything they can. They go over and above what is expected of them to make sure people are happy".

Staff described the manager positively, felt supported and able to give suggestions for improvements. One staff member told us, "He is approachable. I can make suggestions if I need to". Another said, "I feel more confident recently since we made changes. The manager leads and delegates". One staff member told us that the manager had made changes to the way staff gave information to each other. They were asked for regular feedback on how this was working to ensure that improvements continued to be made. We saw that the manager was available to staff and answered their questions and queries. This showed effective leadership.

The provider had a statement of purpose that had been made available to people and staff. This set out the objectives that the provider aimed to achieve. These included meeting people's individual needs, respecting people's dignity and privacy and offering choices. Staff knew about the statement of purpose. One staff member told us, "It's about meeting people's individual needs". We saw that the objectives were being incorporated into the approach of staff. For example, we saw staff offering choices to people about their support and how they wanted to spend their time. This meant that staff knew about the goals of the service and offered support in line with these.

Staff had regular meetings with their supervisor to receive feedback on their work, to understand what was expected of them and for the provider to review their values and behaviours. Staff described these meetings as being useful. One staff member told us, "I have regular meetings with my manager. We talk about ways I can support people to make sure they are getting what they want". Staff members told us about other meetings they had attended. One said, "We have staff meetings so that staff have feedback on what works well and what doesn't". We saw that these meetings had occurred regularly and had included discussions on how to improve outcomes for people who used the service and ideas from staff on how to do this. This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

The provider had a whistleblowing policy that had been made available to staff about how they should raise any concerns about a colleagues' practice should they have needed to. Staff could describe this. One staff member told us, "If I have any concerns at all I would follow the procedures. I know I can contact the regulator if I need to". Another said, "Staff can come to me or another manager. They can also go to the Council". This meant that the provider was open to dealing with poor practice if it had occurred.

The provider had sought feedback from people and their relatives about the quality of the service. One relative told us, "We get sent questionnaires regularly". Other relatives confirmed this. We saw that people had been given a questionnaire in the last 12 months to ask about, for example, their experiences of the support offered. These had been made accessible to people with learning disabilities by being written with

the use of pictures to aid their understanding. Once returned, staff had discussed the responses with people. There were documented agreed actions stating what the provider would do where changes were needed. In this way the provider had enabled feedback to be received and acted on it appropriately.

There was a manager in place on the day of our visit. They were in the process of applying to become the registered manager. The manager and senior manager were proud of what the service did well and were making plans to improve the service further. For example, we were told that people's care records were being revised so that staff had guidance about people's support needs in a consistent way. This was also mentioned by staff members as an area for improvement. In this way the provider showed leadership qualities by seeking to improve the service.

The manager understood their responsibilities. We saw that they had contacted the relevant authorities when a significant incident had occurred. For example, they had requested information on medicines management and then taken the appropriate action to deal with this effectively. We also saw that the manager was receiving support from a senior manager within the organisation. We were told that this was to make sure that the manager had the resources available to support them to drive up standards within the service. We saw that the manager and the senior manager had taken responsibility for different areas of the service to make sure that the improvements they had identified were carried out. This meant that effective leadership was being demonstrated.

The manager had made arrangements to make sure that the service was delivering high quality care. A staff member told us, "We do weekly finance and medicines audits". We saw that other audits were regularly taking place such as the monitoring of people's care records and in the area of health and safety. Any action needed had been documented and once carried out, had been signed off by the staff member carrying out the check. The deputy manager told us that they regularly undertook shifts alongside other staff members to check that staff worked in a supportive way with people. This meant that the delivery of the support people received was being regularly reviewed.