The Wilf Ward Family Trust

The Wilf Ward Family Trust Domiciliary Care Ryedale and Whitby

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

The inspection of The Wilf Ward Family Trust Domiciliary Care Ryedale and Whitby took place on 2 December 2015. We gave the provider notice of the inspection in order to ensure people we needed to speak with were available.

This is the first inspection of the service following the change to the domiciliary care registration so that there is one location for each geographical area which The Wilf Ward Family Trust (the Trust) covers.

The Wilf Ward Family Trust Domiciliary Care Ryedale and Whitby provides personal care and support to 26 people who are living in supported living services in the Ryedale area.

There is 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.

We found staff were recruited safely and in sufficient numbers to support the needs of people who used the service. Staff received training, supervision and support to enable them to have the skills and confidence to communicate with people and to promote their safety and wellbeing.

There was a policy and procedure to guide staff in how to safeguard people from the risk of harm and abuse. Staff had received safeguarding training and had followed local safeguarding protocols in practice.

Risk assessments were used to identify and minimise potential risks, whilst enabling people to be as independent as possible. People received their medicines as prescribed

We found people were supported to maintain their health and access a range of community health care professionals.

Staff supported people to plan their menus, shop for ingredients and prepare meals. We saw people had plenty to eat and drink and were able to make choices about their nutritional intake.

People could make choices and decisions about their lives. The registered provider had ensured staff received training in the Mental Capacity Act 2005 so that they were equipped to work within the law when people were assessed as lacking capacity.

Staff were knowledgeable about the people who used the service and were providing person-centred care. We saw that staff encouraged people to be independent both within the service or when they accessed community activities. People told us they liked the staff and we observed that people were at ease with each other and with staff. We saw that staff offered reassurance and were respectful to people and protected their

privacy and confidentiality.

The culture and values of the organisation was to support people to live personalised lifestyles through a culture of participation, involvement and encouragement. We observed this occurred in practice during staff interactions with people who used the service.

Appropriate management systems and processes were in place to monitor the service and drive forward improvements.

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.

Appropriate systems were in place to assess and manage potential risks to people. The registered manager and the staff were clear about the local safeguarding protocols and had followed these in the case of safeguarding concerns.

Recruitment checks were completed on all staff prior to their employment and newly appointed staff completed a thorough induction and probationary period before being confirmed in post.

Although people highlighted issues about staff recruitment and retention this issue had been identified and was being addressed through changes to the management structure in the service and increased team building and staff mentoring.

Systems were in place to make sure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received updated training in a timely way and had regular supervision sessions and meetings to enable them to carry out their roles effectively.

People were supported to make decisions and to give their consent and managers and staff were aware of the importance of legislation to support this process.

Staff liaised with healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

People were supported to eat healthy food of their choosing.

Is the service caring?

Good

The service was caring.

People told us that staff were kind and respectful. People had formed positive, caring relationships with each other and with staff.

We found evidence of good collaborative work with local hospices in relation to the future care of people approaching end of life or people with life limiting conditions.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about the people who used the service. Care plans were detailed and clearly set out people's wishes and preferences. People's care plans were reviewed and updated in timely way.

People could follow their own pursuits and interests and were involved in a range of activities such as music, art and gardening. Some people worked at a local café where they could learn about customer service and catering.

Is the service well-led?

Good

The service was well led.

The Trust had increased the management oversight within individual supported living services to make sure that everyone was provided with a consistently good domiciliary service and enable staff to concentrate on quality development.

Staff were clear about their roles and responsibilities and had access to
senior staff to guide them.

Staff told us that they felt well supported by the management team who they said were accessible and approachable. Staff told us that managers were supportive and they said that staff generally worked well together as a team.

The Wilf Ward Family Trust Domiciliary Care Ryedale and Whitby

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 2 December 2015.The provider was given notice because people using the service live in supported living and we wanted to people would be available to meet with us.

The inspection was carried out 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 we visited we asked the provider to send us some key information about the service, what the service does well and improvements they plan to make. We asked for and received a list of names of people who used the service and contact details for their relatives so that we could gain their views about the service.

We reviewed the information we held about the service, which included notifications submitted by the provider and spoke with the local authority contracts and commissioning team and with Healthwatch. This organisation represents the views of local people in how their health and social care services are provided.

The inspector visited the agency office on 2 December 2015 and spoke with the regional registered manager (the registered manager) and the deputy regional registered manager. The inspector visited two community houses and spoke with seven people who used the service and with seven staff. Following the site visit to the office the inspector also spoke with the clinical manager practitioner lead. The expert by experience

interviewed eight relatives by telephone.

We checked care records and associated medicine records for three people who used the service and staff recruitment and training files for three staff. We reviewed management records including documents titled 'Personalised Practice Approach', 'The Wilf Ward Family Trust Way', 'Observational Analysis: Evidencing The Wilf Ward Family Trust Way' and 'Safeguarding preventer Model', staff training planner, staff supervision files, staff meeting minutes, quality assurance visits, annual surveys and the organisation's statement of Mission Vision and Values.

Good

Is the service safe?

Our findings

People told us that they felt safe from abuse or harm from their care and support workers. Comments we received included, "I feel safe," "Yes, I trust staff," and "They [the staff] look after me well." One person told us their relative had recently collapsed after returning to their home from a day out. They said, "Staff stayed with [name] and took them to the doctors. They are keeping an eye on [name] and take good care of them." Another person told us that the home that their relative lived in was very well maintained and clean. They said, "There are never any odours in there. The place is spotless." They also said that staff encouraged people at the service to participate in the housework. They said "[Name] is involved with dusting and drying the pots, and even does their ironing with supervision." Another person told us that when they visited their relative they would see staff helping her relative prepare the meals. They said that staff were very careful to ensure that their relative did not have foods such as peas, as they were at risk of choking.

One person told us that they were concerned about staff retention. They said, "The staff are relatively new, and there is no continuity of care. Staff turnover is tremendous, Staff leave and [people] miss them." They also mentioned that, "Staff mentor each other, if someone is not so good, it could be passed on [to managers]. But on the whole, I am quite satisfied." Another person also felt that staff turnover was a problem. They said, "I have made complaints in the past, they are just hiring people, some don't have enough experience, turnover is extremely high, which is not good for adults with autism."

When asked the registered manager told us about the action they had taken so far in response to concerns about staffing issues. They said that the provider had identified staff recruitment and retention as a key priority in their annual business plan. Changes had been made to the management structure to increase the management presence in individual services and team building sessions had been held. The registered manager also said future plans included a mentor scheme to support managers and staff to make sure teams operated more effectively, and a new manager training and development programme. Staff told us that rotas were flexible to meet the needs of service users and ensure that there was adequate staff on duty at all times. Staffing was agreed according to the number of assessed hours that each individual required and these were kept under review.

Appropriate recruitment checks were undertaken before staff started work and prospective staff were interviewed. The service checked two references and all staff had a Disclosure and Barring Service (DBS) check before they started work. This helped to ensure that suitable staff were employed. Newly appointed staff completed both an in house and classroom induction and completed an on line self-assessment as part of the Care Certificate. The registered manager told us that their recruitment system was also changing to ensure that all of the people they supported were actively involved if they wished to be. One person who used the service told us that they were involved in the interview and induction process, which they enjoyed very much.

The registered manager was aware of the local authority's safeguarding adults procedures, which aimed to make sure incidents were reported and investigated appropriately. Policies and procedures were available regarding keeping people safe from abuse and reporting incidents appropriately. Records showed that staff

completed safeguarding training and refreshers through the year. Staff confirmed that they received safeguarding training and practice issues were also discussed at team meetings and during their supervision sessions.

The registered manager told us that they worked closely with the local authority safeguarding team to ensure that the safeguarding process was followed. One example was regarding a person who was injured during a moving and handling procedure, which demonstrated they had used the local safeguarding protocols appropriately when they had identified a safeguarding concern. Records showed that a number of actions were taken following this incident including updated moving and handling training for staff. Safeguarding incidents were also logged centrally, were reviewed for common trends and points of learning discussed at the monthly management meetings. There was also a whistleblowing policy, which told staff how they could raise concerns about any unsafe practice.

The service used the Health and Safety Executive (HSE) publication 'five steps to risk assessment and a risk management toolkit'. They were reviewing their policies and procedures together with an independent consultant to ensure they remained up to date and complied with legislation. Environmental safety risk assessments were in place as part of the initial assessment process and assessments were reviewed and updated in a timely way. People's care records included risk assessments on equipment, medicines, mobility, the environment and emergency arrangements. This helped to identify any potential risks that might pose a hazard to the person who used the service or to staff and actions were discussed in staff meetings and at the monthly area leadership meetings.

Monthly health and safety checks were carried out in services and three members of the area team had completed Institute of Occupational Safety and Health (IOSH) training to carry out annual audit and monitoring checks and attended the Trust Health and Safety committee. All equipment was checked and monitored by registered tradesmen and certificates were kept. The provider also told us that they planned to widen health and safety awareness by having a health and safety "circle" to include staff representatives to ensure that good health and safety practice was embedded throughout the service. A new audit system had been piloted and was due to be implemented throughout the organisation.

The service had a policy and procedure for the safe handling and administration of people's medicines. People's risk assessments and care plans included information about the support they required with their medicines. Staff demonstrated a clear understanding of their role in regard to this aspect of people's care. All medicines were safely stored and there were appropriate processes in place for administration and stock checks. Staff told us that they had training before they administered medicines and were observed for competency. This helped to ensure that staff were provided with up to date and relevant information about the management of medicines. The service cared for people with complex needs and staff confirmed that they were provided with any specialist training they may need to carry out their role, such as epilepsy or complex needs. In one service we saw that individual medicine cabinets had been purchased to enable people to keep their medicines safely in their own rooms. Each cabinet had an engraved picture on the cupboard door that reflected the person's individual interests and hobbies. One person showed us the picture they had chosen that reflected their interest in steam trains. Other people had chosen pictures of wildlife, the seaside and the solar system.

Good

Is the service effective?

Our findings

People told us that they were able to make choices about all aspects of their lives and were supported to maintain their health, including nutritional needs. Comments included, "I decide what I want to do and eat. I make my own choices," and, "They are very good at getting people interested in things." One person told us that the staff had ensured that their relative was able to have weekly hydrotherapy sessions as their mobility had begun to decline. They said although they had not eaten with their relative, "The food always smells good." Another person however commented that they thought people at the service where their relative lived ate out quite frequently and had takeaways. They said, "They go out quite a bit, as some of the younger members of staff don't know how to cook. It varies, at one time they used to do their own food shopping, but I don't know if that still happens."

We observed the mealtime preparations for lunch and teatime in the two houses we visited. We saw that in each case the food was prepared using fresh produce purchased that day. People who used the service were involved in both the shopping and the meal preparations. At lunchtime we observed that the three people in one house were asked individually what they would like to eat and the food was prepared in accordance with their wishes. In the second house we visited staff explained that one person took responsibility for the meal preparation for tea each weekday and staff supported that person to prepare the meal for people who used the service and staff. The person making the tea told us they liked cooking, they were clearly a competent cook and needed only minimal prompting from the member of staff who was assisting them. People coming back into their home from their day services paused at the kitchen table to chat about their day and enjoy the lovely aroma of the food cooking. Staff told us they encouraged people to eat healthily but they were able to make their own choices.

We saw that people were provided with suitable technology to develop their communication skills. The registered manager told us that they had been part of two pilot projects aimed at increasing communication for the people who used the service. One project was looking at ways to develop more person centred ways of recording daily activities. The second project involved the use of tablets and Makaton so that people were able to communicate using pictures and signs. One person showed us their 'tablet' and staff told us how the person used the system to communicate. The registered manager also showed us a pictorial document on the computer that will allow a person to describe their significant people in their lives and their hobbies and interests to new staff before they read the support plans. This showed us that the service was looking at ways to make continual improvements for the people who used the service.

We observed that people were involved in their own daily activity recording. One person told us that staff helped their relative with their reading and said they felt that they were very effective at communicating with their relative. They said, "They give [name] choices, and they word things so that they can't just give a yes or no answer." One person said that they had also asked for sensory equipment to be installed at the home, and this had been done, but was placed in a hallway area which was very busy, and they felt that this did not seem an appropriate place.

We saw people were supported to access a range of health care professionals in the community including

GPs, dentists, opticians and podiatrists. Staff supported people to attend appointments with their consultants when their health needs were reviewed. One person told us that they were invited to social events within the service and that staff would ask if they would like to accompany their relative to medical appointments. People's comments included, "They are very well primed, if anything arises, they come straight to us, they have been working hard on [name] behalf and have taken the lead in seeking help for their difficulties with swallowing." One person told us that it had taken a long time to get the staff to seek assistance from an occupational therapist for their relative. However, another person told us that their relative had recently had adaptations to their wheelchair in order to provide more support. They said, "They soon get a physiotherapist or occupational therapist in if they think there's a problem."

Staff supported people to maintain their health and welfare by identifying needs such as epilepsy management, recording actions to be taken in emergencies and following the plans of care. The service was using telecare such a door alarms and epilepsy sensors which allowed people more freedom and less intervention from staff.

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 service was working within the principles of the MCA. Staff told us that they supported people to make day to day decisions about their care and treatment and were aware of MCA and its implications when supporting people to the GP, dentist and hospital appointments. Staff were clear that people made their own choices and they described how they gained consent when providing support to people. One member of staff said, "We gain consent by asking people. It is important to learn how each person communicates and we try to offer simple choices so people can decide for themselves." Another staff member said "We know people very well and would know if they were unhappy about anything. We always check though."

Staff had received training in MCA and the registered manager told us they sought advice to ensure they worked within MCA legislation. Training records showed staff had completed training in a range of subjects such as the MCA, nutrition, food hygiene, safeguarding, risk assessments, infection control and fire safety awareness. Staff confirmed they had completed other service specific training such as Downs Syndrome, mental health, autism and epilepsy. The registered manager described the induction process. Staff files contained review forms that were completed periodically throughout the probationary period and a supervision system was in place to review staff performance and plan development. Staff meetings were held to provide staff with a forum in which they could discuss complex issues and share best practice and new legislation.

Good

Is the service caring?

Our findings

People told us that the staff were very caring and responded well to their relative's needs. One person said, "[Name] goes to Mencap twice a week and is also continuing with an art class that [they] started before going to the service. Whatever [Name] wants to do they will follow up." They also mentioned that the service had ensured that their relative was supported by staff members of the same gender who shared similar interests.

Another person said, "Staff are top notch. Everyone is nice and caring. [My relative] is very happy there and always keen to go back after visits to us." And another person confirmed this, saying, "I'm more than happy with the care, I can't speak highly enough of them, they always make you feel welcome when you go, and there's always a warm, friendly atmosphere."

Other comments we received included, "[Name] is quite happy there. Staff seem to know what they are doing and they listen to what they want," and, "[Name] has a good social life, and goes on holiday every year." People told us their relatives were provided with plenty of activities and helped out at the service's café. One person said "[Name] goes to a local day service, and has joined a knitting club; they come home once a month and is always keen to go back. [Name] is happy, so we are happy."

Staff told us that people were supported to maintain relationships with family and friends. A staff member showed us the newsletter that they produced to keep family and friends updated on the Trust news together with people who used the service and staff. Our observations were that people had formed strong, positive relationships with the other people with whom they shared a home and with staff. People were comfortable and were clearly at ease with each other and with the staff. One person told us, "I've got 'glammed up' today." We noted that staff were attentive offering reassurance and involving people in conversation throughout our visit.

The registered manager told us that the Trust was planning a dignity action event to share good practice in the area. Staff were encouraged to become dignity champions to promote the dignity of people who used the service and we observed that staff were respectful of people's home and their confidentiality. For example, staff only offered to show us round people's rooms with their agreement.

People's care plans described people's care preferences and aspirations and these were updated in a timely way. We saw that people and their families had been involved in the creation of their care plans if they wish to be. The staff we spoke with were knowledgeable about people's care needs, preferences and personal histories. One staff member told us, "I love looking after people. I love people being independent." Another staff member said the people they supported were , "Amazing."

The registered manager told us that some people had advocates and Independent Mental Capacity assessors (IMCA) to support them in the decision making process, or if family members were not involved in their care planning process. We saw that the induction process included information about staff expectations, values and behaviours. The learning and development manager met with managers on a

regular basis to ensure that training and development was up to date and met the needs of the service.

Staff told us that house meetings were held each week and if people did not wish to attend then their wishes were sought before the meeting and recorded. The registered manager told us that they were also are in the process of changing the service user group of the Trust to involve representatives who will play a more active role in developments within the organisation.

The service had introduced future planning for people approaching the end of life or with life limiting conditions. Plans include proposals to develop this aspect of the service to provide clinical support to other services in the region to ensure people continue to be provided with the best care possible throughout their life. The clinical manager practitioner lead told us that they were working closely with local hospices to investigate joint working and learning. During our visit we observed one person was supported to plan a visit to lay a wreath in remembrance, which gave the person the opportunity to celebrate and remember a loved one.

Good

Is the service responsive?

Our findings

People told us that the service had worked in partnership with them in order to try and resolve any issues. One person said, "Nothing could be done better." Another person said that the service seemed very personal to the people that lived there. They said, "You are not visiting someone in a home. It is their home." They described the efforts staff had gone to make sure that their relative was able to visit them after a recent operation that had restricted their mobility. They told us they
always felt involved, "They invite me to social events; we get together and speak about Christmas, birthday presents, and what [Name's] needs are."

Another person explained they had difficulty accessing transport and said that staff would collect them and take them shopping with their relative. They said that this was very helpful as they could tell the staff member about their relative whilst they were driving if the staff member was new to the service. One person who raised issues with us about their relative's welfare was concerned that the person were not being kept active enough. When asked the registered manager agreed that they would look more closely at the service's communication with family to ensure they were kept informed about the person's activities with regular contact as well as phone calls and e-mails. Some of the supported living services had developed newsletters to enable families to see what their family members have done in the last month, and what their future plans were.

People's care plans were detailed and gave a good overview of people's individual support needs and how they required assistance. The registered manager told us that people's individual needs were assessed before they agreed to offer a service and was kept under review to ensure the service could meet the person's care needs effectively. The clinical manager practitioner lead was working on a screening system to further help identify if the service could support a person effectively before they moved. The assessments were used to design plans of care for people's individual daily needs. People's care records were personalised to reflect their individual preferences, support needs and what they could manage for themselves. The care planning system was found to be a simple system and easy to follow.

Care plans were reviewed monthly and on a more regular basis, in line with any changing needs. Staff told us that they were responsible for updating designated people's care plans. We saw entries in people's care plans which confirmed that their care and support was reviewed in a timely way. We saw that managers checked care plans as part of the quality monitoring process. This ensured that care plans were being continuously monitored and updated and also took account of any training needs that people's changing care needs might present.

Daily records were concise and information was recorded regarding basic care, hygiene, continence, mobility, nutrition and medication. Staff told us that people's needs were discussed and the activities they had been engaged in were shared, which meant that staff were kept up-to-date with the changing needs of people who lived there.

We found people's care plans were up-to-date to inform staff about people's care and support needs.

Records identified people's needs and care plans for mobility and transfers as needed. Staff told us that they were responsible for updating designated people's risk assessments and care plans and we saw that these had last been reviewed in a timely manner. All support staff sign to say that they will follow the support plan to ensure that there is consistent support.

People followed a wide range of activities and pursuits according to their abilities and preferences. Examples included customer service and catering training at Mr Wilf's café in Pickering, music sessions, art, day services, and voluntary placements on the North Yorkshire Moors railway. The registered manager told us support teams worked closely with the supported employment service to try to source further placements or employment for people.

People who used the service completed a customer satisfaction survey to gather feedback on the service. This was collated and the results were shared. People were encouraged to take a full part in the community to the extent of their wishes. For example, people had attended an awareness and information session called "Our vote, our voice". This was to assist people to understand the voting procedure and parliament when the general election was approaching.

The registered manager informed us that they had received 31 compliments in the past year and no complaints. There was a complaint procedure in place and the registered manager explained that complaints and concerns were dealt with effectively and in a timely manner. The area leadership meeting discussed safeguarding, medicines, cultural issues and complaints so that learning could be shared across the organisation. The complaints policy was being reviewed with the service user groups. The Trust was also working on a new customer satisfaction survey to be easily accessible to everyone to include a feedback form on the Trust website. The registered manager said that access on 'tablets' in the services would mean that people who used the service and their families could leave instant feedback whenever they wished.

Good

Is the service well-led?

Our findings

We received some conflicting information and feedback from people who spoke with us. Not all people were entirely clear about the management arrangements in place where their relative lived. One person commented that the previous manager had left in the summer, and they were unaware of the situation at the current time, as they had received no communication from the service. However, another person told us that they had often received questionnaires and information informing them of what people were doing.

One person raised an issue with us about the recent staff changes, which they felt had impacted on their relative. They said, "To be honest, some of the management haven't got training in autism and they don't understand." Another person told us that their relative had been at the service for a long time and they had noticed changes over the years. They said "The Trust has got a bit big and a bit remote. The smaller houses don't get as much attention as they should." However, they went on to say, "The service wasn't as good five or six years ago, but the present management are good and treat it as [Name's] home. There's a good atmosphere when you go, and I've seen it make a difference to the other people living there too." The provider recently held family events, so that all family members could visit and talk about their family member's care and be updated on events within the Trust. Future plans included a new service user group to represent the views of people who used the service and have a greater say in what happened in the area. The registered manager said that they were working on an improved customer feedback form to make this accessible for everyone through the use of technology in the services.

Other people told us that they had never had any complaints about the care that their relative received and said they felt the service was well led. Comments included, "The manager is very approachable, if I had any problems they would deal with them." One person told us that they had known several members of staff for a long period of time and had watched one staff member progress through the service to become deputy manager. They said that this member of staff had been particularly helpful and said, "I never have any worries. If I did, I could speak to them." Another person said they had never had any reason to complain about the service and commented, "They do listen, but I have no complaints, everything seems fine. If [Name] isn't happy they will tell me." They also mentioned that the service would send regular feedback questionnaires.

There was a registered manager in post. All of the staff we spoke with told us they felt communication between managers and other staff was good and they said that staff generally worked together well as a team. The registered manager talked to us about the importance of valuing staff and appreciated how hard they worked and said they tried to recognise this. A scheme manager said, "There is an excellent staff team here." The office location allowed staff to 'pop in' frequently and staff told us that they had staff meetings to share ideas and discuss best practice. The registered manager told us about area awards ceremonies where exceptional staff in the area were recognised and rewarded and The Trust holds Investors in People Bronze status.

We found that the provider had identified the service's changing needs and as a result had completed a

management restructure to provide greater management oversight in the individual supported living services in the Malton area. Each of the supported living services had one or two assistant managers to support the manager and provide leadership at all times. Experienced managers were mentoring people who were new in a management post to ensure that they received the right support and could learn from good practice. The learning and development facilitator was also working with managers to ensure that the training that was provided was relevant and to a consistent standard. The Trust was developing a model to promote positive staff interaction and team working. This set out the culture and ethos that they were asking staff teams to present. Staff in each of the supported living services had a monthly team meeting for discussion about how the service was developing and what improvements needed to be made. This showed us that the Trust was keeping the service under review and made changes when needed.

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required.

The registered manager and deputy manager visited the supported living services and observed the quality of the care practice. The registered manager told us this meant that they could identify any issues which could then be discussed either with the member of staff or with the manager of the service. They also worked shifts on occasion which helped them monitor the quality of care and keep up to date with people's care needs. Managers carried out quarterly audits of health and safety, staffing, and support. These audits were forwarded to the area management team and sampled to ensure they were accurate.

The registered manager attended leadership meetings together with senior management. They encouraged managers to research new developments and interesting articles to be shared at the area leadership teams held every four weeks. Staff can also contribute to the wider operation of the organization through the Staff Consultative Group. This showed us that staff were given the opportunity to contribute to the running of the service and work together more effectively.