

Sequence Care Limited

# St James House

## Inspection report

53-55 Spital Street  
Dartford  
Kent  
DA1 2EB

Tel: 01322600510  
Website: [www.sequencecaregroup.co.uk](http://www.sequencecaregroup.co.uk)

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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 was carried out on 11 October 2016, and was an unannounced inspection.

St James House is a care home without nursing caring for up to six people with learning disabilities and other complex needs. Care and support is provided to adults with learning disabilities, autism, schizoaffective disorder and challenging behaviours. At the time we visited there were four people living at the home and two people in hospital.

St James house describe itself as a rehabilitation home. Rehabilitation of people with disabilities is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. Rehabilitation provides disabled people with the tools they need to attain independence and self-determination.

There was a new manager at the home. The new manager joined the organisation in August 2016 and they had submitted their application as the registered manager with CQC. 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 and associated Regulations about how the service is run.

At our previous inspection on 20 October 2015, we found breaches of Regulation 9, Regulation 12, Regulation 13, Regulation 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to submit an action plan by 15 December 2015. The provider submitted an action plan on 05 February 2016 which showed how they planned to improve the service by 28 February 2016. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

During this inspection, we found that care plans identified clear guidelines for supporting people with behaviour that other people may find challenging. The guidelines included clear descriptions of the behaviour, descriptions of possible and probable causes and strategies for supporting each person to become less anxious and calmer. We found that these guidelines were consistent.

People were involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

Our observation on the day showed that people had a variety of activities. Activities were diverse enough to meet people's needs and the home was responsive to people's activity needs.

People had access to nutritious food that met their needs. We observed that people freely made their cold and hot drinks when they wanted them. The provider had fitted a new accessible kitchen that promoted people's independence in the home.

The provider and registered manager had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the provider's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Staff attended regular training courses. Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service to people.

They had robust recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals. All staff received induction training at start of their employment.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

People knew how to make a complaint and these were managed in accordance with the provider's policy.

Staff were clear about their roles and responsibilities. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held frequently. Staff told us they felt free to raise any concerns and make suggestions at any time to the registered manager and knew they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken. The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

## 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.

Staff were informed about safeguarding adult procedures, and took appropriate action to keep people safe.

The manager carried out individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

### Is the service effective?

Good ●

The service was effective.

Staff received on-going training in areas identified by the provider as key areas. One to one supervisions took place as planned and yearly appraisal meetings took place.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People's human and legal rights were respected by staff. Staff had the knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring.

People felt that staff provided them with good quality care. Staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged

them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported in line with their needs. People's needs were assessed and care plans were produced identifying how support needed to be provided.

People and their relatives were involved in decisions regarding their care and support needs.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was an open and positive culture which focused on people. The manager sought people and staff's feedback and welcomed their suggestions for improvement.

The manager maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the service was functioning; and to act on the results to bring about improved services.

Records were clear and robust.

# St James House

## 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 11 October 2016 and was unannounced.

Our inspection team consisted of one inspector and was supported by one experts-by-experience who spoke with people who used the service, relatives and staff. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experts by experience had knowledge and understanding of community health services and residential care homes.

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. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection, we spoke with five people, two support workers, two senior support workers, one team leader, the assistant psychologist, the deputy manager, the new manager and the operations manager. We also spoke with visiting relatives.

During the inspection visit, we reviewed a variety of documents. These included two people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at three staff recruitment files, records relating to the management of the service, such as staff training programmes, audits, satisfaction surveys, staff rotas, policies and procedures.

# Is the service safe?

## Our findings

At our last inspection on 20 October 2015, we found that medicines were not always appropriately managed to ensure that people received their medicines as prescribed. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

One person said, "When I visit the hospital, staff do go with me and I do not have to worry about anything at all."

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. Training plan sent to us confirmed that all staff had completed safeguarding training. All staff spoken with said they would usually contact the registered manager immediately if abuse was suspected, but knew they could also contact the Social Services safeguarding team directly. A member of staff said, "This is making sure people are in a safe environment. It is about raising concerns about suspected abuse." This showed that staff were now knowledgeable about safeguarding, which would enable them to keep people safe from likelihood of abuse.

Staff also had access to the updated local authority safeguarding policy, protocol and procedure dated April 2016. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "I will tell the manager if I observe bad practice." and another said, "I know about whistleblowing. I would report bad practice to my manager first, then if nothing is done, I can contact external agencies." This showed that the provider had up to date systems and processes in place that ensured the protection of people from abuse.

Within people's support plans we found risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, finances and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were aware of people's risk assessments and guidelines. These were to support people with identified needs that could put them at risk, such as behaviours that challenge staff. People had individual care plans that also contained risk assessments which identified risk to people's health, well-being and safety. Guidance was provided to staff on how to manage identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

Records showed that incidents and accidents were monitored in order to ensure that preventative measures were put in place if required. Accident records were kept and audited monthly by the manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of the quality assurance system. All incidents were documented using the ABC

(Antecedent, Behaviour and Consequences) form. It was reported to the operations manager who would go through the form and also report it to higher management if need be. The ABC form is a tracking sheet which provides for behaviour monitoring, recording and tracking. This record showed behaviours were clearly audited and any actions were followed up and support plans adjusted accordingly.

The manager told us there was adequate staffing to meet people's needs. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we looked at such as the rotas and training files confirmed this. There were 10 staff on duty during the day. This includes the manager, deputy manager and eight other members of staff who were on duty on the day of our inspection. The service had six waking night staff overnight to meet people's needs at night.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS checks ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks had been completed. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment. This meant that people could be confident that they were cared for by staff who were safe to work with them.

People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking as staff explained to them. We observed two trained staff members administering people's medicines during the lunchtime medicine round. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were encouraged to be as independent as possible with their medicines. Medicines were given safely. Staff discreetly observed people taking their medicines to ensure that they had taken them.

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, as they were refused by the person they were prescribed for. There was a system of regular audit checks of medicine administration records and regular checks of stock. We completed a stock check of medicine which was boxed, this was correct. We checked two people's medicine records. These contained information and a photograph of the person and of the medicine they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited at every administration. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.



# Is the service effective?

## Our findings

At our last inspection on 20 October 2015, we found that all staff including office staff had not been trained in areas that are required to meet people's needs. Staff were not supported through individual one to one supervision meetings and appraisals. We also found that the provider had not followed the principles of MCA and DoLS. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People said, "Staff are good." and "Nice to be here, I love it here."

A relative said, "Our son told us one time that St James House is his home. For the first time he found a place he could call his home."

The manager told us that staff had appropriate training and experience to support people with their individual needs. Staff completed an induction course that was in line with the nationally recognised 'Care Certificate' by Skills for Care. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard.

Staff received training in a variety of topics, which included health and safety, fire safety, safeguarding, food hygiene, diabetes, deprivation of liberty safeguards (DoLS) and PROACT-SCIPr. (PROACT-SCIPr means Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention). The manager showed us the training plan for 2016, which confirmed planned training in mental health awareness and Makaton. Makaton is a form of sign language used for people with communication difficulties. Further, as some people could display behaviours that challenged and were diagnosed as having a schizoaffective disorder, training in such areas as mental health will enable them to effectively support people in the service. Staff told us they received a lot of training. One staff member said, "Training has generally improved. We have completed all e-learning and class room training is now up to date."

Staff were being supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Records confirmed that supervision had taken place. A member of staff also confirmed training needs were discussed as part of supervision and she could ask for training that would be

of benefit to her in her role. They said, "I receive supervision with the manager monthly. I can discuss freely."

Yearly appraisals were carried out and reviewed. The last time this took place, development & training needs were identified. Tasks to be carried out were also identified with timescales for completion. For example, one member of staff was identified to benefit from additional training. This was actioned and planned for by the manager. This would enable staff to improve on their skills and knowledge which would ensure effective delivery of care to people. Records confirmed that supervision and annual appraisals had taken place.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. 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. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that every person has some capacity to make choices. They gave examples of how they supported people who did not verbally communicate to make choices. Care staff were able to describe how capacity was tested and how a person's capacity impacted on decisions. They could all describe how and why capacity was assessed, the statutory principles underpinning the MCA and related this to people that were subject to DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People in the service were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had access to nutritious food that met their needs. They had a choice of at least two different meals at dinner time and could ask for another option if they wished. People were supported to make cold and hot drinks when they wanted them. The kitchen of the service was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. A pictorial food guide was on the notice board for people to understand healthy eating. Weights were regularly monitored to identify any weight gain or loss that may indicate a health concern.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. People received effective, timely and responsive medical treatment when their health needs changed.

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals, including well men and women clinics. People were regularly seen by their treating team. Health appointments were documented in people's care plans and there was evidence that the service worked closely with health and social care

professionals to maintain and improve people's health and well-being.

## Is the service caring?

### Our findings

People said, "I am very settled here. It is important I keep my placement here." and "I love it here."

A relative said, "Staff are encouraging. Staff communication is good. They keep us informed. All the staff had been doing what is expected in a family environment."

We observed that staff respected people's privacy. All bedrooms doors were closed. For example, when we arrived, we observed that staff were supporting people with personal care in the privacy of their rooms with doors shut. Staff knocked on doors before they entered. Staff treated people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity. People were able to personalise their bedrooms. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

Staff respected confidentiality. People's information was treated confidentially. People's individual care records were stored securely in lockable filing cabinets in the office, but were available to people and staff. We saw evidence that people were asked before information was shared with people.

Staff were kind, caring and patient in their approach. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people according to their mode of communication in a friendly, sociable manner and not just in relation to what they had to do for them. We found that staff knew the people they were supporting well.

People were involved in their day to day care. People's relatives or legal representatives were invited to participate each time a review of people's care was planned. Relatives told me they visit as often as possible and keep in touch in between times. A visiting relative said, "It is our son's birthday, so we brought presents for him and to take him out. Brought cake for staff too."

The manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Staff told us they were aware of how to access advocacy support for people. Advocacy information was on the notice board for people in the service.

## Is the service responsive?

### Our findings

At our last inspection on 20 October 2015, we found failure to provide care and treatment that was appropriate and met people's needs. The care plans were not person centred, did not have people's social histories and were not always appropriately detailed. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

People said, "I know how to make a complaint. I have done this before and things got changed.", "I go on activities. I went to Hastings with my girlfriend and two members of staff and I love it." and "I run karaoke on Saturdays and people do come to me."

A relative said, "For our son, it is the best service. He is now doing things in the community which he had never done before. He is getting on well. What he is doing is positive and it is positive for the future."

There was evidence that people's needs were assessed prior to admission and continually throughout their stay at the service. The manager undertook thorough assessments of people's needs before accepting them and a structured introduction took place. Each person had an initial referral which included a full case history, as well as a pre-admission assessment. The assessment covered all medical history, any challenging behaviour, and care needed to manage and safely support the person's needs. The assessment was used to determine whether or not the service could meet the person's needs, and if any specialised tools or professional's assistance would be required. This showed that people's needs were assessed in detail to ensure they could be safely supported at the service.

Each person's detailed assessment, which highlighted their needs led to a range of care plans being developed. We found from our discussions with staff that the plans met people's needs. We saw evidence that people and their relatives had been involved in making decisions about their care and support and developing their support plans. We reviewed support plans which contained detailed assessments that provided information on how staff should support each person. Changes to the support plans were made whenever people had been seen or assessed by external health professionals. For example, changes to medication in order to manage one person's (person's) epilepsy better, this indicated that people received care which was appropriate and met their needs.

People who had behaviour that is challenging requires support from staff to have clear, easy to follow guidance and putting plans into action. It is a recommended best practice from the National Institute for Health and Care Excellence (NICE) that this be based around a functional assessment to find out why challenging behaviour is being used. Data needed to be reviewed if a plan was not working, and the person with clinical responsibility can then adjust it accordingly. This provides the person with a person centred, evidenced based support plan that works for them. When this works, challenging behaviour is often significantly reduced. We found that people's care records were updated to reflect any changes in their needs. For example, people were discharged from regular visits by the Speech and Language Therapist. This was changed in their care plan to 'as and when necessary' referral. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such

as phone calls, reviews and planning meetings.

Activities took place daily. Staff consulted people and took their preferences and suggestions in consideration before planning the activities programme. There were group activities and one to one sessions for people who preferred or who remained in the home. Activities included bowling, exercise, music, dancing, going to clubs, karaoke, swimming and memory book compilation. During our visit, people went out trampolining. There was a weekly activities timetable displayed in people's care files and staff confirmed that activities were promoted regularly based on individual's wishes. We found that activities were now person-centred. People were able to express their wishes and choices through their interests. This example showed that activities were diverse enough to meet people's needs, and the service was always responsive to people's needs.

There were systems in place to receive people's feedback about the service. The provider sought people's and others views by using annual questionnaires to people who used the service, staff, professionals and relatives to gain feedback on the quality of the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. The completed questionnaires demonstrated that all people who used the service, families and those that worked with people were satisfied with the care and support provided.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed to people within the 'service user guide'. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). The complaints procedure gave information about how long it would take for the provider to respond to complaints. We found that all complaints were responded to within specified timeframe. For example, a complaint logged on 27 September 2016 was investigated and responded to on 28 September 2016. The family was satisfied with the response they received from the manager. This showed that people now have confidence in making a complaint and are assured this would be responded to within specified timeframe.

# Is the service well-led?

## Our findings

At our last inspection on 20 October 2015, we also found that there was a lack of an effective quality assurance system. At this inspection, we found improvements had been made and the provider was meeting the requirements of the regulations.

Our discussions with the manager and staff, including our observation when we inspected showed us that there was an open and positive culture that focused on people. The service had a culture of fairness and openness, and staff were listened to and encouraged to share their ideas. Staff commented, "My manager and deputy are approachable. The organisation is very quick to act regarding service users."

Staff told us the morale was good and that they were kept informed about matters that affected the home. They told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. Staff meeting records confirmed that staff views were sought.

The organisation had one of their values as "We provide the very best support, individualised to meet people's needs. This support enables an individual to achieve their aspirations and to meet the outcomes agreed in their Care Pathway. Our staff are well trained, knowledgeable, experienced, compassionate and committed." At this inspection, we found that these values had been fully implemented in the service. For example, care records had been reviewed and now consistent across other records including adequate positive behavioural support plans and well trained and skilled staff.

The registered manager at St James House was supported by the operations manager, in order to support the service and the staff. For example, the operations manager supported the new manager with our inspection. When the manager notified them, they came to answer any queries we may have and attended the feedback session. The operational manager visited the service to carry out a service audit regularly.

The manager continually monitored the quality of the service and the experience of people in the service. They regularly worked alongside staff and used this as an opportunity to assess their competency and to consider any development needs. They were involved in all care reviews. We found that the manager understood the principles of good quality assurance and used these principles to critically review the service. The manager had effective systems in place for monitoring the service, which were fully implemented. They completed quarterly audits of all aspects of the service, such as medicine, care plans, nutrition and health and safety, risk assessments for staff. They used these audits to review the service. Audits routinely identified areas for improvement and the manager produced action plans. These clearly detailed what needed to be done and when action had been taken.

Communication within the service was facilitated through monthly team meetings. We looked at minutes of September 2016 meeting and saw that this provided a forum where areas such as risk assessments, safeguarding, staff handover, infection control and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff and the management team.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the manager understood their legal obligations.

The service worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care staff care professionals reported that staff within the service were responsive to people's needs and ensured they made appropriate referrals to outside agencies. The manager told us that they worked in a joined up way with external agencies in order to ensure that people's needs were met.