

# Look Ahead Care and Support Limited

## Luton Road

### Inspection report

3-13 Luton Road  
London  
E13 8HD

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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

### About the service

Luton Road is a supported living service that was providing personal care and support to 11 people with learning disabilities at the time of inspection. People had their own self-contained flats across two buildings. Each building also had a communal kitchen, dining room, lounge and toilets. People in both buildings had access to a shared garden area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service

People using the service were protected from avoidable harm and staff knew about safeguarding and whistleblowing procedures. The provider kept records of accidents and incidents and these were used to learn lessons and prevent reoccurrence. There were enough staff on duty to meet people's needs and extra staff were rostered on when needed to cover appointments and activities. The service had its own bank of staff to cover staff absences. People's medicines were managed safely and people were protected from the risks associated with the spread of infection.

Staff were supported in their role with training, supervision and appraisals. People's care needs were assessed before they began to use the service to ensure their care needs could be met. Staff supported people with their nutritional and healthcare needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us staff were caring. Staff knew people's care needs and described how they developed positive relationships. People had a named care worker who had overall responsibility for their care. The service involved people, relatives and their representatives in decisions about the care. Staff knew how to provide an equitable service. People's privacy, dignity and independence were promoted.

Staff understood how to provide a personalised care service. Care plans were detailed and contained people's choices and preferences. The provider assessed people's communication needs to ensure these could be met. Staff knew people's preferred method of communication. People and relatives knew how to make a complaint. The provider dealt with complaints appropriately. The service had a system to capture people's end of life care wishes and was in the process of encouraging people and their relatives to contribute to these plans.

People and relatives spoke positively about the leadership in the service. The provider had a system in place to obtain feedback from people, relatives and other agencies about the service to identify areas for improvement. People and staff had regular meetings to be updated on service developments. The provider had a system of carrying out regular quality checks at the service to identify areas for improvement and areas of good practice. The service worked in partnership with other agencies to provide good outcomes for people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (report published on 22 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor the information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Luton Road

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team

Our inspection was completed by one inspector.

#### Service and service type

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection site visit activity started on 28 May 2019 and ended on 10 June 2019. The registered manager was not available on 28 May 2019 for the first inspection day, so we visited on 10 June 2019 to complete the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and

improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the deputy director, registered manager, team leader and three care staff. We reviewed a range of records. This included three staff files in relation to recruitment and staff supervision. We looked at three people's care records including care plans and risk assessments. A variety of records relating to the management of the service including staff training, medicines management and quality assurance were reviewed.

#### After the inspection

We sought feedback from the local authority who work with the service. We spoke with two relatives. The provider sent us documentation we requested.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with the staff.
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding vulnerable adults.
- Staff described the actions they would take if they suspected a person was being harmed or abused. One staff member told us, "If you observe abuse, the first thing is you need to notify your line manager. The manager will pick it up and it will go from there. Whistleblowing is when you think something is happening, so you need to let the authority know, it can be the borough or CQC, you don't need to declare who you are."
- The registered manager was aware of the requirement to notify the local authority and CQC about safeguarding concerns.

Assessing risk, safety monitoring and management

- People had risk assessments and management plans which gave guidance to staff about how to reduce the risks of harm people may face. Examples of risks covered included, mobility, loss of tenancy, physical health, medicines, eating and drinking and fire safety.
- Each person had a service risk assessment which stated, "Staff to respect privacy and ensure personal care is personalised, personal information is kept confidential. Staff to ensure they communicate respectfully and offer choices."
- People had signed to agree to their risk management plans.
- The provider had a policy about managing people's finances in order to keep people safe from the risk of financial abuse. Staff recorded the details of each transaction and receipts were kept to evidence what money was spent on.

Staffing and recruitment

- People and relatives told us there were enough staff on duty to meet their needs. One person said, "It's fine. I have one to one [support] to go out. There's staff every night." Another person told us, "Yes, there is enough staff."
- Staff confirmed there were enough staff on duty. One staff member told us, "Most of the customers are one to one in the community."
- The management told us the provider had a bank of staff who could be called upon to cover staff absences and they used an agency when bank staff were unavailable.
- Records showed there was one waking staff member and one sleeping staff member on duty at night. During the day there were three staff on duty and records showed extra staff were rostered to cover

appointments.

- The provider had a safe recruitment process in place. Relevant checks were carried out before someone was employed which included staff providing proof of identification, the right to work in the UK and written references.
- New staff had undergone criminal record checks to confirm they were suitable to work with people. The provider had a system to obtain regular updates to the criminal record checks to confirm the continued suitability of staff.

Using medicines safely

- Staff were required to complete a medicines induction and competency assessment before they were able to administer medicines unsupervised. The training included shadowing experienced staff administering medicines at least three times.
- Medicines were stored appropriately and safely.
- Medicine records were completed fully and accurately.

Preventing and controlling infection

- The service had an infection control policy which gave clear guidance to staff about how to reduce the risks associated with the spread of infection.
- Records showed staff had received training in preventing and controlling infection.
- Staff told us they were provided with adequate amounts of personal protective equipment such as gloves and aprons. One staff member told us, "My manager doesn't joke with it - we have everything; gloves, aprons."

Learning lessons when things go wrong

- The provider had an electronic system to record accidents and incidents which included the outcome and follow up actions.
- Records showed there had been no accidents or incidents recorded over the previous year.
- The registered manager told us they used accidents and incidents to learn lessons and to make improvements to the service. They gave an example of one person had a fall which was not reported in a timely manner to the family. The lesson learnt was that now for every customer everything was being fed back to the family including the outcome of appointments. The service now made their default position for any fall staff had to call an ambulance and report to the family.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives told us they were happy with the care provided. One person said, "It's alright here. I have a goldfish. I do go out." Another person told us the best thing about the service was they were supported to go on holiday every year. A relative told us, "As far as the care is concerned, [person] has always been happy."
- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs. Information captured included the person's history, health needs, support needed with daily living tasks, communication, nutrition and hydration and social needs.
- Care records noted spiritual needs and important relationships for the person.

Staff support: induction, training, skills and experience

- New staff received an induction which included training in health and safety topics and one week shadowing more experienced staff.
- Staff were required to complete the Care Certificate if they did not already possess an alternative care qualification such as the National Vocational Qualification. The Care Certificate is training in an identified set of standards of care that care staff are recommended to receive.
- Staff told us they found training useful. One staff member said, "A lot of things are changing so it is good to go on refresher [training]. I love going for training. It makes my life so easy. I learn a lot and nothing is minor. Training is very, very useful."
- Training records confirmed staff were up to date with training in areas relevant to their role including introduction to learning disability, autism, diabetes awareness, risk management, support planning and positive behaviour support.
- Records confirmed staff were supported with regular supervision. Topics discussed included paperwork, staffing, personal well-being, training, service updates and performance development. Staff told us they found supervisions useful for their role.
- Staff had an annual appraisal where they discussed their performance over the past year and set goals for the forthcoming year to develop their skills.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutrition and hydration. One person told us their favourite food were chicken curry, melted cheese on toast and chicken Bolognese. This person said, "We went to the café today and I had chicken." Another person told us, "I do it myself [cooking]. I'm independent."

- Relatives told us they were happy with the support their family member received with their nutrition and hydration
- Staff were knowledgeable about people's dietary requirements and the support they needed with this. One staff member told us, "Yes [people using the service] have food of their choice. On Tuesday they do take away. Fridays and Sundays, they all come together and we do communal cooking. On Tuesday they do the information meetings where they choose what they want to all eat on these days."
- Care records contained guidance for staff about how to support people with their nutrition. One person's care plan stated, "[Person] will tell staff when they are hungry and request 1:1 staff support to help them choose and prepare meals. [Person] will independently choose and prepare their own drinks. Staff support [person] to do shopping list weekly and support [them] to do shopping on Mondays"

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff demonstrated they knew how to support people to maintain their health. One staff member told us, "When you notice that something is wrong, you ask them and maybe they have pain in the stomach, you just have to make an appointment to see the doctor." Another staff member said, "That is very important. Eating healthy food. Support them to make healthy choice when they are doing their shopping. Support them to their health appointments. Make sure their medication review is up to date."
- People had a health action plan which gave contact details of medical professionals involved in their care. People had a hospital passport which contained key information about the person should the person be admitted to hospital.
- Care records contained details of people's health appointments and the outcome. These included access to the GP, falls clinic, speech and language therapy, dentist, optician, hospital consultants, and wheelchair services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of this inspection, the service was not working with anybody who needed their liberty restricted.
- People had signed consent forms to agree to information being shared with other relevant agencies if needed and to receiving support from the service. Consent forms were available in a pictorial format when appropriate.
- Records showed best interests meetings were held for decisions including finances, medicines, and equipment.
- Where appropriate, some people had a Court of Protection agreement for a family member to look after their property and affairs.
- Staff demonstrated they understood the MCA and DoLS. One staff member told us, "The MCA protects vulnerable people; you don't assume they don't have capacity until you have checked. DoLS is you don't

deprive a person from they want to do unless they are going to be in trouble or cause them to be sick or anything that will be harmful to them. Then you have to call a best interests meeting to involve external agencies to decide on an action plan so the person is not deprived of anything."

- The registered manager and staff understood the need to obtain consent before delivering care. The registered manager told us, "The customers have the right to access the information we hold for them. We need consent to share that information." A staff member said, "I need the consent for how they would like to be supported and when they would like to be supported. In some cases you need to get the next of kin or advocate consent."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring. One person said, "Yeah they are really nice. I like them you know. They help me a lot. I'm happy you know." A relative told us, "I've found [staff] are very caring. They are very good and very understanding."
- Staff described how they got to know people and how they met their care needs. One staff member told us, "You have to visit the place where they already live and talk to the staff there. Then you go through the care documents. It's a gradual process, you can't rush it." Another staff member said, "When you read the support plan, you get to know them very well. I have to ask [person] what they want. Even the ones that are non-verbal I have to ask and they give you a sign. As you work with them you get to know."
- The service had an equality and diversity policy which gave clear guidance to staff on providing an equitable service. The registered manager told us, "We ensure people are treated the same way, and they are receiving the same care that is personalised to them. We share all that information."
- The service had a keyworker system. A keyworker is a named staff member who has overall responsibility for the care a person receives.
- Staff demonstrated they were knowledgeable about equality and diversity. One staff member said, "Through the way [the person] communicate with you and through keyworking, you know if [people] are happy. When we have meetings, we discuss equality. Maybe it's an attitude or the way we work with them. We discuss the strategies we can use to make them happy."
- We asked the registered manager and staff how they would support a person who identified as lesbian, gay, bisexual or transgender. The registered manager told us, "It's about being open, ensuring we meet what their needs are. We don't do things based on their sexuality but on their needs." A staff member said, "I would support them like I am supporting anybody. I don't have to be judgemental."

Supporting people to express their views and be involved in making decisions about their care

- The provider had systems in place to involve, people, relatives and their representatives in making decisions about care. The registered manager told us, "We have keyworking sessions and tenants meetings. With the families, I phone them to keep them involved and invite them to reviews and to feedback about outcomes. That has been working really well."
- Staff described how people were encouraged to make choices. One staff member told us, "We have one to one sessions with [person] and ask them what they want. We show them pictures so they can make a choice. It is the way we involve them in choices. We are using it to meet their needs." Another staff member said,

"Everybody has got different needs. Their choice is very important. I allow them to make their choice. I don't impose anything on anybody."

- Staff understood when to involve family. One staff member gave an example of one person who recently had minor surgery and the family was very involved. This staff member said, "It was good practise in this case to let the family know." Another staff member told us, "As much as possible the family are involved. For some the family does not visit or they may not make a good decision so we involve the advocate who will speak on behalf of the person."

Respecting and promoting people's privacy, dignity and independence

- People had a copy of the provider's dignity challenge in their care files. The dignity challenge contained ten points about dignity which people could expect staff to comply with.
- People confirmed staff respected their privacy and dignity.
- Staff demonstrated they knew how to promote people's privacy and dignity. One staff member told us, "If I want to go to somebody's flat and I want to support the person with personal hygiene, the first thing I will knock. The curtains are closed and the door is shut. I will inform the person of everything I am going to do. I have to ask if they wants me to support them. If they give me permission, I will do it."
- Staff described how they promoted people's independence. One staff member told us, "If you do it for the person you are depriving them of their independence. You just need to stay there to monitor them." This staff member gave an example of one person who preferred to let themselves into the building with their own door key and how this person would become upset if staff opened the door for them.
- Care plans gave guidance to staff about encouraging people to be as independent as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff understood how to give a personalised care service. One staff member told us, "What they like is what we are going to do. It's all about what they want to do to move forward." Another staff member said, "It is about what they [the person] wants and the way we support them."
- Care records were detailed, personalised and contained people's preferences. For example, one care record stated, "[Person] is given a choice of cereal for breakfast. [Person] likes having cereal with soya milk and staff offer either tea or hot chocolate. [Person] prefers to have their breakfast in their flat."
- People's care records were based on outcomes and what the person wished to achieve. One person wanted their family to visit more often and wished to participate in the weekly bingo and music activities. Each goal listed what the person could do and what support they needed to make the goal achievable. Records showed which goals had been achieved and which goals were still ongoing.
- Care plans were reviewed annually and sooner if a person's needs changed.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- The registered manager gave examples of how they ensured people had access to information, "We have a person who is partially blind. Information is recorded on a CD and [person] listens to it. For people with a hearing impairment you would use sign language or Makaton or pictorial aid."
- One staff member gave examples of people who used the service who used vocalisations and body language to communicate. Another staff member said, "Some [people who used the service] use pictures to communicate."
- People had a communication passport in their care records. These showed emotion faces and indicators for staff to know how to recognise when the person was feeling a particular emotion such as anger or happiness. The communication passport also indicated to staff how to recognise if the person was in pain, hungry, thirsty or needed toileting.
- Care records contained guidelines for staff about how the person communicated. For example, one

person's care plan stated, "When giving [person] verbal information this needs to be explained clearly, simply, calmly, slowly and backed up with visual information if required e.g. a £10 note."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in a range of activities. One person told us, "I get to go on holiday every year to Spain. I go to [day centre], art and outings." A staff member told us one person loved to listen to music and to dance.
- Activities included snooker, bingo, bowling, music, art, day trips, shopping, attending places of worships, weekly group cooking session and communal Sunday dinner.
- People were encouraged to maintain relationships with people who were important to them such as with family members.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave clear guidance to staff about how to handle complaints. The complaints policy was available in an easy read and pictorial format to make it easier for people using the service to understand.
- People and relatives told us they knew who to speak to if they were not happy with the service.
- Staff understood what actions to take if somebody wished to complain. One staff member told us, "I would listen to [the complainant]. That's part of my job. If it is something that is beyond what I can handle, then it has to be raised with the manager to deal with it."
- One complaint had been made since the last inspection by a relative. Records showed this had been handled appropriately and the relative was satisfied with the outcome.

End of life care and support

- At the time of this inspection, there was nobody at the end of their life or diagnosed with a terminal illness.
- The provider had an end of life policy which gave clear guidance to staff on how to provide care sensitively when a person reached the end of their life.
- People had a pictorial 'When I die' form as part of their care plans. The forms included details of how the person wished to receive care at the end of their life and what funeral arrangements they wanted. However, these forms were either partially completed or not completed except to say the family refused to discuss. The registered manager told us they would be revisiting these forms with families.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives gave positive feedback about the management of the service. One person told us, "[Registered manager] is nice and helps me. I'm happy with them." A relative said, "We have talked to the manager and he was approachable."
- Staff told us they were supported to carry out their role and the registered manager was a good leader. One staff member told us, "[Registered manager] has really changed a lot of things like the paperwork at Luton Road. I've learnt a lot of things from [registered manager]."
- The registered manager told us, "I share everything with the staff whether good or bad. I get staff involved by delegating tasks to them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility under duty of candour. They told us, "It is about being open and transparent about everything you do. Keeping families informed about everything you do or social services or any other bodies."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager described how they ensured staff had their voice heard, "My door is always open. We have supervision sessions. We have the whistleblowing policy. I try to embed the idea of teamwork and I get staff involved by delegating tasks to them."
- Staff confirmed they could talk to the registered manager. One staff member told us, "The manager is accessible. If you have any problem, you can talk to [registered manager]."
- Staff spoke positively about communication within the service. One staff member told us, "We read the communication book. We read the daily care records, so we are able to take it from there." Another staff member said, "We are told about changes in people's care needs through staff handover and even from the manager."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service kept a record of compliments. We saw four compliments had been received in the past seven months. For example, a relative stated, "Management team listens to family's concerns and takes action. Staff are dedicated to their job and help the customers with their needs." Another relative stated, "We can only applaud the care given to [person using the service] and feel we can call anytime to discuss issues which for my part is reassuring."
- The provider sought feedback from people using the service and relatives. People were given a pictorial survey to complete and we noted eleven people had responded to the 2019 survey. Each respondent had indicated they were satisfied with the overall quality of the service, the choice and control, the staff and the opportunities to get involved in the service. Three relatives had responded to the 2019 survey. All three relatives indicated they were happy with the service but would like to see an increase in staffing so that more activities could be offered. On both inspection days we saw activities were offered to people which included trips out.
- People had regular monthly meetings. We reviewed the three most recent meeting minutes. Topics discussed included health and safety, complaints, activities, holidays and communal Sunday dinner. Records showed people using the service were encouraged to fully participate in these meetings.
- Staff confirmed there was equal treatment of employees. One staff member told us, "Everybody's treated equally." Another staff member confirmed they had not experienced any discrimination and said, "For myself, I am treated equally."
- The provider held regular staff meetings to update staff on policy and service changes. Staff were expected to attend a minimum of six of these meetings per year. We reviewed the minutes for the three most recent meetings. Topics discussed included health checks and general wellbeing of people using the service, service improvement and development, policies and procedures and training.
- Staff gave positive feedback about team meetings. One staff member told us, "We discuss our issues, what we need to do, areas of improvement. It works as a team for us." Another staff member said, "I find the meetings useful. Sometimes you get to say your worries about a [person using the service]."

#### Continuous learning and improving care

- The service had quality assurance systems in place to identify areas for improvement. For example, the management team carried out monthly checks on care records to ensure staff updated them appropriately.
- The team leader carried out a weekly check to ensure medicines were kept in a safe place, medicine administration sheets were fully and correctly completed, weekly medicines were given correctly, and opening dates had been written on eye drops and liquid medicines. Records showed the weekly checks were up to date. The registered manager also carried out a monthly medicine check and the most recent one carried out on 26 April 2019 showed there were no identified issues.
- The provider had a system of carrying out monthly quality monitoring visits. We reviewed the records of the three most recent visits. Checks included staffing and training, health and safety, fire safety, medicine audits, care records, meetings and analysis of untoward events such as safeguardings and complaints.
- We saw records of a recent monitoring visit carried out by the local authority on 29 April 2019. No concerns were identified during this visit.

#### Working in partnership with others

- The registered manager told us they worked in partnership with other agencies. They gave an example of working jointly with other agencies for two people who used the service. The registered manager said, "We have worked together to make sure communication between the other agencies and us is good and effective care is given."
- Professionals from other agencies gave compliments to the service. One agency who the service worked jointly with had written a compliment which mentioned staff were committed to work in partnership with them in order to achieve good outcomes for people.
- We noted a professional who regularly visited the service to run an activity had stated, "The staff always try

their best to assist with the smooth running of the workshops. The atmosphere is always good at Luton Road. The wellbeing of residents is always a priority for staff. I think Luton Road is a good example of how a [care service] should be run."