

Real Life Options

Real Life Options - 2-4 Bethecar Road

Inspection report

2-4 Bethecar Road
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Date of inspection visit:
14 April 2016

Date of publication:
19 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection of Real Life Options – 2-4 Bethcar Road took place on the 14th April 2016. At our last inspection on 21 August 2014 the service met the regulations inspected.

Real Life Options – 2-4 Bethcar is registered to provide accommodation and personal care for six people. The home provides care and support for people who have a learning disability, some of whom have mental health needs. The home is owned and managed by Real Life Options who provide a similar service in two other care homes in North West London and a range of services in other areas. On the day of our visit there were four people living in the home. Public transport and a range of shops are located within walking distance.

The service currently does not have a registered manager. However, a manager was in post managing this service and two other registered locations. He has managed the services for several months first as acting manager and recently as permanent manager, and has commenced the initial process of applying to register with us. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service. People told us staff were kind to them. Staff respected people's privacy and dignity.

There were procedures for safeguarding people. Staff knew how to safeguard the people they supported and cared for. Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times. People's individual needs and risks were identified and managed as part of their plan of care and support to minimise the likelihood of harm.

Care plans reflected people's current needs. They contained the information staff needed to provide people with the care and support they wanted and required. People were supported to choose and take part in a range of activities of their choice.

People were encouraged and supported to make decisions for themselves whenever possible and their independence was upheld and promoted. People were provided with the support they needed to maintain links with their family and friends.

People were supported to maintain good health. They had access to appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed. People chose what they wanted to eat and people were involved in the preparation of their own meals.

Staff were appropriately recruited and supported to provide people with individualised care and support. Staff received a range of training to enable them to be skilled and competent to carry out their roles and responsibilities. Further training in some specific areas was in the process being arranged. Staff told us they enjoyed working in the home and received the support and training they needed to carry out their roles and responsibilities.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care and/or other aspects of their lives.

People had opportunities to feedback about the service. There were systems in place to regularly assess, monitor and improve the quality of the services provided for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered safely.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Is the service effective?

Good ●

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs. Further training in some specific areas was in the process being arranged.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Is the service caring?

Good ●

The service was caring. Staff were approachable and provided people with the care and support they needed. Staff respected people and involved them in decisions about their care. People's independence was promoted and supported.

Staff understood people's individual needs and respected their right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good ●

The service was responsive. People received personalised care.

People were supported to take part in a range of recreational activities.

People knew who they could speak with if they had a complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good ●

The service was well led. People using the service and staff informed us the manager and other senior staff were approachable, listened to them and kept them updated about the service and of any changes.

People and their relatives were asked for their views of the service and had the opportunity to provide feedback about the service during meetings. Relatives of people told us that issues raised were addressed appropriately.

There were a range of processes in place to monitor and improve the quality of the service.

Real Life Options - 2-4 Bethecar Road

Detailed findings

Background to this inspection

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

The inspection was carried out by one inspector. Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection.

During the inspection we spoke with four people using the service, the manager, team co-ordinator and three care workers. Most people using the service were not able to tell us in detail about their experience of living in the home, so to gain further understanding of people's experience of the service we spent time observing how they were supported by staff.

Prior to the inspection we had contact with the host local authority and viewed the report of the quality monitoring check of the service that they had carried out in December 2015. We discussed this and the action taken in response to the report with the manager during the inspection. Following the inspection we spoke with three relatives of people using the service.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of three people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People using the service told us that they felt safe living in the home. A person told us "I like it here." When we asked other people using the service if they felt safe living in the home they nodded and smiled. Relatives of people told us they felt people were safe and said they did not worry about people's day to day safety. They told us they would inform staff if they had concerns about people's well-being. Comments from relatives included "[Person] is safe," "I think there are enough staff," "I have peace of mind with [Person] being there," and "I don't worry about [Person]."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. Care workers were aware of whistleblowing procedures and were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to the team co-ordinator and/or manager and were confident that any safeguarding concerns would be addressed appropriately by them. Care workers informed us they had received training about safeguarding people and training records confirmed this.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. Care workers told us they felt there were enough staff on duty to meet people's needs and that staffing levels were adjusted to make sure people received the support they needed to attend health appointments and take part in a range of activities. We found sufficient staff were deployed during the inspection to provide people with the care and support they needed. A care worker told us they covered shifts when other care workers were unwell. They told us "We support one and other." There was one 'wake night' member of staff on duty at night and a 'floating' care worker who covered the three homes providing support when needed. We saw from records that most people slept well at night. The manager told us the night staffing arrangements were monitored closely. We saw there were sufficient staff to support people to go out and to attend a health appointment with a person using the service. Staff had time to spend time talking with people and were available when people wanted to engage with them. Care workers told us they took appropriate steps to make sure they did not get very tired by taking the breaks they were entitled to and not working very long shifts except when accompanying people on day trips.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. Risk assessments were personalised and had been reviewed and updated regularly. Risk assessments included risk management plans for a selection of areas including; bathing, personal care, self-neglect and slipping and falling. Records showed the service had a lone working policy which included health and safety guidance for staff on the risks of working alone but was not specific to the service. Following the inspection the manager supplied us with a lone working policy relevant to the home and told us regular contact during the night was now being made with lone night workers to check all was well. Records showed people's risk assessments had been discussed with staff. However, we saw not all people's risk assessments had been signed as having been read by staff. The manager told us they would make sure this was completed by staff. Accidents and incidents were recorded and addressed appropriately.

There were various health and safety checks and risk assessments carried out to make sure the premises and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the hot water temperature, fire safety, gas and electric systems.

A fire emergency plan including evacuation procedure was displayed. Each person had a personal emergency evacuation plan [PEEP]. A fire safety risk assessment was in place. However, records indicated it had not been reviewed since 2013. The care co-ordinator reviewed it during the inspection and told us that in future it would be reviewed annually. Fire drills took place regularly and included participation from people using the service. A care worker spoke to us about the emergency procedures to be followed in the event of a fire or other emergency.

People received a range of support with the management of their finances. The individual support people needed with their finances was described in each person's care plan. We saw appropriate records were maintained of people's finances including their spending. To reduce the risk of financial abuse staff carried out daily checks of people's monies. The care co-ordinator told us that senior management staff also regularly audited the handling and management of people's monies.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included a formal interview, obtaining references and checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

People's medicines were stored securely. A medicines policy which included procedures for the safe handling of medicines was available. Records of medicines received by the home and returned to the pharmacist were maintained. People had a specific care plan relating to the management and administration of their medicines. Medicines administration records [MAR] showed that people received the medicines they were prescribed. Care workers administering medicines told us they had received medicines training and assessment of their competency to administer medicines. Records confirmed this. We found there were accessible information leaflets about people's medicines. Staff also had access to an up to date pharmaceutical reference book and a computer where they could look up medicines they were not familiar with. We observed care workers administering medicines to people in a considerate and safe manner.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons, and liquid hand cleanser was available to staff. Housekeeping duties were carried out by care workers who recorded when tasks had been completed.

Is the service effective?

Our findings

People told us they were happy with the care and support they received from staff. When we asked people if staff were kind to them people said "Yes", smiled and nodded their heads. Care workers spoke in a positive manner about their experiences of working in the home caring and supporting people. They were very knowledgeable about the needs of the people using the service and told us about the care they assisted people with. A care worker told us "We are a very experienced team." Relatives told us "Staff are well trained, they tell me how [Person] is," "I admire the staff they have a lot of patience," and "Everyone is happy there." A relative spoke very highly of a person's keyworker who they described as "Excellent and very dedicated."

Care workers told us they received the training they needed to provide people with effective care and support. They informed us that when they started working in the home they had received an induction, which included learning about the organisation, people's needs and shadowing more experienced staff. They informed us the induction had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. The manager and records showed that the provider was currently using the Care Certificate induction which is the benchmark set in April 2015 for the induction of new care workers. The manager told us new care workers would complete this induction as well as the current 'in-house' induction.

Records showed and staff told us they had received relevant training to provide people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; moving and handling, first aid, safeguarding adults, fire safety, medicines and food safety. Staff had also received training in other relevant areas including; communication, epilepsy, medicines, autism, diabetes and team teach [approach to support people who may exhibit more challenging behaviours]. Further training in some specific areas was in the process being planned and developed. The manager told us that health and safety training was in the process of being completed by staff, mental health training and fire safety awareness refresher training was being arranged.

Care workers were positive about the training they received, and confirmed they regularly had refresher training in several essential areas including; medicines and safeguarding adults. A care worker told us they found the refresher training useful as it kept them informed and helped develop and maintain their skills. Care workers had completed vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this. Relatives of people told us they felt care workers and senior staff were competent and knew people well.

Care workers told us they felt well supported by the team co-ordinator and the manager. A care worker told us "We are well supported." They told us and records showed that staff regularly had the opportunity to meet with the care co-ordinator and manager during individual and group meetings. Records showed people's needs, practice issues such as key working, shift patterns, training, safeguarding, recording incidents, medicines and health and safety had been discussed with staff during supervision meetings. We found staff had not received an appraisal of their performance. However, we saw records which showed that appraisals for all staff had been arranged to take place this year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care workers and management knew about the requirements of MCA and DoLS. Care workers knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Records showed that some people using the service were subject to a DoLS authorisation at the time of our visit.

Care plans identified the support people needed with their care and other aspects of their lives. People's care plans showed they were supported to be involved in decisions about their care and treatment, and the decisions they made were respected. Care workers knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. Relatives told us they were fully involved in supporting people with making a range of decisions to do with people's care and treatment. Records showed that a person's relative had been involved in making a decision in the person's best interest. Care workers were knowledgeable about the importance of obtaining people's consent when supporting people with their care and in other areas of their lives.

Care workers knew about people's care plans which they told us they read. They told us they had a 'handover' at the start and end of each shift when they shared information about each person's current needs and progress. Care workers completed a 'handover' during the inspection. Care records were completed during each shift and included details about the activities people took part in, personal care needs and behaviour needs. Each working shift care workers completed daily care notes about people's current needs and included details of any changes in people's health, mood and care needs, so staff had up to date information about people's current needs. A person using the service told us "They [staff] help me."

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. Records showed people received health checks and had access to a range of health professionals including; GPs, psychiatrists, dentists, and opticians to make sure they received effective healthcare and treatment. Records showed that staff had responded appropriately by arranging an appointment with a doctor when they observed a person having symptoms of a medical condition. People spoke of attending health appointments and having blood tests. A person using the service attended a health appointment with a care worker during the inspection. A person's relative told us "They make sure [Person] attends health appointments. They phone me if [Person] is poorly."

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Care workers we spoke with had knowledge and understanding of people's individual nutritional needs including particular dietary needs. Records showed that meals catered for people's varied preferences and cultural needs. People were very complimentary about the meals and told us they were provided with choice. People took part in a weekly meeting where they discussed and chose the meals they wanted to have during the following week. The menu showed that people's preferences had been catered. A care worker told us and records showed that pictures of food and meals were available to support people with choosing meals. People told us they had chosen their breakfast and were very positive about the evening meal they ate during the inspection. People were offered second helpings. People's weight was monitored. Care workers knew to report significant changes in people's weight to other staff including the team co-

ordinator and to make an appointment with a GP if needed. A person using the service told us they made their own breakfast and sandwiches for lunch, and often helped with the preparation of meals.

People using the service told us they were happy with their bedrooms and the environment of the home. People moved freely within all communal areas of the home. A care worker told us that new carpets had recently been fitted in a lounge and stairway.

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. The team co-ordinator and care workers spoke with people in a friendly and respectful way. People told us staff were kind and treated them well. A person using the service told us the name of their key worker and spoke in a positive manner about staff. The person confirmed staff were approachable and listened to them. We saw people approached care workers and the team co-ordinator without hesitation and indicated by their conversation and actions that they knew them well. Comments from relatives included "They [staff] are very good, [Person] is very involved in the home," "Staff are respectful," "[Person] couldn't be better looked after," "They [staff] do a fantastic job," and "Staff know [Person] well," "[Person] phones me."

Care workers confirmed they knew people well and had a very good relationship with them. Some care workers had known the people using the service for many years. A member of staff told us "People are happy. It is their home. It gives me joy they are happy." Care workers told us there was consistency of staffing within the home, which they said was an important aspect in providing people with the care and support they needed. People's care plans included a profile about each person to help staff understand people's individual needs. Care workers told us they got to know each person by talking with them and staff, reading people's care plans and speaking with people's relatives. People were informed about which staff were on duty as their pictures were displayed on a notice board.

Care workers informed us they made sure they involved people fully in decisions about their care and other aspects of their lives. A person confirmed they were involved in decisions about their care and was happy with the care they received. During the inspection we heard staff offer people choices and respected the decisions people made. For example a care worker asked people what they wanted to eat for lunch and provided people with the meals they chose. During the inspection care workers encouraged and praised people.

Care workers told us people's independence and the development of their skills were supported by encouraging and supporting people to be involved in household tasks including cooking and the laundering their clothes. We saw a person washing up and tidying the kitchen. A person told us they enjoyed participating in household tasks. A person told us they had their own key to the front door, so could enter the home freely without having to ring the doorbell of their home. We saw the person use the key during the inspection.

Care workers understood people's right to privacy and we saw they treated people with dignity. Care workers had a good understanding of the importance of confidentiality. Records showed the confidentiality policy had been discussed during the staff induction programme. Care workers knew not to speak about people other than to staff and others involved in the person's care and treatment. Care workers knocked on people's bedroom doors and did not enter people's bedrooms without permission. We saw people decided when to spend time alone in their bedroom and this decision was respected by staff. A care worker told us "We respect people spending time on their own."

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. Relatives of people and records showed people had contact with family members. Some people received regular visits from family members, spoke with them on the phone and/or spoke with relatives digitally via a video chat application. A relative of a person told us about the person visiting them at their home. Care workers told us there was "Good communication with people's families," and "We have quite a lot of contact with people's relatives." A person using the service showed us pictures of a relative and confirmed that they regularly had contact with them. People and care workers told us and records showed that people regularly attended social clubs.

Care workers and people using the service confirmed a range of religious festivals as well as people's birthdays were celebrated by the service. A person using the service regularly attended a place of worship. Staff had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. Staff told us that equality and diversity was spoken about in meetings. They said that equality and diversity "Means treating people equally and with respect whether they had a learning disability or not," and "We respect people's differences and preferences."

Is the service responsive?

Our findings

People told us they felt involved in their care and were happy living in the home. They confirmed they could choose the activities they wanted to participate in. A person told us they enjoyed outings, going to a day centre and shopping. Relatives of people commented "[Person] is much better now than [Person] was. [Person] is more calm, the house is relaxed," "I go to all the meetings. They keep in contact with me about [Person]," "I feel fully involved," "They [staff] are very good, they take [Person] out and on holidays," and "They [staff] let me know when [Person] is unwell."

People's care plans identified where people needed support and guidance from staff. The team co-ordinator told us the format of people's care plans was in the process of being changed to be more person centred including more pictures and detailed guidance about meeting each person's individual needs. The three care plans we looked included one care plan in the new format. Each care plan contained detailed information about each person's health, support and care needs and what was important to them and described their individual abilities. Care workers we spoke with had a good understanding of people's needs and told us about how they provided people with the care and support they needed. They told us they had got to know each person's individual verbal communication needs, and the other ways they communicated including by gestures, facial expressions and behaviour. People's communication and language needs were written in their care plan. The manager told us he was planning to seek information about a range of tools to support people with their communication needs, with the aim of accessing them for people. A care worker told us about the support and care a person received when the person's mental health needs changed. Care workers told us and records showed people's needs were monitored on a day to day basis.

People's individual choices and preferences were recorded in their care plan and their care and support needs had been reviewed regularly by people, family members, staff and with health and social care professionals. People's relatives confirmed they attended meetings about people's care and were kept informed of people's progress and of any changes in needs. Records showed that care plans were updated when people's needs altered such as when there were changes in people's behaviour.

People told us they had the opportunity to participate in weekly resident's meetings to discuss and collate the menu for the following week. However although the menu records confirmed people had chosen the meals, records were not available to show the details of the meeting including whether any other topics to do with the service and day to day issues were considered during the meeting. The team co-ordinator and manager told us these meetings would be further developed to include feedback from people and recorded.

People showed us notice boards that displayed photographs and other information about their lives, their families, personal interests and other matters important to them. People's activity preferences were recorded in their care plan and each person had an individual activity plan. Care workers told us about the support people received to make sure they had the opportunity to take part in a range of activities including outings and swimming. During the inspection, people attended a day centre, went out in the community with staff, watched television, did colouring, listened to the radio and took part in household tasks. A person

using the service showed us an electronic tablet that they used to access information and games. During the evening before the inspection people had visited another area of London and taken part in a further outing. A person's relative told us they felt that there could be more outings for people.

Records showed people went shopping, and had meals and other refreshments in various community amenities including local cafes. A care worker spoke of a one-to-one holiday they had with their key person. A person showed us photographs of them enjoying a range of activities and spending time with relatives. A certificate showed a person using the service had attended a 'read and write' workshop. We saw people chose whatever they wanted to do including relaxing in their bedroom and they freely accessed areas of the home including their bedrooms, lounge and the kitchen.

The service had a complaints policy and procedure for responding to and managing complaints. A person told us they would speak with staff if they had a worry or concern about something. People's relatives informed us they found staff approachable, they had no complaints about the service and would report any complaints they had to the team co-ordinator and/or manager. A relative told us they would not hesitate to raise any issues with management staff and were confident they would be addressed appropriately. Care workers knew they needed to take all complaints seriously and report them to management staff. Records showed complaints had been responded to appropriately.

Is the service well-led?

Our findings

People we spoke with told us they were happy living in the home. People's relatives spoke in a positive manner about the home and the way it was managed. They told us they would recommend the service and said the team co-ordinator "Listens and always gets things done, they are a great person and organiser" and "I know how to contact the manager and we have met with management staff."

The service has a manager in place who manages two other similar registered services run by the provider. There is a clear management structure, which consist of the team co-ordinator who works in the home and is fully involved in running the service and a manager who directs the management of the service with support from an area manager. Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to the team co-ordinator and/or manager. Where incidents had occurred, detailed records had been completed and retained at the service.

The team co-ordinator and care workers told us the manager regularly spent time in the home. Records showed this. Care workers told us senior staff were approachable and listened to them. A relative spoke very highly about the team co-ordinator who they said was approachable and listened to them. Relatives spoke of the contact they had with the previous manager and with representatives of the provider but told us they were not familiar with the new manager. However, the manager told us following the inspection he had attended a person's review meeting with a person's relatives. Care workers informed us that senior staff were always available to provide advice and support. A care worker told us that the manager came to the home regularly to provide support for the team co-ordinator. Records showed a senior member of staff was on call at all times. We heard and saw the manager and team co-ordinator engage in a positive manner with people using the service.

Staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Care workers told us they were kept well informed and were confident the team co-ordinator and management staff would listen to them and address any matters they raised about the service. Staff told us "Everyone speaks out in team meetings. We work as a team, we listen, are experienced and have different skills," and "We are like a family here."

Records showed relatives had the opportunity to complete satisfaction surveys about their view of the service. Results of this feedback showed they were satisfied with the service. Written comments included 'There are always ways for betterment however, we very much appreciate the good standard the house constantly applies for [Person using the service],' "The care [Person] receives from staff is outstanding." The manager told us a person using the service had completed a feedback survey in 2015. People also had the opportunity to feedback about their needs and issues to do with the service during regular one-to-one meetings with their key worker.

A range of records including people's records, visitor's book, communication book and health records for individuals showed that the organisation liaised with a range of professionals to provide people with the

service that they needed. Social care and health professionals reviewed people's health and care needs and the host local authority also carried out regular monitoring visits of the service. A quality monitoring visit by the host local authority carried out in December 2015 had identified a number of areas where improvements were needed. The manager showed us an action plan which indicated improvements had been made and showed areas where improvements regarding some aspects of staff training, and appraisals were in the process of being addressed.

Care workers knew about the policies and procedures related to the care of people and the running of the service and how to access them when this was required.

Staff carried out a range of checks to monitor the quality of the service. The team co-ordinator told us care workers had a range of monitoring roles and responsibilities in a range of areas of the service. These included supervising the day to day maintenance issues of the home, reviewing people's care plans and carrying out checks of the medicines. Records showed a faulty oven had recently been replaced. Daily checks of the medicines, cleanliness of the kitchen and fridge/freezer temperatures were carried out. Health and safety checks of the environment were carried out. Records showed staff carried out monitoring checks of people during the night. Audit records showed that monitoring of a range of aspects of the service had been carried out by management staff.