BeTo Solutions Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We completed an unannounced inspection of BeTo Solutions Ltd on 27 June 2018. This was our first time inspecting the service since their registration with us in 15 September 2016.

BeTo Solutions is a 'supported living' service and is registered to provide the regulated activity of personal care to people living in their own home. 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 registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service followed the voluntary Reach Standards that promote rights, choices and inclusion for people living in supported living settings.

People told us they felt safe living at the service and that they enjoyed living where they lived receiving the support they did. People were safeguarded as staff knew what to do if they suspected abuse and the risks the people faced living the lives they wanted to live. Incidents and accidents were recorded so that staff could learn and improve from them. Staff knew how to administer medicines and what to do if there was an error. People and their relatives, and also staff, felt there was enough staff working at the service. The registered manager completed checks on staff to make sure they had the right experience and qualifications for their roles.

People's needs and choices were met by trained staff who completed detailed and consistent care plans that were personalised to individuals. People could choose what food they wanted to eat and made further choices about how they wanted to spend their time and how they received care and treatment. Staff shared information with people, each other and other professionals appropriately. Staff understood the Mental Capacity Act 2005 (MCA) and what it meant for people using the service. Staff knew about the Deprivation of Liberties Safeguards (DoLS) and how it affected people using the service.

People were encouraged to live as independent a life as possible. People had rich meaningful lives that the service supported them to live. People's care plans detailed their needs, their likes and dislikes and the risks they faced. The service communicated with people as much as possible and sought their views and choices in a variety of ways. People's privacy and dignity was respected by the staff using the service.

The service provided personalised care to each person using the service. People were assisted to lead active lives and pursue suitable pastimes. People and their relatives knew how to make complaints about the service but no one we spoke to had anything negative to say about the provider or the service they provided.

The registered manager was highly regarded by people using the service, their relatives and by the staff. It was clear they wanted the best for the people and were keen to promote the rights and choices of those using the service. There were clear lines of accountability for those employed by the service and staff knew what was expected of them. There were regular meetings for the people using the service, for the staff team, for the management team and for the relatives also. The management team sought regular feedback about themselves and the service from people, staff and relatives through the use of surveys. The provider assured quality through regular audits. The registered manager had a complete understanding of the service and, in line with people's wishes, had planned for its future.

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.

The service understood the risks people faced and assessed that risk accordingly.

Staff understood the need to safeguard vulnerable adults and what to do if they witnessed abuse.

Staff administered medicines and knew what to do if there was an error in doing so.

There were sufficient staff to run the service safely and robust staff recruitment practices were in place.

Staff understood the risks around infection control.

Is the service effective?

Good

The service was Effective.

People's needs were assessed so that the service could ensure they would be met by staff.

Staff were trained to do their jobs.

People were able to choose what they ate and drank.

People thought highly of the staff.

Is the service caring?

Good

The service was Caring.

People and their relatives told us the staff were caring.

The service sought to meet people's needs in relation to communication.

People were actively engaged in making choices about the care and support they received.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was Responsive.

People received personalised care that was tailored to them and their needs.

People maintained a level of independence that was suitable to their needs.

People were engaged in meaningful activities they enjoy and were encouraged to do so by the service.

Is the service well-led?

Good

The service was Well-Led.

The service had a registered manager that was thought of highly by people, their relatives and the staff.

There were regular meetings for management, staff, people and relatives of people using the service.

The service used surveys to gather feedback from people staff and relatives.

There were quality assurance processes in place to monitor the quality of the service.

BeTo Solutions Ltd

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 took place on 27 June 2018 and was unannounced. Two inspectors conducted the inspection.

As part of the inspection we looked at information we held about the service. This included any notifications the provider sent to us about significant incidents and events that occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority before inspecting to see whether they could provide us with any information regarding the service – which they did by sending us their Quality assurance report from 2017.

We received a Provider Information Return on 28 June 2018. 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.

During the inspection we spoke with two people using the service, two family members of people using the service, two support workers, a deputy manager and the registered manager. We observed how staff interacted with people. We also received feedback about the service from an occupational therapist following the inspection. We observed people using the service and reviewed two of their care files. We also looked at four staff files and other records such as; the staff rotas, menus, medicine records, the accident and incident records, the complaints and compliments the service had received, and the provider's policies and procedures.

Good

Is the service safe?

Our findings

The service took steps to promote people's safety. One person's relative told us about how staff knew the potential risks to their relative, telling us, "[Person] has issues around eating and choking and they are hot on that with procedures around that – and staff know what to do." The person's care plan had a risk assessment identifying this and staff we spoke to knew the risks to each person using the service. We looked at two people's care plans and noted that there were risk assessments detailed to personalised aspects of each person's life and what to do in situations where risks arose. The risk assessments we saw took people's choices into account and attempted to keep them safe while maximising their freedom.

Staff were aware of their responsibility to report allegations of abuse. One staff member told us, "I would contact [registered manager], that would be the first thing [if they suspected abuse]." The service had a safeguarding vulnerable adult's policy in place. This made clear their responsibility to report any allegations of abuse to the local authority. However, it did not mention their responsibility to also notify the Care Quality Commission of allegations of abuse. We discussed this with the registered manager who told us they would amend the policy accordingly. The service also had a whistle blowing policy in place which made clear staff had the right to whistle blow to outside agencies as appropriate. We saw signing sheets that indicated staff had read both safeguarding and whistleblowing policies.

The registered manager told us there had not been any safeguarding allegations since the service was registered and we found no evidence to contradict this. Where the service held money on behalf of people records were kept of this. Monies were counted and signed for each day to make sure amounts were correct. We checked the money held for two people and found it tallied with the amounts recorded. Two people's money was managed by their relatives and a third had their own bank accounts. Staff were not able to access money from this account. This meant the service had taken steps to reduce the risk of financial abuse occurring.

The provider had responsibility for carrying out some safety checks at the premises where care was provided. This included checks of the fire alarm system and emergency lighting and holding fire drills. Records confirmed there were all carried out. The service had an emergency plan which included what to do in the event of a fire. However, Personal Emergency Evacuation Plans (PEEPs) – personalised evacuation plans for people in case of emergency, were not in place. We discussed this with the registered manager who told us they would implement these for people. The service had a grab bag which included items that might be of use in an emergency, such as a first aid kit, torch and waterproof clothing.

The service learnt from mistakes and near misses. For example, the supply of a controlled drug for one person almost ran out due to an error on the part of the supplying GP. As a result, a monitoring system was implemented so that anytime the supply of that medicine ran below 10 days' worth, staff were required to alert the registered manager. This meant they then had time to arrange for a fresh supply. Records were maintained of accidents and incidents including any follow up action required.

Medicines were managed safely. A staff member said, "I administer meds. I had some training – went on a

meds course and shadowed for a month when I first came until I felt confident enough to do it solo." A person's relative told us, "Not only do they give [person] meds once a day. They also have taken [person] to the doctors and previously they helped resolve a medicine [person] didn't need to take."

The service had a medicines policy which included information about the storage, administration and recording of medicines. Medicines were stored securely and staff undertook training about medicines. Medicine administration charts were in place which staff signed each time they administered a medicine. We checked these and found them to be up to date with no unexplained gaps. Records were maintained of the amounts of medicines held in stock. We checked medicines and found the amounts held tallied with the amounts recorded. The registered told us that if there was an error with medicines they would report the incident, have a 'Lessons learned' debriefing to identify what to put in place going forward and then discuss the incident at team meetings as well as discussing in 1:1 meetings with staff member who made the error.

People and staff told us there were enough staff working at the service to meet people's needs. A person's relative said, "There are different numbers of staff on at different times of day. Generally, yes there is. [Person] needs a lot of help and I think there is extra support. Particularly around morning and evening. [Registered Manager] is good at judging the money for this". Another person's relative said that staff have, "Always got time to chat – no complaints at all." A staff member told us, "We double up sometimes which is nice when we take them out places." The registered manager showed us the staff rota and how it was completed to ensure sufficient staff numbers. They also showed us they complete the rota taking into account staff preferences and people's individual needs.

There were robust recruit processes in place at the service. An employee told us, "I did the DBS and two references." DBS is the Disclosure Barring Service and assists employers to recruit suitable people particularly where safeguarding is of importance. We looked at staff files and saw that the provider had completed enhanced DBS criminal records checks on all staff to ensure that they were suitable for working with vulnerable adults. We also saw they had checked staff employment histories, employment and character references, proof of ID and relevant experience for working in their roles.

There were systems in place to maintain a clean environment and adhere to good infection control practices. The provider was able to show us Personal Protective Equipment (PPE) that they use in personal care and administering medicines that prevented and controlled the spread of infection. We saw that staff had received training on infection control and food hygiene. The property was clean and a tidy and we were told about how the service is cleaned which involved people on rota and an external cleaner coming into the service on a regular basis.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge they needed to meet people's needs as the provider had ensured training and development opportunities were in place. New staff had an induction on commencing work at the service. This included shadowing experienced staff members to learn how to support individuals. All staff were expected to complete the Care Certificate which is a national training programme designed for staff working in the care sector.

All staff were supported to develop skills and knowledge in their roles through regular training. One relative told us that staff were, "Committed and caring and want the best for young people. It comes across in what they do. I know they do training in what they do and I've seen evidence of that." We asked another relative whether they thought staff had been well trained and whether they did a good job and they told us, "Yes. They are just there for tenants and are there for them." Records showed staff training included first aid, fire safety, food hygiene, dysphagia, communication and diet and nutrition.

There was a training matrix in place which showed only six of the 12 staff had undertaken training about safeguarding adults. However, the registered manager told us that the other staff had undertaken this training with previous employers. They also said safeguarding was covered in staff supervision and all staff were expected to read the safeguarding adults policy. In addition, safeguarding was covered in the Care Certificate. Staff we spoke with understood issues relating to safeguarding. The registered manager and deputy manager were in the process of completing NVQ Level 5 in Health and Social Care.

People were able to choose what they ate and drank. One person told us, "I decide every morning. I do my own cooking." There was a white board on the kitchen which displayed in picture format what each person was having for lunch and dinner that day. This showed that people were able to make individual choices. We saw one person had lunch in line with what was on the board. We saw staff ask another person if they still wanted what was on the board and they decided to have something else which staff helped them to make. Care plans showed people's weight was monitored to ensure they maintained a healthy diet. One person's relative told us their relative, "Eats better there then they did with me. Nutritious meals with all the vitamins she needs. They monitor [person] weight and ensure a healthy diet."

People's care plans were comprehensive and had relevant information about a person's health and wellbeing. People's needs were assessed to ensure the service provided the right care and these assessments were reviewed regularly. There were notes on health visits to and from specialist health services, such as speech and language therapists, nutritionists and occupational therapists, as well as meetings with GPs. This information was also maintained in a communication log that staff members had access to and kept up to date. We were informed by a relative that the service assisted their family member to attend health appointments and that the service arranged for people to see relevant specialist health care professionals. This meant that the service promoted a healthy lifestyle among the people who used it.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. A person's relative told us, "[Person] struggles to make decisions and cannot weigh up consequences – I know they know the correct procedures around mental capacity and best interests and they do consult us. It's usually a best interests decision made by everyone." We noted one person had a DoLS authorisation in place and the authorisation was in their care plan. We also saw evidence of best interests' meetings being held and the decisions resulting from these meetings being recorded in meeting minutes which were then shared with relatives and social workers. We observed staff seeking consent from people throughout the day.

We asked the registered manager about best interests and they told us that they, "Had times we've had to make best interests for our residents – [person] doesn't like brushing teeth and going to dentists, we've made decision with family and GP and we made the decision for [person] to go. We try to get the wishes of person included with that decision." A relative also said that the registered manager, "Sends us the best interests write ups – one recently to do with fire drills. We have regular meetings." People's consent to care was sought in line with legislation.

Good

Is the service caring?

Our findings

Staff treated people with compassion and kindness and people felt well cared for. One person told us, "Yes, they do [treat me with respect], they look after me really well." One relative said, "Yes – its comes across in all they do. Always in the best interests of [Person] and what they suggest to improve things for [Person]." The staff members we spoke with knew the people who used the service and visibly valued and cared for them. People's care plans referenced emotional wellbeing and how to recognise people's moods and what to do if they were perceived to be anxious or upset. We also spoke with a staff member about the life skills training she was providing to a person using the service to help them cope with relationships and issues that young adults face. The staff member told us, "With [Person] relationships are discussed, independent thinking, peer pressure, contraception – tailored at [Person]'s level." Records confirmed this took place.

One person told us, "I do like living here, we have our own space." People were supported to develop and maintain relationships. One person had a partner and all people using the service had friends and relationships with others. The service took steps to support people to maintain their friendships, for example, we saw that friends had been invited to a forthcoming planned themed party at the service. People also maintained good relations with their family members and the service helped to facilitate this. For example, each week a senior member of staff phoned the relatives to discuss how the week had gone. One person was able to help plan this call and decide what issues they wanted to discuss with their family. This helped ensure people were able to maintain both their independence and strong relationships with people who were important to them.

The service sought to meet people's needs in relation to communication. The first language of people using the service was English and staff were proficient in the use of English. We observed staff to be able to communicate effectively with one person who had limited verbal communication and staff encouraged them to express their views. The service was developing the use of computer technology to help another person communicate their choices, although the registered manager told us that they needed to arrange staff training on this before it becomes fully operational.

We asked a person's relative if they were involved in the planning of their relative's care and they told us, "Yes – the care plans are comprehensive I know. They were initially drafted and we were part of putting that together. They are updated regularly. And we were involved in that." We saw people being actively involved in decisions about their care and having choice over general day to day decisions. People were offered a choice of food, how they wanted that food prepared, where they wanted to eat the food, whether they would like to take part in activities as well as being able to lead on decision making and state what they wanted to rather than being led. We saw entries in care plans that detailed where staff, as much as possible, tried to follow the wishes of the people and supported them to express their views. The registered manager spoke to us about the Reach Standards that the service followed to ensure peoples choices, views and rights were put at the forefront of their care.

The service held regular meetings for people where they could express their views and make decisions about the support and treatment being provided by the service. One person told us, "We have tenant's

meetings. Sometimes [registered manager] will come but always [deputy manager] is there. [Deputy manager] talked about Dancing on Ice, Christmas activities, the farm holiday." The registered manager told us, "We will regularly sit down and talk with [person] – there is no structure but if there is a new opportunity for a job say or they want to move out to a house with a swimming pool then we'll discuss it." We witnessed staff at the service asking people to make choices about the support they were receiving that day.

The service took steps to ensure people's privacy and dignity were being upheld. We asked a person's relative whether they felt staff respected their relative's privacy and dignity and they told us, "Yes without a doubt. They discuss things like that with the three residents. They explain about using the bathroom and when [person] is in the bathroom [person] has [their] dressing gown on." Staff asked permission before entering people's rooms. One staff member told us, "We encourage everyone to shut the door when they use the toilet – keeping private things private." Confidential records were stored securely either electronically or in locked filing cabinets. This helped to protect people's right to privacy.

The service sought to promote people's independence. We spoke to one person and he told us, "I have learnt so many new skills. How to cook, iron, use the microwave and travel independently." They also said, "I walk up to the shop and picks things up (on the day of inspection they went to the shop unescorted to buy juice)." Staff spoke of trying to promote people's choices and independence and this was reflected in documentation in their care plans. It was evident the service assisted in providing a home where people could be as independent as possible.

Good

Is the service responsive?

Our findings

The provider was responsive to people's needs and provided personalised care tailored to individuals. One person's relative told us about the personalised care their relative received, saying, "[Person] was going to college but it wasn't really what [they] wanted to do so [Registered Manager] drew up a program of things [Person] enjoys and is more motivated to learn from." The registered manager told us the service placed a lot of emphasis on supporting people to develop their independence and daily living skills. Each person followed a programme for developing these skills, which set out step by step what a person needed to do to achieve independence in a specific task. Tasks were in three broad areas, basic living skills (largely related to personal care), home skills and community participation skills. Records showed that staff monitored the progress people were making towards achieving goals, and we saw that people had made good progress in developing their independence in a number of areas. This progression led to new goals being added to care plans to reflect people's changing needs.

People's care plans demonstrated the personalised care they received. A relative told us, "Clearly everything is logged and recorded and when they change over they discuss what has happened so the next person knows." People's care plans were detailed, personalised and thorough. The provider followed the Reach Standards, which are a widely recognised set of voluntary standards that promote the choices, rights and responsibilities of people living with disabilities in supported living services. These standards were embedded into the care plans that people used and sought to ensure that people had a 'voice' and choices with their care. We found information summary sheets that explained concisely the needs of people, their social interests and activities, their emotional behaviour and their spiritual wellbeing. This make it easier for staff to know and understand what a person's needs were and what were the best ways to support them.

People were supported to engage in various activities. One person told us, "I go out with Going Places on a Thursday evening. It's a social activity, we go to the pictures, keep fit, bingo, birthday meals and bowling." They also added, "We go to a disco on Friday." Theatre trips were arranged and the service was planning for a themed party in July. People held meetings to discuss and plan trips and activities. The provider supported people to hold these meetings and would then use the ideas to plan the activities. The activities and trips were choices made by people using the service thereby giving them a sense of fulfilment and enriching their lives. For example a musical therapy group had been booked to play at the party because people enjoyed music. One person was out at a day centre on the day of our inspection and another person went to the local shop. People had recently been supported to go on holiday to a farm cottage. The registered manager told us the choice of holiday destination was based around people's likes. For example, the destination had animals, a trampoline, tennis courts and a hot tub, which were all things the people enjoyed.

One person told us they were interested in finding employment. Records showed the service had supported them to engage with an organisation which specialised in helping people with learning disabilities to find employment. The service also engaged with prospective employers to find out what opportunities there were for people and how they would support people in work. This type of support sought to enable people to lead more meaningful lives whilst safeguarding them against potential risks.

We asked one person if there was anything about the service they would change or was unhappy with and they replied, "No." We also asked him if he knew how to complain and he showed us where the easy read complaints policy was on the wall in the shared kitchen that people use. The policy promoted people voicing unhappiness to staff and then if they were still unhappy to speak with the management. Whilst there had been no complaints the manager told us they would review all concerns in management and staff meetings. We asked people's relatives did they know who to complain to if they were not happy with the service their relatives received and they told us they would speak with the registered manager. One said, "Yes – go to [registered manager]. If there were issues that couldn't be resolved we'd go to CQC and the local authority." We asked the registered manager whether they had received any complaints and they stated they had not – this tallied with what people and their relatives told us. We asked one person's relative whether staff listened to their relative and they said, "Yes –]person's] communication has improved whilst there. [They] interact more and gets out in the community a bit more. [Their] communication is flourishing and [they are] getting more assertive." We saw that there was an easy read complaints policy on the wall in the shared kitchen that people use.

The service works with young people but we spoke to the registered manager about end of life plans for people using the service. They told us that they had spoken with one person about it as well as broaching the subject with relatives of other people using the service. Relatives we spoke to confirmed this. The registered manager told us that whilst the subject was difficult for people and their relatives they will continue to discuss the matter so that people using the service were supported to have their end of life decisions met and followed.

Good

Is the service well-led?

Our findings

There was a positive culture at the service that embraced inclusion and empowered people using the service onto good outcomes. One person told us, "They [staff] are really excellent and they are really helpful." A staff member told us, "I think it's friendly, supportive, nice team spirit. Everyone wants to do their best. The best interest of tenants is their priority." Each staff member we spoke with told us how much they enjoyed working at the service and two staff members told us it was the best place they had worked at. We saw a staff handover occur and we viewed minutes of staff meetings. We also saw communication books that assisted with the handing over of information between staff and updates from any health professional meetings. This information sharing and communication between the staff team showed us that the all those employed by the service work together to provide high quality care and support for people using the service.

The service had a registered manager in place. A person said, "[Registered manager] is really helpful and lovely to work with. They put so much effort into this house." A relative told us "[Registered manager] is the perfect person to provide the care for [person]. She is responsive to what you want and it's better than other organisations. I think [they are] brilliant." The registered manager was supported in the running of the service by a deputy manager and senior support worker. Regular management meetings were held attended by the three senior staff. These meetings included discussions about staff performance and how issues could be addressed, for example, in relation to managing people's money, communication with relatives and punctuality. The registered manager line managed all the staff bar one, who was line managed by the deputy manager. If the registered manager was unavailable the deputy manager would deputise and the management team organised their rota accordingly.

Relatives meetings were held on regular basis. One relative told us, "We have regular meetings about [person's] care – three to four times a year. We discuss [their] life skills targets and progress and if there's any change in needs. That happens regularly. We can make suggestions." These meetings were documented in people's care plans and indicated that people's welfare was at the heart of care provided.

Staff told us and records confirmed that regular staff meetings were held. Minutes from these meetings showed they included discussions about people using the service, menu planning, staff training and communication with relatives. Service user meetings were held which enabled people to discuss issues of importance to them. Minutes of the most recent meeting showed it included discussions about holidays, a garden party, the importance of brushing teeth and of changing clothes regularly. Minutes of the meeting were displayed within the service in English and pictorial format which helped to make them more accessible to people. One person at the service spoke of their involvement with an open day at the service. These open days were hoped to be opportunities for the community to discover what happens at the service and be more involved with it. The registered manager told us they are still in development and they learned something from the one day they have already had and hope to build on it. They were also planning a staff team development day and were in the process of seeking an inspirational speaker.

Although one person using the service was subject to a DoLS authorisation the provider had failed to notify

CQC about this. We discussed this with the registered manager who told us they were not aware of their responsibility to notify CQC of DoLS authorisations or other significant events. When we outlined to the registered manager what they had a responsibility to notify CQC about they told us there had not been any other notifiable incidents other than the DoLS authorisation. The registered manager provided us with a notification of the DoLS authorisation within 24 hours of our request.

One person's relative told us, "Yes – [registered manager] does do regular surveys on a Google form we complete – asking questions about care. It is exactly what I wanted for [person] and is the perfect placement for[them] and [they] are very fulfilled and we wouldn't want to change it." The registered manager told us they had devised a survey for staff to complete on-line anonymously. This was to give staff the opportunity to voice how they felt about the management of the service and the support they received. The registered manager told us they had planned to send it on the day of inspection, but due to our visit the said they would send it the day afterwards. The registered manager used surveys to identify areas for improvement and to find out aspects of the service that worked well. The findings of the surveys were shared with people using the service in meetings and with their relatives either in meetings or via email.

The registered manager told us about quality assurance processes in place, which included a weekly audit checklist they completed alongside the other members of the management team. They also told us the audit checklist was verified in the management meeting they held. The audit checklist was extensive and covered health and safety checks, the different charts that monitor the health and wellbeing of people including the equipment they use, medicines and its associated recordings and the monitoring of the various administrative functions use by staff in the service. This audit checklist ensured that processes were working and could identify areas for improvement to be acted upon.

The registered manager told us about the local authority quality assurance team visit and how the service had acted on their recommendations. The quality assurance team provided us with the report and we could see that this report had only need to make one recommendation, that staff supervision be documented, which the service had complied with. The registered manager informed us they felt confident the care they delivered was of high standard due to the regular feedback they received from people using the service, the relatives of people and also the views of the staff team. Everyone we spoke to also believed the standard of care was high.

We asked the registered manager how the service learned, improved and innovated and they told us, "Learning from others, going on external training - we always bring something back from courses. Staff have to provide feedback and how they can bring that back into the service. The communication app (an assistive communication Ipad application that assists people communicate with staff through the use of pictures and audio) we now have seen how it can benefit [Person]. It's about learning from mistakes – we will make mistakes. We're not robots we're humans – as long as we improve the processes I am happy with that." The registered manager had training certificates from the external training they had been on and we spoke to the deputy manager about the courses and improvements to the service following on from training such as the communication app aforementioned and changes to processes on daily service running.

The registered manager told us about future plans for the service which included increasing the number of people currently using the service at the property we visited. People using the service and staff also spoke of this increase in positive terms.

We spoke to a professional who also works with people at the service. They told us they were 'impressed' with the service and that they seemed to be 'organised'. They felt the staff at the service were, "informed and support the client in the way that is most suitable for [them]."