Linkage Community Trust Limited(The)

The Limes

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?	Requires improvement

Overall summary

The Limes is a large semi-detached property in a pleasant residential area of Grimsby close to the centre of town and overlooking an established park. The home is registered to provide care and accommodation for up to nine younger adults with a learning disability and/or autism.

It has seven ensuite bedrooms and a further two-bedroomed flat, accessible by stairs. The house has two large communal lounges and a dining room. It benefits from its own established garden and has car parking facilities.

The aim of the service is to promote personal autonomy; independence and achievement, ensuring people have the same rights and opportunities for inclusion, fulfilment and feeling valued in society as everyone else.

Summary of findings

This inspection took place on 16 and 22 October 2015. The service was last inspected on18 June 2013 and was compliant with all of the regulations we assessed.

The service is required to have 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.

At the time of inspection there was no registered manager in place. The registered manager had left the service at the end of January 2015. A new manager had then been appointed and had applied to be registered with the Care Quality Commission, followed by a period of absence. An acting manager was appointed in the interim to cover this absence.

People who used the service had different levels of identified needs and received support from staff in relation to these, with some people receiving identified one to one support from designated staff.

People told us they felt included in decisions and discussions about their care and treatment. Staff described working together as a team, how they were dedicated to providing person-centred care and helping people to achieve their potential. Staff told us the acting manager led by example, had a very 'hands on' approach and was visible within the service, making themself accessible to all.

We found people lived in a safe environment. Risk assessments were completed to help minimise risks in specific circumstances such as when supporting people in the community or with day to day support within the home.

There were policies and procedures in place to guide staff and training for them in how to keep people safe from the risk of harm and abuse. In discussions, staff were clear about how they protected people from the risk of abuse.

We found staff were recruited in a safe way; all checks were in place before they started work and they received an induction. Staff received training and support to equip them with the skills and knowledge required to support the people who used the service. Training was based on best practice and guidance, so staff were provided with the most current information to support them in their work. There were sufficient staff on duty to meet people's health and welfare needs.

People's nutritional needs were met and people were supported to shop for food supplies and were assisted to prepare meals. We saw staff monitored people's health and responded quickly to any concerns.

The health and social care needs of people were assessed and personalised support plans were developed to guide staff in how to care for people who used the service using the least restrictive options. We saw people received their medicines as prescribed and had access to a range of professionals for advice, treatment and support.

People who used the service were encouraged to make their own decisions. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

People participated in a range of vocational, educational and personal development programmes both in the local community at the organisation's outreach facilities. They also completed activities within the service and were encouraged to follow and develop social interests and hobbies.

There were systems in place to monitor the quality of the service, such as observations of staff practices, audits and surveys. A complaints process was in place which was accessible to people, relatives and others who used or visited the service.

Summary of findings

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 registered provider had systems in place to manage risks and for the safe handling of medicines. People told us they felt safe and the service was good.

There were sufficient numbers of staff, with the right competencies, skills and experience available at all times to meet the needs of the people who used the service.

Staff displayed a good understanding of the different types of abuse and were able to describe the action they would take if they observed an incident of abuse or became aware of an abusive situation.

Is the service effective?

Good

The service was effective.

People were supported to develop their independence and to maintain a lifestyle that was meaningful to them by staff that were appropriately trained and supported to carry out their roles.

People's health and nutritional needs were met. They had access to health care professionals when required and in a timely way.

Staff understood the Mental Capacity Act, 2005 [MCA] which meant they could take appropriate action to ensure people's rights were protected.

Is the service caring?

Good

The service was caring.

People who used the service were supported to maintain important relationships. People's opinions were important to staff and they were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities.

People were encouraged to be as independent as possible, with support from staff. Staff were knowledgeable about people's individual care needs.

Staff were observed as caring and considerate when supporting people who used the service.

Is the service responsive?

Good

The service was responsive.

People's care was based around their individual needs and aspirations, these were kept under review and staff responded quickly when people's needs changed.

Summary of findings

People were supported to make choices and have control of their lives and were encouraged to take part in chosen activities. Visitors were made welcome at the service.

Is the service well-led?

Requires improvement

The service was well-led.

However, currently the manager is not registered with the Commission.

The service was well organised which enabled staff to respond to people's

needs in a planned and proactive way.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

Effective systems were in place to assure quality and identify any potential improvements to the service.

The acting manager promoted an 'open door policy' and an ethos of teamwork and staff felt they were supported.

The Limes

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 registered 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 16 and 22 October 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

We did not ask the registered provider to complete a Provider Information Return [PIR] before the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We requested information from professionals involved in the service.

During the inspection we observed how staff interacted with people who used the service and spoke with four people and two people's relatives. We spoke with the acting manager, a manager from another service, the deputy manager and one care support worker.

The care files for three people were looked at and we also looked at other important documentation relating to these people such as their medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, the staff rota, minutes of meetings with staff, accident and incident records, quality assurance audits and maintenance of equipment records.

Good

Is the service safe?

Our findings

People who used the service told us there was always enough staff on duty to meet their care needs and keep them safe. Comments included, "Yes I am safe."and "I am positively safe, we can go to the staff with any problems and they will help us to get them sorted." and, "Yes there are three and that is plenty" and "If we all want to go to different places or do different things, staff talk to the staff at other houses and arrange for us to go with them, so we can all do what we want to."

Relatives told us there were enough staff to support people in meeting their needs and staff knew how to keep people safe. Comments included, "Absolutely he is safe. The staff are fantastic I can't fault the staff they are so kind and caring","There are no issues with safety here; staff assess risks and support people properly" and "There is always enough staff on duty, my son has some additional hours at different times of the day, but when we visit the service, we see that everyone is out and about."

We saw the registered provider had policies and procedures in place to safeguard vulnerable people from harm and abuse. Records showed all the staff had received training in safeguarding vulnerable adults and refresher courses were scheduled. Staff were able to describe to us what types of abuse may occur and what signs to look for. They also said they were confident the management would act appropriately and swiftly to address any concerns they raised. Staff were aware of the registered provider's whistle blowing policy and how to contact other agencies with any concerns.

There were enough staff on duty to meet people's individual needs. Staff told us the staffing levels were sufficient, based on the number and dependency of the people who used the service. The acting manager told us the service was fully staffed and people were supported according to their needs. Some people were funded for one to one support at different times of the day, whilst others were more independent and able to access the local community and activities on their own. The deputy manager explained how they worked the hours out to ensure the shifts were covered and extra staff were provided to support activities, trips into the community, and if people were unwell and required increased support. Checks on the rotas confirmed this. Staff absence due to sickness and holiday was covered by a team of bank staff.

Systems were in place to identify and manage foreseeable risks. The organisation had a business continuity plan which addressed risks to the running of the service, such as the need to evacuate the premises due to a power failure or flood. People's care records showed risks to their safety and welfare had been assessed and planned for. There were individualised management plans for areas of risk such as health and wellbeing, eating and drinking, participation in community based activities and developing personal support skills. Risks within the environment had been considered and planned for to protect people from unnecessary harm. Chemicals that could cause harm were stored safely. External doors and windows were secure and people were asked to sign in when they entered the service Fire equipment was regularly serviced. Regular checks on utility systems, equipment and vehicles were in place to ensure that risks were minimised.

During a tour of the building we saw an unused lift was in place. When we spoke to the acting manager about this they confirmed there were no people who used the service who had difficulty in using the stairs and they were awaiting a decision from senior management as to whether this was to be repaired or removed, which would provide further storage space within the service.

We saw medicines were managed well and people received their medicines as prescribed. Records showed, and staff told us, they were trained to administer medication in a safe way and their skills were reassessed by the acting manager. Staff described how medicines were ordered, stored, administered and disposed of in line with national guidance on the safe use of medicines. People's support plans gave information about what medicines they took, why they took them, what side effects to look out for and how they liked to take them. Some people who used the service self medicated after appropriate risk assessments had been completed and had safe, lockable storage in which to store their personal medicines. Daily checks on the medicine records were completed to ensure the systems were safe and any errors would be identified and dealt with quickly. Relatives we spoke with confirmed their family members did not take many regular medicines and any changes were discussed with them.

We reviewed three recruitment files which showed staff were recruited safely. We saw references had been checked and staff were subject to checks on their suitability to work

Good

Is the service safe?

with vulnerable adults by the disclosure and barring service [DBS] before commencing their employment. The organisation also completed on going random DBS checks of staff after the initial check.

Good

Is the service effective?

Our findings

People who used the service told us they thought staff were well trained and were able to meet their needs. Comments included, "The staff are all really good and they are kind."

Relatives we spoke with told us they thought staff had sufficient skills to support people, one relative said, "Yes definitely. I can't hold them in enough esteem, they are fantastic and understand him so well, we are fully confident in their skills" and "All the staff are really good, but others seem to have a real affinity with him." Another relative said, "The staff all seem very well trained. They all know [Name] really well as a person and also about their needs; they work very well together and provide good continuity of care."

People who used the service told us their relative enjoyed the meals provided, were well catered for and involved in menu planning at their weekly house meetings, and the shopping for and preparation of food. Comments included, "It is fish and chips tonight, I really enjoy that" and "We are all involved in planning menus and we can all include our favourite meals, so everyone has a say. If someone changes their mind, then staff will help them to make something else. We go out for meals too and have parties for people's birthdays if they want them."

Relatives also told us how their family members liked the meals at the service and considered them to be well catered for. Comments included, "They eat a much healthier diet now and the meals are prepared from scratch, so they are learning how to cook properly, not just heating things up."

We saw people who used the service had health action plans in place that gave an overview of people's health needs, how they communicated their needs and identified areas of support the individual required with this. The document described what actions professionals and others could take to help and support the individual in their approach and what was not helpful to them. This was available in both written and easy read format.

People who used the service were supported to maintain good health and had access to health services for routine checks, advice and treatment. Staff we spoke with told us how they supported people who used the service to see their GP when they were unwell and attend appointments with other professionals when this was required such as: neurologist, dentist, optician and members of the community learning disability team. Care records seen showed people's health needs were planned, monitored and their changing needs responded to quickly. Communication records showed that families were kept informed of any changes or health concerns involving their relative and were given the opportunity to accompany them on appointments if they wished to do so.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The acting manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. We saw the service acted within the code of practice for the Mental Capacity Act 2005 [MCA] and DoLS in making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. Easy read copies of MCA and DoLS were in place in individual care records, for people's information.

The registered manager told us they had been working with relevant local authorities to apply for DoLS for people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this. At the time of our inspection DoLS had been approved for one person who used the service.

Staff had received training in the MCA and they were clear about how they gained consent to care and support prior to carrying out tasks with people who used the service. Staff told us most people were able to make day to day decisions about their support and gave examples of how they assisted people to make choices with regards to meals and activities. This was confirmed by people's relatives. One person's relative told us, "The staff support this really well. They work with him to ensure he is accessing the activities he wants to do and support him to try new things. If he doesn't like it they will support him until he is happy with his programme."

Records showed us staff completed an induction and they had access to a range of essential training and also training which was specific to the needs of the people who used the service. Training records were held on a central computerised system, produced by the training department, we saw this was updated when training was completed; the system indicated when refresher courses

Good

Is the service effective?

were required and the acting manager then brought this to staff's attention. The registered provider's learning and development team sent out the dates for the training courses which the member of staff or the acting manager then booked. The deputy manager explained how a new eLearning programme had been provided and staff were also using this for some refresher training.

The acting manager told us, that following their appointment, all new staff completed a week of induction which covered training which the registered provider considered to be essential including; medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service, until they had been assessed as competent and confident in their role. Following this they completed a work based induction booklet during the next three months. Further more specialised training was also made available to them during this time including, training about epilepsy and autism.

Staff told us they completed an induction programme based on nationally recognised standards. One member of staff told us, "We have very good training. It is recognised here that it is needed and is important to the service we deliver."

We looked at staff training records and saw staff had access to a range of training which the registered provider considered to be essential and service specific. This included managing challenging behaviour, Team Teach [British Institute of Learning Disabilities accredited non abusive psychological and physical intervention training], epilepsy, autism, safeguarding of vulnerable adults, first aid, health and safety, infection control, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards [DoLS]. The majority of the staff had also completed an NVQ [National Vocational Qualification in Health and Social Care].

Records showed each member of staff had regular supervision meetings including an appraisal with their line manager throughout the year. This showed us there was a system in place to support staff and help them develop.

Good

Is the service caring?

Our findings

People who used the service told us staff were very kind and caring. One person told us the staff respected their privacy and they were able to make decisions about their care. Comments included, "If I want to be on my own I can be and staff will respect this."and "They always knock before they come in and tell me who it is."

Relatives spoke positively about the care provided and staff being approachable and accessible to them. They told us, "The staff ring me up a couple of times a week; they are in regular contact with us and let us know what is going on. They love what they do and they really do care" and "I am so happy with everything they go above and beyond all expectations and they have worked hard with his health needs to make his condition more manageable for him." Another told us, "Yes we know what is in their care plan and we are involved with them [their relative] in discussions about this regularly, or if something is not working we will look at it sooner."

Care plans seen, provided staff with good information about how people who used the service wished to be treated, particularly in relation to behaviours that may challenge the service and others, so their dignity and privacy was maintained. The deputy manager told us how staff recorded information in such a way that it could be put on a graph to identify trends and patterns. In doing so they were able to identify a pattern emerging for one person and from this able to plan home visits with their relatives at times when they were well so the family could all get the most out of their time spent together.

We saw information in care records was available in a variety of formats to assist people to make decisions and choices. We saw that where people had particular preferences in how information should be presented to them, in order to support them in the decision making process, this was provided.

Staff and people who used the service, told us told us they were able to choose what time they got up or went to bed. During our visit we observed that the two people who were on a house day were able to get up in their own time and enjoy a lay in before beginning any home based activities. We saw care plans were detailed and provided staff with information about people's likes, dislikes and preferred routines.

Records seen showed annual reviews were held with commissioners, social workers, the registered manager, the person, their relatives and keyworkers. Goals and objectives set at the previous meeting were reviewed. People who used the service were involved in discussions about their future plans and aspirations and how staff could support them to plan for and help them achieve this. Records showed that people were supported to access and use advocacy services to support them to make decisions about their life choices.

We observed the relationships between the people who used the service and the staff team and found them to be positive and staff to be kind, caring and patient in their approach and interactions. People who used the service approached the staff confidently and on occasions sought reassurance from them for example; discussing plans for appointments and activities, checking times with them and that the plan for this remained the same. Staff responded kindly, to people gently reminding them of previous discussions they had had together and what they had discussed and planned during this process.

Throughout the inspection we observed a calm and relaxed atmosphere within the service. During discussions, staff demonstrated they had a good understanding of the needs and personalities of the people they supported. For example; when the inspector asked to speak with the people who used the service, the staff gave clear information and support about the best way to approach this, identified any potential triggers and what would be most acceptable for each individual.

Staff were able to describe to us how they were able to recognise when people were anxious or unsure and how they supported them in these situations. This meant staff had developed a good understanding of the people they supported and how to interact and support them in different situations.

People who used the service were supported to be as independent as they were able to be. Staff encouraged people to plan for and prepare their own meals and drinks, bake, do their own laundry, choose their preferred activities, and help with the cleaning of the house and their own personal space. During our inspection we saw people involved in making their own lunch, going out shopping and later to the local Gym while the other people were involved in community based activities for example; computer courses and horticulture.

Good

Is the service caring?

Staff ensured people had their privacy and dignity maintained. For example, when one person began talking about personal issues, staff quickly reminded them that it was a 'private' matter and gently encouraged them to go to another area where they could speak in private without being overheard.

We saw the people who used the service were well presented, their clothing was age appropriate and in keeping with their own personal tastes and preferences. Staff told us, "When they want to buy new clothes we usually plan a trip out where they can try on new clothes and have a good look around the shops to find what they are looking for."

Good

Is the service responsive?

Our findings

People who used the service told us they were involved in the planning of all aspects of their care, comments included, "Yes I have meetings to talk about everything and my mum comes to it too" and "I wanted to go on holiday and my keyworker and the staff helped me to plan it so I can go where I want and with who I want."

Relatives told us they were involved with the planning of their relatives care. They told us, "We are always welcome to discuss anything and we have the opportunity to do this","It is like ringing up your family you can speak to them about anything" and "[Name] has learned to cope with unpredictability and they are leading the life they should be for someone of their own age. They have a social life, they eat healthily, they cook for themselves and they contribute to running their own home. The service really does balance well, managing risk without putting people in danger. I am so proud."

Social and health care professionals told us that the staff worked effectively with the people who used the service. Any changes that needed to be implemented were acknowledged and implemented quickly and there was open communication with the acting manager and staff.

People were encouraged to develop new relationships and the service had an established social network with other houses within the organisation and community based social groups to enable people to meet up at planned events; for example drama groups, sports events and discos.

Staff supported people to maintain relationships with their families and support them with home visits. People who used the service were seen to visit their families on a regular basis and spent nights away from the service.

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes where this was required.

We looked at the care files for three of the people who used the service and found these to be well organised, easy to follow and person centred. Sections of the care file was found to be in a pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan. Handwritten notes from people who used the service were also included in their personal care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. Details of what was important to people such as their likes, dislikes, preferences, what made them laugh, what made them sad, their personal attributes and their health and communication needs; for example, their preferred daily routines and what they enjoyed doing and how staff could support them in a positive way were available.

We saw evidence to confirm people who used the service and those acting on their behalf were involved in their initial assessment and on–going reviews. When there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed. People's care plans were reviewed monthly, after individual meetings with their key worker, this ensured their choices and views were recorded and remained relevant to the person.

Staff told us there was more than enough information in people's care plans to describe their care needs and how they wished to be supported. When we spoke to the acting manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community.

During the two days of our inspection we observed a number of activities taking place both within the service and the local community. These included people being supported with cooking, shopping, using their computers, walks in the local community, listening to music, and participating in domestic tasks to promote their independence skills. Activity records showed other

Good

Is the service responsive?

activities people had participated in which included; horse riding, bowling ,literacy skills, crafts and card making, swimming, going to the gym, pub visits, disco's and day trips.

Staff we spoke with described the progress and achievements of the people who used the service; a member of staff said, "When they first came to the service they were quite anxious and needed a lot of support and encouragement to try anything slightly different. They are very different now, you wouldn't recognise them; it is them coming to us now, wanting to try new things."

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. We saw that no complaints had been received since our previous inspection. The acting manager told us, "We communicate well with relatives and encourage them to talk about anything they may be concerned about or unsure of. This means that we have an open and transparent culture and people will contact us." Relatives spoken with confirmed they had never had the need to make a complaint, but were aware of the organisations complaint policy. They told the acting manager was always accessible to them, but they could talk to any of the staff and would be listened to. Comments included, "You just have to ask for something and it will be put in place, they always complete everything they say they will. It is fantastic."

Requires improvement

Is the service well-led?

Our findings

During our inspection we observed people who used the service coming into the office at various times throughout the day, greeting staff and engaging in general banter and conversation in a friendly and relaxed way. People who used the service told us, "[Name] is very good, we can talk to her all the time and she and tells us what is happening, like when we are getting a new staff. She is a kind lady."

When we asked people's relatives about the management of the service, all the comments we received were positive. One person's relative told us, "[Name] is always visible within the service when we visit, approachable and knows my son's needs very well. The service here is excellent. I can't fault it." Another person said, "I obviously want the best for my son and I've had no concerns and only praise for this service. His placement here has been so worthwhile. If we turned back the clock, I would make the same decision to send him here."

At the time of our inspection there was no registered manager in place.The previous registered manager had left the service at the end of January 2015. A new manager had then been appointed and had applied for their registration, but had not been registered before experiencing a period of absence. After a period of six weeks absence, the provider informed us they were placing an acting manager in the service to cover the period of absence with support from two experienced registered managers from other nearby services. The acting manager,[who was previously working as the deputy manager at the service] started to work at the service from 9 March 2015. At the time of our inspection the provider was in the process of recruiting to this post and interviews were planned to take place on 27 November 2015. On the first day of our inspection the acting manager was on leave and one of the registered managers from another service came to support with the inspection.

The acting manager was an experienced deputy manager and had worked for the organisation for a number of years. People who used the service and their relatives knew the acting manager well and we observed how people who used the service approached them and their responses to them. It was clear the acting manager knew people's needs well and had positive and caring relationships with them.

We spoke about the culture of the organisation with the acting manager and staff. They [staff] told us, "It's an open culture; the manager listens and makes changes in people's best interests" and "We are all here for the benefit of the students, when they achieve anything we all celebrate it." The acting manager told us, "Although I have quite a laid back approach I get things done, I am approachable, genuine and honest and expect the same from my staff. I would never ask staff to do anything I wasn't prepared to do myself."

We found the organisation encouraged good practice. For example, there was a system in the organisation to nominate staff for specific awards for recognition of good practice. The organisation also had 'Investors in People', which was an accreditation scheme that focussed on the registered provider's commitment to good business and people management. The co-founder of the organisation and Director of Care, had recently won a national award. This award is presented to an individual who is judged to have made a long-term outstanding contribution to the lives of people with a learning disability and/or autism.

Staff were provided with handbooks which explained what the expectations were of their practice. It also described the organisation's vision. This was described as promoting a 'society in which disabled people are seen as people first and are able to live fully- integrated lives.' The mission was to 'deliver excellent education, employment, care and support by providing flexible services to meet individual needs, reflecting individuals' uniqueness, their personal aspirations and goals, and giving them optimum control over their lives.' Staff received remuneration for long service within the organisation.

We spoke with the acting manager and they were aware of the importance of effective communication with the people who used the service, relatives, external agencies and staff. They told us they had regular one to one meetings with staff and as a group. We looked at the minutes for the team meeting held during September 2015 which showed topics such as home issues, training, staffing and students as well as the costing of a trip to Lapland and ideas for a New Year's Eve party.

The acting manager told us they were supported by a senior management team and by having regular meetings

Requires improvement

Is the service well-led?

with the registered managers of other services within the organisation. They told us the meetings were a forum where they could share best practice and discuss ideas to improve the service.

We saw a system was in place to monitor the quality of service people received. This included a range of audits, meetings and surveys to obtain the views of people who used the service and their relatives, and observations of staff practices. The registered provider had developed a new five year strategic plan.

An annual survey had been carried out in 2015. It gathered views from people and their families. Alternative communication formats were available to help people to take part in the survey and staff supported people to take part where they were able to. The majority of responses were very positive, with an overall rating of 90.2% of all people using the service expressing their satisfaction with it. We found the results for the relative's surveys weren't linked to specific services and discussed this with the acting manager who agreed that more specific surveys would be advantageous in that they would provide clearer information and identify shortfalls more easily, eg if it was an educational or residential issue [the organisation provides both education and residential services]. They confirmed they would share this information with the senior management team.

The quality monitoring programme included a structured programme of peer reviews by registered managers from other services within the organisation. These quality reviews were generally completed every two months and covered all aspects of service provision. We looked at the latest review which was carried out in August 2015. This showed positive results with few issues identified. The records showed where shortfalls had been identified, action plans had been developed and compliance dates achieved.

Records showed the acting manager regularly completed a range of internal checks of areas such as care plans, personal finance accounts and medicines management, results of these internal checks were positive. The medicines systems were also checked each year by the contracting pharmacy.

Accidents and incidents record were maintained and demonstrated appropriate immediate actions were taken following this. The acting manager confirmed how all accident, incident and safeguarding reports were sent to the senior management team for analysis and review to identify any patterns and outcomes to inform learning at service and organisational level.