

Idelo Limited

Idelo Limited - 5 Courtenay Avenue

Inspection report

5 Courtenay Avenue
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Tel: 02084210466

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of Idelo Limited–5 Courtenay Avenue took place on 7 August 2018 and was unannounced.

Idelo Limited–5 Courtenay Avenue is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Idelo Limited–5 Courtenay Avenue provides care and support for up to three people who have learning disabilities, some of whom live with mental health conditions. At the time of our inspection three people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support (RRS) 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 has a registered manager. A registered manager is a person who has registered with the 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.

At our previous inspection on the 24 and 25 August 2017 we rated the service 'requires improvement' and identified one breach of legal requirement because people were not being protected from financial abuse. We also made a recommendation on improving and developing more effective quality monitoring and improvement processes. At this inspection we found sufficient action had been completed to address the shortfalls we found and improvements to the service had been made.

During this inspection we found there were no breaches of the regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014, and we rated the service overall as Good.

All the people using the service told us that they were happy living in the home and satisfied with the care and support that they received from staff. People using the service told us that staff were kind and they felt safe. Staff engaged with people in a respectful and positive manner.

Arrangements were in place to manage people's monies effectively and safely. Action had been taken to address the deficiencies we found during the last inspection to do with the management and handling of people's monies. People using the service were protected and at minimal risk of financial abuse.

The provider had improved and developed the arrangements for monitoring and improving the quality of the service provided to people.

Staff knew people well. They had the skills and knowledge to provide people with the care and support that they needed. Staff received a range of training relevant to their roles and responsibilities. Arrangements had been put in place to ensure staff received the refresher training that they needed to remain competent in carrying out their duties in meeting the individual needs of people using the service.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained people's consent before providing them with assistance with personal care and other activities.

People's care plans were up to date and personalised. They included details about people's individual needs and preferences and guidance for staff to follow so people received personalised care and support. Care plans about one person's specific medical needs were developed following our inspection.

Staff knew people well and had a caring approach to their work and understood the importance of treating people with dignity, protecting people's privacy and respecting their differences and human rights.

People had the opportunity to choose, plan and take part in a range of activities that met their preferences and needs.

Appropriate staff recruitment procedures were in place so that only suitable staff were employed. Staffing levels and skill mix provided people with the assistance and care that they needed.

People were supported and encouraged to raise concerns and/or complaints to do with the service. They were listened to and their concerns addressed appropriately by management staff.

People were supported to access the healthcare services they needed. Staff liaised closely with healthcare professionals to ensure that people's health and medical needs were identified and met.

People's medicines were managed safely. The medicines management systems were in the process of being reviewed by management.

People enjoyed the meals provided by the service. Their dietary needs and preferences were accommodated by the service.

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.

Safeguarding systems, processes and training were in place to keep people safe from the risk of abuse. Action had been taken by the service to protect people from financial abuse.

Risks to people were identified and measures were in place to lessen the risk of people being harmed.

Arrangements were in place to manage and administer people's medicines safely.

Is the service effective?

Good ●

The service was effective.

People's dietary needs and preferences were understood and accommodated by the service.

People received support from staff who were competent in carrying out their roles and responsibilities.

People were provided with support to access the healthcare services they needed.

Staff sought people's consent before providing care and support.

The premises were accessible to each person using the service.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness from staff who knew them well. Staff knew people well and understood their cultural needs.

People were supported to express their views and to be actively involved in decisions about their care.

People's privacy and dignity were supported. Relationships with those important to people were supported by the service.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed and understood. Arrangements were in place to ensure the service was responsive to changes in people's needs.

People were fully involved in the development and review of their care plans.

People had the opportunity to take part in a range of activities of their choice that met their preferences and minimised any risk of social isolation.

A complaints process was in place. People were listened to and complaints were taken seriously and addressed appropriately.

Is the service well-led?

Good ●

The service was well-led.

The atmosphere at the service was open and inclusive. Staff were provided with the support and direction that they needed to meet the needs of people using the service.

Shortfalls found during the last inspection had been addressed.

There were processes in place to assess and monitor the quality of the service, and to drive improvement. These arrangements were in the process of being developed and improved.

Idelo Limited - 5 Courtenay Avenue

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 7 August 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return (PIR) which the provider had completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed the PIR with the registered manager and trainee manager during the inspection.

During the inspection we observed interactions between staff and people using the service. We spoke with the three people who used the service, the registered manager, a director, trainee manager and two care workers. Following the inspection, we spoke with two relatives of people using the service and a representative of the host local authority quality services team.

We also reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of all the people using the service, three staff records, audits and some policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe living in the home. People's relatives told us that they felt that people using the service were very safe. One person's relative told us that they a person using the service would let them know if they felt unsafe or were worried about anything to do with the service.

During our last inspection of the service on 24 and 25 August 2017 we found arrangements for managing and handling people's monies were not effective in minimising the risk of financial abuse. Records were not available to show that regular audits of people's monies including checks of receipts of people's purchases had been carried out. Receipts of purchases were disorganised so people's expenditure information was not easily accessible. One person's expenditure records lacked clarity about the person's spending and did not show that the person was always protected against the risk of financial abuse. There was no record that showed that a person had consented to the arrangement of paying a financial contribution for the regular use of the service's vehicle.

At this inspection we found that the provider had taken appropriate action to address the shortfalls. Management had reviewed all the arrangements for supporting people with their finances and had made improvements. We found that people received personalised support with their finances and their budgeting and money management skills were reviewed regularly. People's cash was stored safely and people signed for any money that they received. Records of people's expenditure and details of purchases were clearly documented. Receipts of purchases were available and regular checks of each person's financial records and the balance of any person's cash held within the home were carried out by management. Action plans showed that deficiencies found during these audits were addressed. Appropriate action had also been taken to address the issue of a person using the service regularly contributing to the cost of travelling in the service's vehicle. Their capacity to understand and consent to a small monthly payment had been carried out and the person had signed that they had agreed to the arrangement.

The above action taken by the provider showed us that they were no longer in breach Regulation 13 Health and Social Care Act Regulations 2014 relating to safeguarding people from abuse.

The service had a safeguarding policy to protect people and keep them safe. Staff had a good understanding of different types of abuse. They knew they needed to report any concerns to the registered manager. Staff told us that they would contact the host local authority safeguarding team and the CQC if no action was taken by management. Records showed that staff had received training about safeguarding adults. Some staff were due safeguarding adult's refresher training. The trainee manager had identified this and had made arrangements to ensure that all staff were up to date with this training. The contact details of the host local authority were accessible to people, staff and visitors as they were displayed in the home.

Staff knew that they needed to report any poor practice from staff or any other concerns to do with the service to the registered manager and or other management staff.

A policy was in place for responding to and managing accidents and incidents. There had been no recorded

incidents and accidents during the last year. Staff understood their responsibilities to report and record incidents. The trainee manager told us that he would implement a system to regularly review all incidents and accidents, look for patterns and learning from them to minimise the risk of reoccurrence. Records showed that guidance about protecting people during a recent period of hot weather had been read and understood by staff

We checked three staff's records, which showed appropriate recruitment checks and criminal record checks had been carried out, but found only one reference was available for one member of staff. The trainee manager informed us of the issues to do with obtaining a second reference and following the inspection confirmed that he had obtained a second reference from another of the member of staff's previous employers.

We looked at the arrangements that were in place to ensure there were sufficient staff on duty so people received the care and support that they needed and were safe. Staffing was flexible. It was organised to meet the needs of people using the service. The registered manager told us that agency staff were not employed by the service so people received continuity of care and support from regular staff who knew them well and understood their needs and preferences. A person's relative spoke of the importance of consistency of care to a person using the service.

Arrangements were in place to manage, store and administer medicines safely. People's medicine administration records (MAR) showed that people had received their medicines as prescribed. Records showed that people's medicines needs were regularly reviewed by a doctor. Checks of the ongoing stock of people's medicines were carried out by management. A member of staff told us that their competency to administer people's medicines had been assessed by a manager and that they had also received suitable medicines training. Records of staff medicines competency assessments were available. The trainee manager told us that he planned to annually assess each person's competency to administer medicines. Pharmaceutical data sheets that included information about the medicines prescribed and any side effects were available. We found the names of each person's medicines were recorded in people's care records but there was no information about the reason the medicines had been prescribed. The trainee manager told us that he would ensure that this information was available in people's care records to help staff have a better understanding of people's individual medicines needs.

The trainee manager told us that he was in the process of reviewing, developing and improving the medicines arrangements. He had carried out medicines checks and records showed shortfalls found during those checks had been addressed. The pharmacist who supplied people's prescribed medicines carried out regular monitoring checks of the management of medicines in the home. Records showed that they had carried out a check in 2017 and no concerns had been found.

Regular safety checks were carried out to ensure people, staff and visitors were safe. These included checks and servicing of electrical and gas and fire safety appliances, and checks of the safety of the environment.

The service had an up to date fire risk assessment. Routine fire safety checks and fire drills were carried out. Each person had a personal emergency evacuation plan (PEEP). These were detailed and included information about the support people would need if the building had to be evacuated in an emergency. Work to ensure people's bedroom doors were connected to the fire safety system had been planned.

Risks to people's safety were assessed and managed. Risk assessments included use of public transport, medicines, falls and risks associated with a person's medical condition. Records showed that staff had received training about risk assessments.

The home was clean. We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. Staff carried out a range of cleaning tasks. Protective clothing including disposable gloves and aprons were used by staff when undertaking some tasks, to minimise the risk of cross infection. Information in picture format about good hand hygiene was displayed so accessible to people and staff. The cleanliness of the service was monitored by management.

The service had recently received a rating of 5 [very good] following a food safety inspection carried out by the Food Standards Agency.

Is the service effective?

Our findings

People using the service told us they were happy with the care and support that they received. A person using the service told us that the choices that they made about their life. People's relatives told us that they felt staff knew people well and understood how to provide them with the care and support that they needed.

Staff understood people's communication needs and described how they supported people to make decisions. Detailed information about people's individual communication needs were documented. Gestures, behaviour and body language people used when communicating were described to help staff understand each person's needs, wishes and preferences.

People's care records showed that people were fully involved in the decisions about their care and the life that they chose to lead. During the inspection staff consulted people about a range of issues and choices to do with their care, and respected people's decisions. On the day of the inspection a person celebrated their birthday. The person confirmed that the birthday arrangements and food had been chosen by them.

Staff told us that they had received an induction when they started work, which had prepared them for carrying out their role and responsibilities. The induction had included learning about their role, the organisation, health and safety issues and people's needs. A member of staff told us that they had found the induction to have been very helpful. They informed us that it had included two weeks 'shadowing' of staff carrying out their duties, which had helped them understand their role and enabled them to get to know people using the service. The provider incorporated the Care Certificate induction standards into their service induction that they provided for staff. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff in the health and social care sectors.

Staff had a good understanding of people's needs and were knowledgeable about the care and support each person needed. Staff told us that they received the training and learning that they needed to carry out their role in meeting people's needs. A range of training was provided to staff to ensure that they were competent to support people effectively and safely. Training included, fire safety, risk assessment, health and safety, medicines, safeguarding adults, basic first aid, person centred care, confidentiality and food safety. Best practice in a range of areas was also discussed with staff during staff meetings and one to one supervision. Records showed that staff had achieved relevant qualifications in health and social care. We found that some staff had not completed refresher training in some areas within the provider's set timescales. The trainee manager had recently carried out a review of staff training needs and completed an action plan to ensure staff received the refresher training they needed.

Staff told us that they felt well supported by the registered manager and other management staff. They spoke of receiving ongoing day to day supervision and support from management to help them carry out their roles and responsibilities in meeting people's needs. Staff told us and records showed that staff also received formal one-to-one supervision, where they discussed people's needs, best practice issues and other aspects of the service with a manager. Staff had recently completed an annual appraisal of their

performance and development.

People's care records included information about each person's healthcare needs. Records indicated that people's healthcare needs were understood by the service. Staff were responsive in supporting people to access healthcare services quickly when they showed symptoms of being unwell. A person's relative spoke highly of the way staff had supported a person with a recent hospital procedure. People's care records included details of their appointments with healthcare professionals that included GPs, dentists, chiropodists and opticians. Each person had personalised 'wellness plan' that detailed the activities they completed to support them in remaining well.

MCA provides a legal framework for making 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff supported people in line with the MCA. Records showed that people living in the home had the capacity to make decisions about their lives and care and treatment. A person's care records showed that the person had been consulted about whether they wanted to attend a health screening appointment and the person's decision was respected by staff. Staff were aware that when a person did not have capacity to make a decision, a decision would need to be made on their behalf in liaison with relevant professionals, relatives and others involved in their care. At the time of this inspection no people had DoLS authorisations in place and there was no indication that their freedom was being restricted. A person told us that they regularly went to the local shops independently.

Staff knew about the importance of obtaining people's consent on a day to day basis before helping them with personal care and all other support. We heard staff asking people if they wanted assistance and people's decisions were respected.

People's dietary preferences and cultural dietary needs were recorded, understood and accommodated by the service. People told us that they enjoyed the meals that were provided and could choose what they wanted to eat. People were supported by staff to eat healthy food options.

People told us that they were happy with their bedrooms. Management told us that building works to establish a fourth bedroom were planned. They told us that ongoing consultation with people using the service about the details and progress of the work would take place, and that risk assessments to keep people safe during the work had been developed and would continually be reviewed.

People were fully mobile and were able to access all areas of the premises. Maintenance issues were addressed promptly.

Is the service caring?

Our findings

People using the service told us that staff were kind to them. During our visit we saw positive engagement between staff and people using the service. Staff including the registered manager, trainee manager and care staff spoke with people in a warm, friendly and respectful way. People's relatives were also complimentary about the staff's caring and calm nature.

Observation of staff interaction with people and talking with staff confirmed that staff clearly knew people well. They shared details about people's background, lives and family relationships and had a good understanding of each person's individual needs and preferences. People using the service appeared very comfortable in the company of staff. They approached staff without hesitation and engaged with them in a relaxed manner.

In line with Registering the Right Support principles staff encouraged people's independence and supported them to be fully involved in their decisions about their care and other aspects of their lives. People using the service told us about the decisions and choices that they made. During the inspection people made a range of day to day decisions, which were respected by staff.

People were supported by the service to obtain a travel card that enabled them to travel free on public transport, which promoted their independence, access to community facilities and enabled them to visit family and friends regularly. People were encouraged by staff to develop their skills and achieve personal goals. Records showed that management had written to each person informing them of the action that had been taken by the service to help them achieve their personal goals. For example, a person had requested that they go out for more walks and records showed that action had been taken to accommodate that request.

Staff supported people to maintain the relationships they wanted to have with friends, family and others important to them. Some people received regular visits from family members and others regularly visited their relatives. People also kept in touch with family members by phone. People's relatives spoke about their visits to the service and of the positive contact that they had with staff about people's care. Staff spoke of the importance and benefit to people's well-being and continuity of care in having good communication with people's relatives and others important to them.

People's right to privacy was respected by staff. We saw that staff respected people's choice when they decided to spend time alone in their room. Staff knew how to respect people's confidentiality. They knew not to speak about people other than to staff and others involved in the person's care and treatment. People's care records were stored securely.

We discussed the Accessible Information Standard (AIS) with the trainee manager. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. People had been provided with information about the service which was in written and

picture format so more accessible to people who had difficulty reading. The trainee manager told us that they would look at ways to make information more accessible to people using the service. They told us that they had recently spent time observing staff communicating with people and had developed a person's communication care plan following this which had resulted in staff using more visual aids when communicating with the person.

The service had an equality, diversity and inclusion policy that included information about treating people equally without discrimination regardless of ethnicity, language, culture, gender, age faith, and sexual orientation. Details of people's religious, cultural and sexuality needs were included in each person's care records. Staff had a good understanding of equality, diversity and human rights. They told us about the importance of respecting people's individual beliefs, needs and differences and provided us with examples of how they supported a person's cultural, religious dietary and activity needs.

Is the service responsive?

Our findings

People and people's relatives told us that staff were responsive to people's needs. Comments included, "They know [person] well, staff haven't changed which is good," and "They [staff] are responsive. They keep in contact about [person]."

People's needs were assessed with their participation and when applicable their family involvement, prior to them moving into the home. Assessment information about the person was also provided by the person's placing local authority. Care plans were developed from assessment information. They identified where people needed support and included guidance for staff to follow about how to support people to achieve their goals and meet their individual needs and wishes. Records showed that people using the service had participated in the reviews of their needs. A person using the service commented that they were "Happy" with their care plan and had signed their care plan records.

There were systems in place to ensure that staff received up to date information about people's needs and welfare. Care records completed during each shift included details about people's needs and progress. A staff 'handover' took place during each shift where people's progress, mood, healthcare appointments and activities were some of the matters discussed and shared with staff. A member of staff spoke of the ongoing communication that care staff had with management about the needs of people using the service. They told us that the registered manager or nominated individual contacted them every evening to obtain an update about the service and people's well-being.

People's care plans were personalised and included 'All about me and my life' which detailed information about each person's strengths, needs and wishes. Care plans identified the support people needed with their care, communication, health, emotional needs, religious and cultural needs. People's preferred routines were personalised and detailed in their care records. Their behaviour needs were described in their care plan. One person's care plan included guidance for staff about recognising triggers that led to them becoming stressed and anxious. The guidance included details about managing the person's behaviour as well as strategies to follow to reduce the probability of any triggers occurring.

We found no indication that people's needs were not being met. However, although there was some information about a person's medical conditions, specific care plans were not in place for supporting them with two medical conditions. These were completed by management following the inspection.

'Grab' record sheets were included in each person's care documentation. People took these with them when they were admitted to hospital so staff at the hospital had the information they needed to care for the person in the way that they wanted. Other important information including details of the person's next of kin, GP, medicines, communication and health and social needs were included in each person's 'grab' record.

People's relatives confirmed that they were fully involved in issues to do with people's care and were kept informed about people's progress and told about any changes people's needs. A person's relative told us

the service had been very responsive to a person's medical needs.

People were supported to take part in a variety of preferred activities within the home and in the community to minimise the risk of social isolation. People's activity preferences and hobbies were recorded in their care plan and records showed that people were supported to take part in activities of their choice. People told us that they liked to visit family members, attending day resource services, clubs, enjoyed listening to music and spending time watching films that supported their cultural needs. Records showed that outings to the cinema, shopping trips and a holiday had taken place. It was clear from records that people's individual preferences and choices were accommodated by the service. When people decided not to take part in an activity their choice was respected by staff.

The service had a complaints policy and procedure for responding to and managing complaints. There were opportunities for people to raise concerns and/or complaints during meetings and during day to day interaction with staff. Complaints records showed that issues raised by people using the service had been taken seriously by the service and addressed appropriately. Staff knew they needed to take all complaints seriously and report them to the registered manager.

The service was not providing end of life care. Management told us that they would ensure that people's care needs and wishes were supported by the service with assistance from community healthcare professionals when they neared the end of their life.

Is the service well-led?

Our findings

The service has a clear management structure, which consists of a registered manager who directs the management of the service with support from the trainee manager and director. Arrangements ensured that a manager was always on call to provide staff with support and advice when needed. A member of staff told us that there was ongoing communication and supervision from management staff about the service.

People using the service and people's relatives knew who the registered manager, director and trainee manager were. Management were 'hands on'. They supported people with their care and support needs. During the inspection the registered manager was fully involved in the preparation of a person's birthday party. A person's relative spoke highly of the contact that they had from the trainee manager. They told us the manager had been very responsive in dealing with a request they had made to do with a person's care.

Staff spoke in a positive way about their experience of working in the home. They told us that they enjoyed their jobs and spoke in a caring way about the people using the service. Staff were clear about their responsibilities and spoke of the positive culture in the home. They told us that they felt the service was very well managed and that management staff were visible, supportive and very approachable. Staff confirmed that management worked alongside them to support people.

Staff knew about reporting any issues and concerns to do with the service to the registered manager. They were kept informed about any changes to do with the service. Regular staff meetings took place. Matters to do with the service and best practice were discussed. Topics included, teamwork, food safety, risk management, compliance, health and safety, care plans and staff training. Staff told us that there was good team work and they felt comfortable raising any issues to do with the service and told us that they were always listened to by management.

The registered manager and trainee manager spoke of how they ensured that they kept up to date with current best practice and changes and developments in relevant legislation. They spoke about being proud of valuing people who use the service, respecting them and staff. The trainee manager told us that the service provided people with good quality care and that people were "treated as family members" by the service.

The service had an up to date business continuity plan which included details and guidance about how the service needed to respond to a range of significant events that could affect the service such as a flu epidemic, significant incidents.

We looked at the arrangements for identifying shortfalls, monitoring, developing and improving the service provided to people. The trainee manager told us that since starting their role they had reviewed the quality monitoring systems and implemented several new checks to more effectively monitor and improve the service. Monitoring checks included, regular review of people's care plans, checks of the cleanliness of the kitchen, fire safety checks, hot water temperature checks, and monitoring of hot food and fridge/freezer temperatures. The trainee manager told us that regular visual checks of the robustness of window restrictors

would be carried out during routine health and safety checks.

Checks of the safety and security of the environment had been carried out to identify, and mitigate risks to people's safety. Records showed that action had taken place to address deficiencies found. The trainee manager told us about the new improved arrangements for managing people's monies that had been put in place following a comprehensive review of previous arrangements. Records showed that following an audit of medicines administration records staff had been reminded to complete accurate records. A check of the medicine storage systems found that the medicine cabinet temperature had not been monitored every day. Staff had been reminded to do this. Checks of staff 'handover' records had been carried out and action had been taken to address shortfalls.

Records showed that people were provided with the opportunity to feedback their thoughts on the quality of the service that they received. Minutes of resident's meetings showed that people had talked about their food preferences, birthdays, complaints and fire safety.

A range of records including people's records, visitor's book, and feedback forms showed that the organisation had a culture of openness and communicated well with people and those involved in their care. People had completed feedback surveys that showed they were satisfied with the service.

Management staff told us that they had a good relationship with the host local authority and worked with them to make sure people's needs were met. They had addressed or were in the process of addressing the short falls found during a recent quality check carried out by a representative of the host local authority.

The service had good links with the local community. They supported people to access community facilities and amenities. The trainee manager told us that they were constantly seeking more opportunities for people to be involved in the local community. The registered manager spoke of the positive engagement that staff and people using the service had enjoyed with other holiday makers during a recent holiday.

Policies and procedures were in place. We looked at a random sample of them which indicated that they had been regularly reviewed. Staff knew how to access the policies and had signed policies that they had read.