Community Homes of Intensive Care and Education Limited

Choice Supported Living - South

Inspection report

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Date of inspection visit:
01 December 2017
04 December 2017

Date of publication:
16 January 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 1 and 4 December 2017 and was announced to ensure that the registered manager or appropriate person would be available to assist with the inspection. This was the first inspection since the service became registered.

This service provides care and support to 13 people living in four 'supported living' settings, so that they can live in their own home 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.

Although there was a registered manager this person was no longer managing this service and had submitted an application to cancel their registration. 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. A new manager had been appointed and planned to submit an application to CQC to become the registered manager. Throughout the report we refer to this person as the manager.

Staff were extremely person centred in their approach which was enabled and supported by the provider. They provided compassionate, caring support which encouraged people's communication and development of their independence. Staff worked exceptionally well with people and others to develop people's skills and ensure they were receiving a service that they needed. People were very comfortable, relaxed and confident in the company of staff. Care plans were person centred and staff responded to people's changing needs. Activities were based on individual preferences. The provider had found different means to engage and involve people, including employing them as experts to audit services.

Systems to ensure staff recruited were of good character were operated effectively and staffing levels were based on individual's needs. The provider delivered training and ensured support and supervision was in place to enable staff to undertake their roles effectively.

Staff had a clear understanding of the needs of people and worked well as a team and with other professionals. They knew about any risks to people as a result of their physical and emotional needs as well as what action to take to minimise the risks. Medicines were safely managed. People were protected against abuse. Policies and procedures were available to everyone who used the service. The manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse.

Staff understood the need for consent and demonstrated the principles of the Mental Capacity Act 2005 were understood and applied appropriately. They ensured people were involved in all aspects of the care and support. Where necessary staff involved others such as families to aid the development of clear support

plans. Other health professionals were accessed to ensure people's health care needs were met. People were supported in environments which suited their needs.

Staff were confident that the manager was knowledgeable and would take appropriate action if any concerns were raised. They felt supported and that the manager was easy to approach. The manager operated an open door policy and in order to provide clear leadership spent time visiting services.

Systems were in place which continually monitored the service to ensure this was safe and of good quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against abuse by staff who understood their responsibility to safeguard people. Risks associated with people's needs were assessed and action was taken to reduce these risks.

Medicines were managed safely.

The provider's recruitment process ensured appropriate checks were undertaken to ensure staff suitability to work with vulnerable adults.

Staffing levels were based on individual needs and systems were in place to ensure that ongoing learning took place when things went wrong.

Is the service effective?

Good

The service was effective.

People told us they were always asked for their permission before personal care was provided. Where needed people's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA).

Staff received supervisions, appraisals and training to help them in their role.

People were supported to ensure they received adequate nutrition and hydration.

Staff worked well as a team and people were supported to maintain good health and had access to appropriate healthcare services.

Is the service caring?

Good

The service was caring.

Staff had developed exceptional methods to communicate with

people and enable people to communicate with others. They worked closely with other professionals to ensure this skill and other skills were continually developed and people were enabled to become more independent.

Staff had built brilliant relationships with people. Staff were kind, caring and considerate. They worked proactively to ensure people could build and maintain relationships outside of those developed with staff.

People were actively supported to be very involved in the running of the service.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's needs and ensured a person centred service.

People were provided with appropriate mental and physical stimulation.

There was a process in place to deal with any complaints or concerns if they were raised.

Is the service well-led?

Good

The service was well led.

Staff felt supported and confident to raise concerns with the manager who they felt would take all necessary action to address any concerns. The provider's values were clear and understood by staff.

People, their families and staff had the opportunity to become involved in developing the service.

Systems were in place to ensure a quality service was being provided and that further developments could be achieved.

Choice Supported Living - South

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 1 and 4 December 2017.

We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 1 December 2017 to see the manager and office staff; and to review care records and policies and procedures. On 4 December we visited one supported living service to meet people and observe staff.

The inspection team consisted of one inspector.

Before the inspection we reviewed information we held about the service. We looked at notifications. A notification is information about important events which the service is required to send us by law. We reviewed the provider information return (PIR) document. 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. In addition we sent out questionnaires to people, staff, relatives and other professionals. We received feedback from one person and 13 staff. This information helped us to identify and address potential areas of concern.

During the inspection we spoke with one person and spent time observing staff interacting with people. We looked at the care and medicines records for three people. We looked at five staff recruitment, supervision and appraisal records. We looked at all staff training records as well as management records such as

complaints, safeguarding, incident and accident records, rotas, policies and procedures and governance records.

We spoke to the area manager, the newly appointed manager and two staff. Following the inspection we spoke with one member of staff and attempted to speak to a further five staff. In addition we received feedback from a relative. We tried to gain feedback from an external professional but did not receive any.

Good

Is the service safe?

Our findings

Feedback from the questionnaires we sent and from relatives told us people felt safe.

People were protected against abuse. The provider had systems in place to help ensure people were protected from abuse and harm. Staff had completed safeguarding training and were able to tell us what action they would take if they witnessed signs of abuse. Where required any potential safeguarding issues had been reported to both the local authority and to CQC. We saw records showing how each concern was investigated and analysed to ensure action the most appropriate course of actin was taken. Safeguarding incidents were reviewed at an organisational level as well. Any actions to be taken to reduce the risk of similar incidents occurring were shared across all the provider's services. For example, the area manager told us of an incident that had occurred in another service and was able to clearly confirm the action taken across all services to ensure this did not occur again. This approach enabled the provider to ensure that as many people as possible would benefit from any learning or improvements made.

People could be confident they were supported by staff who understood any risks associated with their needs and how to reduce these risks. Comprehensive risk assessments were undertaken and management plans developed where a risk for a person was identified. For example, where a person had been identified as at risk of choking, clear management plans were in place to guide staff about how to reduce this risk for people. Staff understood these and worked with people and other health professionals to support people's understanding. Where people were living with epilepsy, comprehensive management plans were in place to provide staff with very clear guidelines about what action they should take to ensure the person's safety in the event of a seizure. These were regularly reviewed.

People whose behaviour may cause distress or harm to themselves or others were well supported by the service. People had very detailed proactive behaviour plans which ensured staff knew how to intervene as early as possible when people were becoming distressed. Any techniques to be used, including any physical restraint, were detailed in the individual's behaviour management plans. All staff completed nationally recognised training which was regularly updated to ensure staff were as competent and confident as possible in the use of physical intervention. Physical restraint was used as a last resort to keep people and staff safe. Any interventions used to help people to control behaviours were recorded in detail and reviewed for the purposes of learning and support for people and staff.

Where people needed the support of equipment this was regularly checked by staff to ensure it was safe and working. Risk assessments for these pieces of equipment had been undertaken which included how the person used them. Each person had a comprehensive personal emergency evacuation plan (PEEP). This outlined the method of assistance, evacuation procedure and routes available for a safe evacuation.

Documentation related to accidents and incidents were maintained and shared with the provider's senior management team. Information contained details of the concerns and the action taken as a result. They enabled the manager and senior management team to identify trends with a view to reduction or prevention. Very few incidents and accidents had occurred but we saw immediate action had been taken to

ensure risks for people were minimised. For example, we saw how prompt action had been taken to replace a floor to ensure this was not a trip hazard.

People were supported to take their medicines safely. Each person had their own medicines storage in their bedrooms. The help people needed with their medicines was included in their care plans along with any guidance about 'as required' (PRN) medicines.

A monitored dosage system (MDS) was used which helped to ensure people were given their medicines in the right quantities, at the right times. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. Where appropriate the service ensured easy read and pictorial information was available for people. The medication administration records seen during our visit were accurate and complete. All staff who administered medicines had received up-dated training and their competence to administer medicines was checked regularly. The provider had just changed their policy so that staff would be required to have an annual competency assessment. The area manager told us this was to ensure the National Institute for Health and Care Excellence (NICE) guidelines had been followed. NICE aims to help improve health and social care through producing evidence-based guidance.

People received safe and consistent support from staff who had the knowledge, skills and time to care for them appropriately. Staffing levels were set by the needs of the people using the service and were identified at pre admission assessment. The manager and area manager told us how this was then discussed and agreed with the local authority. They told us how there had been occasions when the service and local authorities view on the level of staffing levels differed. They said on these occasions the provider would always ensure sufficient staffing to meet people's needs. The area manager confirmed that they had requested for people to have reviews with the local authority as they felt their needs had changed and, where previous agreed packages of care included shared hours, these would benefit from review to ensure truly personalised packages of care. Additional staff were made available, as necessary, for out of the ordinary events such as illness, activities and other crises. The provider ensured a management on call system was in place should staff require additional support or advice out of hours.

The provider operated a safe and robust recruitment process. Pre-employment checks were conducted including obtaining full employment history, checks on identification, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults. Following a review of the provider's policy this year an additional measure of risk assessment was implemented to enable staff to start work unsupervised with one satisfactory reference and a DBS first check (this checks the person is not barred from working with vulnerable people).

Good

Is the service effective?

Our findings

Feedback from questionnaires and from relatives told us that they were confident that staff were knowledgeable in their roles.

Prior to people receiving support from the service, assessments were undertaken to ensure the service and staff could meet the person's needs. The assessment process identified the areas of support people needed in relation to their health, their social needs and their personal needs. People and, where appropriate, their relatives were involved in this process.

Support planning was based as much as possible on evidence based guidance. The area manager and manager told us how the company used NICE guidelines to inform their policies. They described how the principles laid out by British Institute of Learning Disabilities (BILD) were applied to practice. BILD champion people with disabilities rights' to be treated as equal and improve the quality of their lives. We saw the principles of these applied in positive behaviour support plans and care plans.

People were offered support by staff who received a comprehensive induction which equipped them to work safely with people. The service used the Care Certificate framework as their induction tool. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Additionally staff competency was checked through completing questions following training, through one to one supervision sessions and team meetings.

People were supported by well trained staff who received appropriate training to ensure they could meet the diverse needs of the people they supported. For example, training was provided to ensure staff could work with behaviours that posed risks to them and others in a proactive, safe and least restrictive way. The provider ensured mandatory training was attend by all staff, this included safeguarding, medication, equality and diversity and bullying training and workshops. They also suggested and provided best practice training. This included subject areas such as epilepsy, diabetes, autism and specific communication systems. The area manager advised that the best practice training had been introduced this year and the plan was for staff to complete as much as was relevant to them.

Staff received ongoing support through one to one supervision sessions and appraisals. This involved discussion about people they supported, their own welfare, any concerns or training needs they may have. These sessions provided the staff member with opportunities to feedback to management and for management to feedback to the staff.

People were helped to choose, buy and prepare their food, according to their needs and preferences. External health professionals were referred to as necessary and any advice given to staff was followed. People were encouraged to eat a healthy balanced diet and follow professional nutritional advice. Care records gave staff clear details in relation to supporting people at mealtimes and with drinks. For example,

some people required their food to be cut into small bite size pieces, or to have their drinks thickened to aid the person to swallow safely. Staff understood these needs and we observed support being given in line with these needs.

Staff, the manager and area manager spoke with us about how they worked as a team to ensure people received consistent support by staff who knew them well. They shared information during informal handovers about people change in support needs as well as discussing these in team meetings. People were supported to maintain good health. People had access to a variety of external professionals and were supported by staff to make referrals and attend appointments. They were supported to access chiropodists, opticians, dentists and GPs. Specialist support was accessed where appropriate including speech and language therapists, aromatherapists, hydrotherapy and specialist nursing or psychological support.

People were cared for in an environment where adaptations had been made to meet their needs. Information was placed in pictorial format where this was needed. The service we visited had lots of photographs on display showing people's choices being made. Where needed hoists had been installed to support people's mobility. People were able to personalise their rooms. The environment was regularly checked for safety and maintenance issues. Any that arose were reported to the housing association for repair.

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.

Staff were aware of the need to ensure people were involved as much as possible and supported to make as many decisions as they were able to. Although people were not always able to verbally express their decisions they did so through their behaviours, body language and gestures. We observed people's decisions being respected. Staff had received training in the principles and operation of the Act. Where needed capacity assessments had been undertake. It was evident that best interests decision making processes were applied to ensure people were supported appropriately and in the least restrictive way possible, although the records could have been clearer. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Within the initial assessment where necessary mental capacity assessments were carried out by the local authority if people appeared to have difficulty making some decisions. The area manager showed us that information had been sent to the appropriate local authority to advise them that some people may be being deprived of their liberty and applications to the court of protection may be required.

Good

Is the service caring?

Our findings

Observations reflected people were comfortable and relaxed in staff's company. A relative told us "We cannot speak highly enough of the staff and their interaction with [relative]. They are so genuine in providing the care and we can see how happy [relative] is in [their] new environment. [They] is stimulated and involved which we witnessed during our time there. They go above and beyond the call of duty! You only have to see [Staff name] and [staff name] interact with [relative] to see their relationship is special.

The area manager described how the provider had worked with an external organisation to ensure people and what matters to them was at the centre of everything they did. This was very apparent in not only our discussions with management and staff but also in our observations. Staff knowledge of the people they supported was exceptional and they had spent time building relationships and trust with people. It was recognised that some behaviours that people could present which posed risks was their way of communicating. Support plans ensured staff had access to information they might need to understand the behaviour. This helped staff to look at other communication techniques for people whilst also aiding staff to intervene at an early stage when people were becoming distressed, subsequently reducing behaviours that could have a negative impact on the person or others. For example, for one person staff recognised their use of language did not always reflect what they actually wanted and as such assessed the person's body language at all times to ensure they were interpreting the person's verbal communication accurately. To engage the person they had developed awareness that they should not only use verbal communication but also provide a visual reference. For example, sitting with the person while staff ate their meal encouraged the person to eat.
People were supported by a service who worked closely with them and other professionals to develop ways to make sure that they were able to communicate and staff were able to understand them. Care plans included a section about how the person communicated and what their communication meant. Staff had made referrals to advocacy services to enable people to have their views expressed. Where appropriate people were provided with person centred picture or photographic communication aids which enable them to express themselves. These were used to support people to make choices, express their feelings and or make requests.

For one person we saw the staff had worked with the person and external professionals to develop a comprehensive pictorial and written communication book. This system enabled the person to point to pictures to make their needs known. We were able to communicate with this person using this system. The use of these communication systems meant that people were empowered to engage with others and have more control of their daily lives, regardless of their verbal skills. Staff also continued to support this person to develop their communication further. They were working with external professionals to source a new computerised system which would truly give the person a voice and enable them to more freely engage with others, express themselves, their views and their wants.

Staff's work with people and other professionals enhanced people's ability to communicate with staff and vice versa. As such they had developed excellent working relationships with people resulting in staff being able to support people to develop their skills and level of independence. Staff were exceptional at

supporting people to maintain and increase their independence. People were being supported to continually develop their skills. This included making their own drinks to accessing the community. The area manager told us how one person had not learnt how to make their own hot drink until a very late age. We saw pictures of this person making their own drinks independently. For the person who was getting a new communication system, they had been able to express their wish to go out more. Due to difficulties with public transport, staff had been working with the person to get their own transport. The person was waiting for this at the time of our inspection and had very clearly told staff exactly what they wanted to do first when this arrived.

The manager and staff told us how another person had not gone out into the community for two years because they had refused. However as a result of the work staff had done with this person to develop their trust and build their confidence they had been out for lunches and shopping. In addition they had supported this person to build other relationships which enabled them to be involved in more activities and access health appointments. We were told how this person allowed chiropodists and aromatherapists to provide support to them, which we were told they thoroughly enjoyed.

People had detailed and person centred care plans that they and important people in their lives were involved in developing.

Staff communicated with people with kindness and warmth and engaged positively throughout our visit, laughing and joking with them. We heard good natured banter between people and staff, demonstrating that staff knew people really well. Staff protected people's privacy and dignity at all times. They spoke with people with respect and showed consideration to their well-being. They were observed to ask people's opinions, even as much as checking out what photo people wanted displayed to show a recent party. It was evident that staff had real empathy for people and did everything they could to ensure people received the support they needed and deserved. When discussing funeral arrangements for one person the manager became visibly upset and was very clear about the actions they were taking in their own time, to ensure this reflected the persons personality.

People were supported to use systems such as skype, letters, emails to maintain relationships with friends and family. One person had recently bumped into a person they used to live with. Staff told us how they had lost contact but that this had been re-established at the person's request. They had met up for a coffee and were keeping in touch in writing. A relative told us how they felt staff went above and beyond. They told us how staff had recently supported their loved one at a family meal on their day off.

The service had invested in a number of ways to make sure that people were as involved as possible in the overall planning and running of the service. Not only had the service developed ways to ensure people were engaged, listened to and able to express their views but the provider had also implemented systems to support this. Where appropriate people were involved in the recruitment of staff, meaning they were able to select the staff they wished to support them. People were encouraged and enabled to access training that staff undertook and be involved in delivering this. One person who used the provider's service delivered training to staff about autism and the manager told us how another person who used Choice Supported Living – South had recently been involved in delivery some dignity training to their staff team. This had not only enabled them to feel involved it had provided a greater emphasis to staff about the importance of actively listening and showing respect for the people they supported .

A service user committee took place regularly. The service user committee included people who had individual methods of communication. They were assisted to put forward their views and these were used to make changes to the provider's processes. The provider involved people in services to be part of the

provider community. Events with other services were encouraged and competitions put on. For example, we were told about a Christmas decoration competition. The provider had given an amount of money to each service to enable their participation and following votes, the winner would receive a monetary prize.

The provider and service were committed to ensure people's rights were respected. The provider's policies enabled any Equality and Diversity needs to be considered and supported. In addition they ensured that staff received training in equality and diversity, dignity and values and systems such as supervisions and team meeting encouraged open discussion about the provider's core values. The manager and area manager told us people's sexuality, religious and cultural needs would be taken into account during the assessment process and support would be planned to ensure these needs were met. Any needs and support were incorporated into care plans which provided detailed information to staff about how the person must be supported. The manager told us how one person was visited by a priest weekly to ensure their religious needs were met. They described how they had supported funeral arrangements to be made based on people's differing needs where this was required.

Good

Is the service responsive?

Our findings

Prior to using the service an initial assessment of people's needs was carried out with the person and /or their families and other professionals, as appropriate. The assessment identified the person's needs, wants and wishes. Based on this discussion then took place with the local authority to agree and enable sufficient staffing to deliver the support package.

Care plans were then developed based on the information gathered. Where it was appropriate people and their relevant others were involved in the process. The service used photographs to demonstrate people's involvement and to use as a tool to discuss with people. Staff described a very person centred service with people being at the centre of everything they did.

It was apparent throughout our discussion with staff about people that they knew people well. Staff were aware of people's histories, their likes and dislikes. They adapted the support they delivered to ensure people received care they wanted and needed, whilst working with others to do the same. For example, they had engaged with a hairdresser who had adapted their approach to ensure a person could have a hair cut in a manner which suited them and did not cause them distress.

It was evident that staff responded to people's needs. The manager told us how one person who is unable to communicate verbally but thoroughly enjoyed music had been supported to purchase a sound system that activated with their movements. This enabled the person to make music using their body. They told us how one person had been supported to self-refer to another health professional as they no longer wanted to eat the diet that had been suggested. Staff were working with the person and the external professional to try to meet this person's request while ensuring their safety.

Staff described how they planned activities with people based on their knowledge of the person and based on people's requests. They did this in a way that encouraged their participation and engagement but also gave the person the opportunity to withdraw if they no longer wanted to be involved. Photographs demonstrated people's involvement in a huge variety of activities.

People appeared confident in the presence of staff and seemed willing to approach them to discuss any issues. The service had a clear complaints policy and procedure which they followed when they received a complaint. The complaints procedure had been produced in an accessible version which included photographs, pictures and in easy read. We were told by the area manager this could also be produced in audio format and any other format that may be needed.
The manager kept a log of compliments and complaints. No complaints had been made regarding the regulated activities for the service, although one complaint had been made regarding noise. The manager and staff were aware of this and working as much as possible to manage this noise level within the service.

At the time of the inspection the manager told us no one was receiving end of life care. They were able to tell us about what they would need to consider and how they would engage with other health professionals to ensure people received the appropriate support at the end of their life. One person had recently passed

away and we were told how the service adapted support to ensure this person was well supported. This included things like moving their bed to an area of their choice, ensuring staff who were very known to the person were present in their last few hours. At the time of the inspection the manager was planning their funeral to ensure that everything they knew about the person's likes was included.

Good

Is the service well-led?

Our findings

Although there was a registered manager this person was no longer managing this service and had submitted an application to cancel their registration. A new manager had been appointed and planned to submit an application to CQC to become the registered manager. This person had been in post about four weeks at the time of our inspection visit and was being supported by an area manager.

The service had a clear staffing structure in place. Each service was overseen day to day by assistant/service managers who were supported by care staff. Staff we spoke with were clear about their roles and responsibilities. Observations reflected they were comfortable and confident in the presence of management. They spoke freely and at ease. One member of staff told us how there had been a number of management changes since the service became registered. They told us they felt confident in the new manager who they felt was knowledgeable, easy to talk to and someone who would take action to address any concerns they may have.

The manager operated an open door policy and visited each service regularly. They told us how they intended to join every staff meeting where possible. They met weekly with service managers and planned to change this approach to ensure the most recent service manager was able to attend and contribute. These meetings were informal but enabled the manager to have an overview of what was happening for people and staff in services.

Staff were encouraged to contribute and make suggestions through informal discussions, staff meetings, supervisions and surveys. In the most recent survey one staff member had made a suggestion to implement a computerised care planning system. The area manager told us this was currently being explored by the provider. Staff meetings included discussions about people and the service. Staff were able to discuss what was working well and what could be improved on. The area manager described how the provider ensured learning across all services. They shared when things had gone wrong and the learning to be taking from these incidents. Supervisions and staff meetings were used as a forum to discuss these across services. The service recognised staff for their commitment and achievement. One member of staff had recently been appointed as employee of the month for the support they provided to one person to be involved in the great south run.

The manager told us that although formal service users meetings did not take place, they consistently sought feedback from people about what they wanted. Attempts had been sought via surveys although people had not responded. The provider held a service user's committee to enable people to contribute to discussion about the service and themes from these were shared across services. They also employed 'expert auditors'. These were people who used one of the providers' services and visited others to gain the views of the people who lived in them. They were trained to undertake the work and presented a report after their visit. The most recent expert audit report provided positive feedback about their findings.

All feedback received was used to contribute to an annual development plan for the service. This included areas such as recruitment of staff, training for staff, ensuring equipment to enable staff in their roles was

sourced whilst also ensuring service users were engaged by assigning key workers and implementing key worker meetings. The area manager and manager told us this was due to be reviewed and all recent feedback from service and provider level would be included. In addition, the manager engaged in local forums such as the care homes forum. Any learning that was taken from these was used to make changes and improvements to the service.

The service ensured people benefitted from good quality care which met their individual needs. There were a number of quality assurance systems used throughout the organisation, which were completed by the service manager and area manager. These included a variety of audits such as, senior manager unannounced visits, medicines audits, audits of care plans, and monthly management reports which focused on all aspects of the service. The provider had a quality team which completed an audit once a year. Reports for all quality assurance visits/audits were produced and any issues highlighted to the manager for action and monitored by the area manager. The area manager explained how the provider used a risk management approach to assess the services which enabled them to focus where their support needed to be.