

# Infinity Services (UK) Limited

## Scotts Road

### Inspection report

79A Scotts Road  
Southall  
Middlesex  
UB2 5DF

Tel: 02088432199

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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

### About the service

Scotts Road provides a supported living service to people with a learning disability and/or mental health needs living a shared accommodation within three 'supported living' schemes. The aim is for people to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

- The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

#### Right care:

- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The staff supported people in a person-centred way and respected their privacy, dignity and human rights.

#### Right culture:

- Staff were responsive to people's individual needs and knew them well. They supported each person by spending time with them and listening to them. They ensured that each person felt included and valued as an individual. People were engaged in meaningful activities of their choice. They were consulted about what they wanted to do and were listened to.

Following the last inspection, the provider had mitigated risks to people's safety by making improvement to the environment. All three supported living schemes were clean, tidy and hazard-free. There were robust systems in place for the prevention and control of infection and the staff followed these.

People who used the service and their relatives were happy with the service they received. Their needs were met in a personalised way and they had been involved in planning and reviewing their care. People said the staff were kind, caring and respectful and they had developed good relationships with them.

People's needs were assessed before they started using the service and care plans were developed from

initial assessments. People and those important to them were involved in reviewing care plans. Risks to their safety and wellbeing were appropriately assessed and mitigated. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

The provider worked closely with other professionals to make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (published 5 July 2019) and there were breaches of regulations 12 safe care and treatment and 17 good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died, and an anonymous complaint in relation to how the incident was managed. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Scotts Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience undertook telephone interviews with people who used the service and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection so people could be consulted and give their consent for us to visit.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, compliance manager, team leader and support workers.

We reviewed a range of records. This included six people's care records and medicines records for all the people who used the service. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We emailed eight staff members to seek their feedback about the service and received a reply from all of them. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Preventing and controlling infection; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection in June 2019, we found one of the supported living schemes was unclean and poorly maintained. We also found some health and safety concerns in the garden. At this inspection, we found these concerns had been addressed and no concerns were found.
- People were prevented from the risk of infection and cross contamination. There were robust systems in place in relation to COVID-19. Each person and all staff had COVID-19 risk assessments in place. These took into account their age, existing health conditions and ethnicity. Based on the level of risk, actions were put in place to minimise risk.
- There were guidelines in relation to COVID-19, infection control and PPE displayed on notice boards for staff and people to see. The inspection team was asked to answer questions in relation to possible COVID-19 symptoms, and had their temperature taken and recorded at all three supported living schemes. All staff wore PPE appropriately and understood and adhered to the guidelines.
- The staff supported people who used the service to understand and adhere to government guidelines in relation to COVID-19. One staff member told us, "During this time, we have been suggesting they wear a face covering and maintain social distancing in public. We advise them to wash their hands frequently and apply hand sanitizer." People confirmed they were kept informed about government guidelines and told us the staff adhered to these. People at each location told us the staff kept everything clean at all times. One person stated, "It is cleaned every day, it is good for infection control."
- Staff received training in infection prevention and control and the use of personal protective equipment (PPE). One staff member told us, "We have had multiple team meetings where we have been given information and we have had infection control training as well online." We saw all staff wore PPE appropriately and adhered to guidelines in relation to COVID-19. People and staff were regularly tested and most had received their first dose of the vaccine.
- Where there were risks to people's safety and wellbeing, these had been assessed. Risk assessments were clear and detailed. Staff were familiar with the needs of people who experienced particular challenges and

risks, along with the measures in place to manage these. They described individual routines and needs, for example of those who smoked, those who went out unaccompanied, people with mobility risk and those at risk of self-neglect and how to manage each issue.

- People had personal emergency evacuation plans in place which were regularly reviewed. These considered each person's ability and how staff were to support them to safely evacuate the building should there be a fire.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at each of the supported living schemes. One person stated, "Yeah I feel very safe." Relatives echoed this and said, "Yes [Person] is safe. The staff are always very nice" and "I feel [they are] safe yes. The staff are very carefully chosen. They pay attention to that."

- The provider had a safeguarding policy and procedure, and staff received training in these. The registered manager referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns and put systems in place to keep people safe from avoidable harm. There were no safeguarding concerns at the time of our inspection.

- Staff received appropriate training to enable them to meet people's needs, including those who displayed behaviours that may be seen as challenging. Staff told us they used de-escalating techniques, and these were effective. We saw evidence of this in people's care records.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. Most of the people who used the service at the time of our inspection were independent and went out by themselves. The number of staff on duty varied according to people's agreed care packages.

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction, before they were able to work independently.

Using medicines safely

- People received their medicines safely and as prescribed, including controlled drugs. There were procedures for the safe handling of medicines. All staff had received training in these and the registered manager regularly assessed their skills and competencies to manage medicines in a safe way.

- People's medicines were recorded on medicines administration record (MAR) charts. These were signed appropriately by staff to indicate people had received their medicines as prescribed. We checked stocks of people's medicines and found these to correspond with the signatures on the MAR charts.

- There were up to date information sheets displaying a photograph of each medicine, the purpose of it and any possible side effects.

- Where people were prescribed topical medicines such as creams, there was a body map in place displaying where and how this was meant to be applied.

- Medicines were kept in a clean and well-ventilated room. Staff recorded the temperatures of the room and medicines cabinet, and these were within a safe range.

- Where people were prescribed 'as required' medicines, there were protocols in place and these were followed by staff to help ensure people received these medicines as needed. People's medicines were reviewed by the GP and relevant healthcare professionals to ensure these were appropriate to their needs.

Learning lessons when things go wrong

- There was an incident and accident policy and staff were aware of this. They had signed to confirm they had read and understood it. The staff and management met regularly to review any incident or accident, discuss what went wrong, and any learning from these.



- Accidents and incidents were recorded appropriately. These included the nature of the incident, events leading to it, actions taken and outcome. Following the accident/incident, staff conducted an analysis, to try to ascertain what happened and measures were put in place to mitigate the risk of reoccurrence.
- A specific incident had happened in one of the supported living scheme, where a person had died. We saw a thorough investigation report in place, and evidence the provider had taken all appropriate action, and had informed all relevant parties. Staff had been offered support, including counselling, to help them express their feelings.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs prior to them moving into the service. They received assessments from the local authority who provided funding for people's care, but felt it was important to conduct their own assessments to help ensure they could meet people's needs according to their wishes and preferences.
- Initial assessments were detailed and included all aspects of people's care according to their choices and wishes. These were used to write people's care and support plans.

Staff support: induction, training, skills and experience

- Staff received an induction before they were able to deliver care and support to people who used the service. Inductions included information about fire safety procedures, health and safety regulations and infection control. New staff were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- New staff received regular performance reviews to help ensure they were suitable for the job and were enjoying it. This was followed by a probation reviews to determine if the staff member had completed this successfully and if there were any concerns.
- Staff told us they received regular supervision where they could raise any concerns. One staff member stated, "I feel very supported by management" and another said, "I do feel supported from my managers and my team as a whole."
- People who used the service were supported by staff who were well trained. We viewed the provider's training matrix which indicated all staff were receiving regular training. In addition to training the provider identified as mandatory, staff received training specific to the needs of the people who used the service, such as equality and diversity, mental health, learning disability, anxiety and depression and self-harm.
- All staff reported they felt well supported by the registered manager and each said they had continued to keep their training up to date via online training and in-house training delivered by the registered manager.
- The managers met regularly with staff on a one to one basis to discuss any changes or concerns they may have about people and discuss their own wellbeing. One staff member told us, "The manager is very supportive and approachable and always available if we have questions or worries."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were recorded in their care plan including their allergy status. People told us

they were supported to shop for food and cook their meals whenever they wished to eat. One person told us, "I go shopping, to the supermarket, I like sausages, fish and salmon." Some people required supervision and support with cooking and staff ensured they did this discreetly.

- People's cultural needs were respected. Where people required specific food from their country of origin, they were able to obtain this. For example, one person told us they were supported to obtain and cook halal food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed, recorded and met. People had access to healthcare professionals such as doctors, nurses, mental health professionals and dieticians and staff supported them to attend appointments where needed. Appointments were recorded and included the reason for the appointment, the outcome, and if a follow-up appointment was needed.
- People's care records contained health action plans. These considered people's needs in all areas of their physical and mental health. Each person had a hospital passport in place. This is a document which records basic information about the person, their medical conditions, medicines, abilities and likes and dislikes. This would enable hospital staff to know about the person's needs if they needed to be admitted.
- The provider had good working relationships with healthcare professionals who were involved in people's care. They were able to contact them and seek advice when they required this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were consulted in all aspects of their care and support and we saw evidence of this on the day of our visit. People had signed consent forms in a range of areas including COVID-19 testing, sharing health information, medicines support, managing finances and care plan reviews.
- Staff understood and were able to describe principles to consider when assessing mental capacity and told us all the people who used the service had the capacity to make decisions and consent to care. The documents we reviewed confirmed this.
- People's mental capacity was assessed before they began to use the service, and we saw evidence of mental capacity assessments in people's files. The provider understood their responsibilities under the MCA. At the time of our visit, nobody was being deprived of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff treated them kindly and respectfully. One person told us, "The staff are always polite and respectful towards me" and another said, "They're brilliant, really kind and helpful." Relatives agreed and said, "The staff are very understanding. [Person] is encouraged with education, filling in forms, courses." They added their family member became anxious at times and staff, "always take time to talk to [them] and to me and we always find a solution."
- The staff discussed individual people's needs during regular staff meetings and were supported to undertake role play training, so they could put themselves in the person's place in relation to a range of subjects, for example the provision of personal care and where a person displayed behaviours that may be seen as challenging.
- People's cultural and religious needs were assessed and recorded in their care plans. Support plans considered people's characteristics and included detailed information for staff to help ensure they met people's equality needs, supported them to exercise their rights and choices and maintained their human rights.
- At the time of our inspection, the service was not supporting anyone from the lesbian, gay, bisexual and transgender (LGBT+) community. However, we saw evidence that people's sexual orientation and identity awareness was documented in their care plans and these had been completed and signed by each person.

Supporting people to express their views and be involved in making decisions about their care

- People had regular meetings with their keyworkers to discuss all areas of the person's care and support and give them the opportunity to express their views and if they had any worries or concerns. A keyworker is a member of staff who is responsible for one or a small group of people. Keyworkers recorded a detailed monthly summary of the person's care and support.
- There were regular meetings for people who used the service where a range of subjects were discussed. For example activities, health and safety, safeguarding, COVID-19 and infection control. People were encouraged to join and participate in the development of the service.

Respecting and promoting people's privacy, dignity and independence

- The staff spoke kindly and respectfully about the people they supported. They explained how they supported them to maintain their independence, and this was promoted strongly. Some of the people went out when they wished although the staff reminded them of the risks, including COVID-19 and how to follow

government guidelines around social distancing and mask wearing.

- People told us the staff respected their privacy and treated them with respect. When we telephoned people to obtain their feedback about the service, we heard staff take the phone to each person, knock on their door asking if they could enter, explain who we were and the purpose of our call and checking they were happy to speak with us.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were recorded and met. Care records were kept electronically using a new system and staff had received training about how to use this effectively. Staff used handheld devices where they could record any updates or important information about people throughout their shift. We saw they used this appropriately and up to date information was recorded regularly.
- Care plans were developed from the initial assessments and were comprehensive and consistent, well organised and up to date. They contained all the necessary information about the person, including their background, medical conditions and wishes and preferences in all areas of their lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans. All the people who used the service were able to communicate verbally and none had complex needs in this area. However, there were good examples of easy read material available for people where this was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the pandemic, people had not been able to participate in their usual community activities such as working, attending college or going to the local sports centre. However, the staff had organised meaningful indoor activities to prevent people from being bored and losing motivation. Activities included online exercise and music classes which people told us they enjoyed. One person told us, "We do cooking lessons and games. We are encouraged to do our own activities too." One relative stated, "Where they could not go out, they had film nights. Now they go out to the shops."
- During lockdown, people were encouraged to keep in touch with their relatives and friends, by telephone or window visits. One person told us, "I have kept in touch with friends. Everything has been alright. I have not been lonely."
- The staff used their individual skills to meet people's needs and improve their wellbeing. For example, where people could not access hairdressers, staff provided a hairdressing service. This was successful and the registered manager told us, "They are so happy with the way the staff have styled their hair, they don't

want to go back to hairdressers now."

#### Improving care quality in response to complaints or concerns

- Complaints were logged and taken seriously. There was a complaints policy and procedures in place and these were available in an easy-read format. None of the people or relatives we spoke with had any concerns about the service. One relative told us, "I cannot think of anything that needs improving, touch wood, everything is going very well."
- The registered manager told us they followed the provider's complaints policy. They said, "Complaints will be acknowledged in writing within seven working days. We will carry out an investigation and take action within 28 days of receiving a complaint and the complainant will be notified of the outcomes of the investigation, findings and action taken within this time. The complainant will be kept informed of the progress of the complaint throughout the investigation." Documents we viewed confirmed this.

#### End of life care and support

- People's end of life wishes were recorded in their care plans, where they were comfortable discussing these. They were provided with a 'When I die' guidance booklet, so they could have all the necessary information about different options available to them. Staff recorded sensitive discussions they had with people about their end of life wishes and these were detailed and person-centred. People's end of life wishes were reviewed regularly.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider's monitoring systems had failed to identify the issues we found in relation to the health and safety of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had robust systems in place for monitoring the quality of the service. Audit tools were in place and used appropriately. The registered manager undertook audits regularly and these were thorough. They included audits of incidents and accidents, safeguarding concerns, complaints and compliments. Where concerns were identified, there was evidence prompt action was taken to make the necessary improvements.
- The registered manager and each supported living manager conducted regular quality checks of the buildings to help ensure all areas were safe and staff were meeting people's needs. These included checks about fire safety, risk assessments, food hygiene and infection control.
- The provider had an 'Operational development plan' in place which was regularly reviewed and updated. This looked at different areas such as business, staffing and people who used the service. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- People who used the service were complimentary about the staff team and the registered manager. One person told us, "I get on with everybody, yeah I like the staff, I've got to know them" and another said, "The staff are nice people. They help me out all the time. They've really taught me a lot, like paying my bills." Relatives agreed and commented, "I can only praise the staff in the house. They talk to me" and another said, "I think they are really good, my [family member] is well looked after, very well supported. [The staff] meet [their] needs. I have never had any concerns at all."
- People told us the staff supported them in all areas of their lives and helped them believe in themselves and achieve personal goals. One relative told us, "[Staff member] has been supporting my [family member] with reading and writing. [They] help [them] with everything actually." They added, "[family member's]



needs are definitely being met. Oh yes."

- Staff told us they felt supported and listened to by the registered manager and the senior team. Their comments included, "Yes, I feel extremely supported by the management. They really listen to my needs, build my confidence and provide me with all the training needed to develop and do well in my job. They are available at all times when I need support", "Yes, I feel supported from my managers" and "Scotts Road is a very good place with a variety of individuals who respect each other and get on very well. I think each and every resident truly likes being here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team were transparent and told us they understood how important it was to be honest and open when mistakes were made, or incidents happened. They said, "We are open and transparent with people who use services in relation to care and treatment. We also set out some specific requirements that we must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were consulted about their views of the care they received via quality questionnaires. These were provided in an easy read format. The completed surveys were analysed and an action plan was put in place to address any concerns identified.
- We viewed the last surveys and saw people were happy with the service and the care they received. Comments included, "Staff here help me the extra mile, thank you for helping me", "The staff are very helpful and professional. The house is always clean. I feel safe at home" and "The service is good, nice and tidy. I receive excellent support."
- People had the chance to discuss their care and support during meetings with their keyworker. A keyworker is a member of staff who has responsibility for overseeing and coordinating the assessment and care planning process of specific people who use the service and to promote continuity of care.
- The provider showed their appreciation of the staff team by supporting them and engaging them in discussions and regular staff meetings where they could raise their concerns. The registered manager told us they provided staff with financial rewards. They said, "We motivate/retain staff by providing three and five years' service bonuses. For appreciation of all front line staff, we provided them with a COVID bonus, which they can use to contribute to taxi fares instead of using public transport or cost contributed to their child cost."

Continuous learning and improving care

- The registered manager and senior team worked well together to help ensure they ran a good quality service and met the needs of the people who used it. The registered manager told us, "We have a compliance manager who carries out every three months a thorough quality audit of the service. We also have an external quality assurance officer, who carries out an inspection of the service to ensure our service is meeting all regulations and is providing high quality care." Records we viewed confirmed this.

Working in partnership with others

- The registered manager worked in partnership with other organisations and professionals, such as the local authority who invited them to attend regular provider forums. They also joined Skills for Care for up to date information about the care sector. They attended regular meetings organised by the Registered Manager Network.

- The registered manager had a good working relationship with a range of healthcare and social care professionals such as the safeguarding teams and clinical commissioning groups, to support care provision, service development and joined-up care. These included projects around drug and alcohol rehab, mental health recovery teams, GPs, district nurses and chiropodists.
- The provider worked in partnership with the local police neighbourhood team, which had visited the service with people's consent to talk about COVID lockdown rules and the consequences if they did not adhere to these. They also talked to people about illicit substances and their negative effects and provided them with online videos and materials.