Adelaide Care Limited

Adelaide Care Limited

Inspection report

502 Larkshall Road
London
E4 9HH

Tel: 02085315885
Website: www.adelaidecare.com

Date of inspection visit:
16 October 2017
17 October 2017

Date of publication:
18 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 16 and 17 October 2017 and was announced. The provider was given 24 hours' notice because the location provides a personal care service to supported living services and we needed to be sure someone would be in. One inspector carried out this inspection.

Adelaide Care provides supported living and personal care to adults with autism and learning disabilities living in their own homes. At the time of this inspection there were 36 people using the service.

At the last inspection on 23 and 24 July 2015 the service was given a Good rating overall and we found one breach of the regulations. This was because the provider had not arranged for applications to the Court of Protection as required by the Mental Capacity Act (2005) when people were having their liberty restricted. At this inspection we found significant improvements had been made. The provider had liaised with the different local authorities and appropriate applications had been made to the Court of Protection where people's care and support may amount to their liberty being deprived.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to ensure there were enough suitably experienced and qualified staff available to meet people's needs. Staff were knowledgeable about reporting safeguarding concerns and understood the whistleblowing procedure. The provider reported accidents and incidents appropriately and used these as an opportunity for learning. People had risk assessments and management plans which included behaviour management and protection of finances. Medicines were managed safely by suitably trained and competent staff. People were protected from the risk of the spread of infection.

People and relatives thought staff provided an effective service. Staff had regular opportunities for learning and development. Staff confirmed they had regular support through supervisions and they found this useful. People were supported to prepare a choice of nutritional food that met their dietary requirements. Care plans included important health information and people had access to healthcare professionals as needed.

Staff were knowledgeable about people's care needs and preferences. People and relatives thought staff were caring. Staff were aware of equality and diversity issues and providing an inclusive service. People were supported in a dignified manner and their privacy was respected. Staff were knowledgeable about maintaining people's independence.

Care records were personalised and contained people's preferences. Staff were knowledgeable about providing a personalised care service. People were able to access activities of their choice. Complaints were dealt with appropriately and people and relatives knew how to raise concerns. The provider used

complaints and compliments to make improvements to the service.

People, relatives and staff spoke positively about the leadership in the service. The provider had a system of obtaining feedback from people through a survey in order to make improvements to the service. People also had regular meetings so they could contribute to the development of the service. Staff had regular meetings so they could be updated on changes within the service and policies and to encourage good working practices. The provider had quality assurance systems in place to identify areas for improvement.

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 and relatives thought the service was safe and there were enough staff to meet people's needs. Safe recruitment checks were carried out for new staff and criminal record checks were up to date.

Staff were knowledgeable about safeguarding and whistleblowing procedures. People had risk assessments and behaviour management plans to ensure risks were mitigated. The provider had a system to safeguard people's finances. Medicines were managed safely. People were protected from the risk of infection.

Is the service effective?

Good

The service was effective. New staff received an induction and staff were supported with refresher training. Staff were also supported with regular supervisions.

The provider was aware of what was required of them to work within the legal framework of the Mental Capacity Act (2005) and applications to the Court of Protection for Deprivation of Liberty Safeguards (DOLS) were made appropriately. Staff were knowledgeable about obtaining consent from people before delivering care.

People were supported to prepare their choice of food to meet their nutritional and dietary requirements. The service assisted people to access healthcare professionals as needed.

Is the service caring?

Good

The service was caring. People and relatives thought staff were caring. The service had a system where people were supported by the same staff team. This ensured staff were knowledgeable about people's needs and preferences.

Staff demonstrated they were knowledgeable about providing dignified care and respecting privacy. The service provided equality and diversity training and staff were knowledgeable

about providing an inclusive service. Staff demonstrated awareness of maintaining people's independence.

Is the service responsive?

Good

The service was responsive. Care records were personalised and contained people's preferences. Staff were knowledgeable about providing a personalised care service. People had access to a variety of activities in accordance with their preferences.

The provider maintained a record of compliments and complaints to use as a tool to improve the service. People and relatives confirmed they knew how to raise a concern if they were not happy. Complaints were dealt with in a timely manner and in accordance with the policy.

Is the service well-led?

Good

The service was well led. There was a registered manager at the service. People, relatives and staff spoke positively about the leadership of the service.

The provider had systems of obtaining feedback about the quality of the service through a survey and regular meetings with people who used the service. The provider held regular meetings with staff to keep them updated on service developments. There were quality assurance systems in place to audit the quality of the service being delivered and issues were dealt with appropriately.

Adelaide Care Limited

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 inspection took place on 16 and 17 October 2017 and was announced. The provider was given 24 hours' notice because the location provides a personal care service to supported living services and we needed to be sure someone would be in. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at the evidence we already held about the service including the last inspection report and notifications the provider had sent us. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager and the quality assurance director. We reviewed four people's care records including risk assessments and care plans and four staff records including recruitment, training and supervision. We also looked at records relating to how the service was managed including medicines, policies and procedures and quality assurance documentation.

After the inspection, we contacted placing authorities to obtain their views about the service. We also spoke to three care staff including a team leader, two relatives and four people using the service.

Good

Is the service safe?

Our findings

People and relatives told us the service was safe and there were enough staff. One person told us, "They make me feel very safe." Another person told us, "Yeah they do make me feel safe." A third person told us, "Yes they do. That's quite important. There's quite a lot of staff here." A relative told us, "Yes [person] has regular staff who know [person] very well."

Two staff told us they believed there were enough staff. One staff member said, "Where I am [working], yes, there is enough staff." The other staff member told us, "Yes, there's enough staff." However, one staff member told us, "Yes but it would be better to have more."

There was a process in place for recruiting staff that ensured relevant checks were carried out before new staff were employed. Records showed staff had produced proof of identification, confirmation of their legal entitlement to work in the UK, written references, employment history. Criminal record checks were carried out.

The registered manager told us they rarely used agency staff as they had their own bank of staff to cover absences. Records showed staffing levels were based on local authority assessments of individual needs and the planned activities for people. For example, staffing levels for some people were increased during college holidays to enable alternative activities to take place. This meant the provider had systems in place to ensure there were enough suitable staff available to meet people's needs.

Staff were knowledgeable about reporting under safeguarding and whistleblowing procedures. One staff member told us, "We do an incident report, forward it to the head office and we go online and report it to the safeguarding team. If we believe that a member of staff is abusing a service user, I would report it to my line manager, CQC, social services or even the police." Another staff member said, "Whistleblowing is if you see somebody abusing anyone, you just make the phone call. I won't stand for those things." A third staff member told us, "Whistleblowing is the right to raise a concern anonymously. You contact the CQC or other bodies."

The provider had comprehensive safeguarding and whistleblowing policies which were detailed, clear and up to date. Records showed the local authority and CQC were notified when there was a safeguarding incident. This meant the provider had systems in place to safeguard people from the risk of harm or abuse.

We reviewed the accident and incident records and saw all incidents had been documented and reported to relevant authorities including the local authority and CQC. These incidents included behavioural incidents and accidents resulting in injury.

People had risk assessments to ensure their safety within their home and out in the community. Risk assessments were comprehensive and included absconding, accessing the kitchen, key holding, accessing the community and using different modes of transport. Risk management documentation included having control measures in place to reduce the risk and a contingency plan. For example, one person was assessed

as being at risk if they lost their door key because they would not cope with being unable to enter their home. The control measures included, "[Person] is supported by his staff to keep his door key safe. There is a key lock safe at [person's] house. The key is kept locked in the key safe when [person] is out with staff." The contingency plan stated that the, "[Housing provider] have a secondary key safe and the spare key is held within in case of emergency." This meant the provider had taken action to mitigate the risk of harm to people who used the service.

Each person had a positive behaviour support plan which gave guidance to staff about how to support the person in the least restrictive way if they exhibited behaviour that challenged the service. These plans detailed how to interpret the person's facial expression, body language, tone of voice and language being used. The plans also gave clear guidance to staff on measures to take to reduce the occurrence of behaviours that challenged. For example, one person's plan stated, "Use simple, clear language when talking to [person]. Always use positive language when supporting [person]. Give [person] positive feedback and encouragement." Positive behaviour support plans included guidance for staff for when the person showed signs of distress, guidance for when the behaviours were occurring and action to take after the incident.

Care plans contained behaviour and incident charts which detailed the action that was taken in response to the incident. This meant the information could be shared with appropriate healthcare professionals and analysed to ensure consistent and correct support for the person was given. Staff training records showed that staff had received training in managing challenging behaviour.

The provider had a policy for managing the expenditure of people's money. Records showed staff completed a spreadsheet detailing what the person's money was spent on, how much change was returned and the total balance left. These spreadsheets were returned with receipts to head office weekly for auditing. We reviewed two people's records and saw the spreadsheets had been completed correctly. This meant the provider had a system to ensure people's finances were safeguarded.

The provider had a comprehensive medicines policy which gave clear guidance to staff of their responsibilities regarding medicines management. This policy included information on how to ensure people were as involved as they could be in the administration of their medicines; promoting their independence and understanding of their medicines. Medicine administration record (MAR) charts were kept in people's homes. Storage and administration of medicines were monitored by the registered manager and the quality assurance director during quality check visits at the homes of people using the service. The MAR charts were returned to head office each month to be audited by the registered manager or the quality assurance director.

We looked at the MAR charts for four people and saw appropriate arrangements were in place for recording the administration of medicines. Medicines were listed individually with the dosage, route and time to be given. Staff had signed to say the medicines had been administered. There were no gaps in signatures indicating people had received their medicines as prescribed. Records showed medicines were given to people by appropriately trained and competent staff.

Support plans included a medicines care plan and guidelines on administering medicines to the person. People who required "pro re nata" (PRN) medicines had guidelines in place. PRN medicines are those used as and when needed for specific situations. Records showed PRN medicines had been administered and signed for as prescribed. This meant the provider had a system in place to ensure that people received their medicines safely and as prescribed.

The provider had a clear infection control policy which gave guidance to staff on how to prevent the spread of infections. The guidance included the use of personal protective equipment (PPE) including gloves and stated that gloves should not be reused with each person using the service. This meant that people were safeguarded from the risk of spread of infection.

Good

Is the service effective?

Our findings

At the last inspection in July 2015 we found the provider was in breach of the regulations. This was because the correct processes had not been followed when people were being deprived of their liberty. 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 are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty. At this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found significant improvements had been made. One person's deprivation of liberty was authorised by the Court of Protection. The provider was working in partnership with local authorities to process a further 14 applications to the Court of Protection because people required a level of care and supervision that may amount to their liberty being deprived.

Staff demonstrated their understanding of DoLS and the Mental Capacity Act (2005). One staff member told us, "DoLS is if I tried stopping a person from doing what they want and can do, I can only do that if there is a DoLS in place. Capacity is if they don't have the capacity to make decisions we would get an advocate or a best interests meeting to support them."

Staff demonstrated awareness of the need to obtain consent from people before delivering care. One staff member told us, "We get consent whenever we are going to attend to [people who use the service]. They choose what they want." Another staff member said, "I need to get consent for everything." A third staff member told us, "We always ask them before we do anything."

People and relatives told us the service was effective. One person said, "Yes, I'm very happy. I like my staff." Another person told us, "Yes. The service is good here." A third person said, "Yes definitely. I love it here." One relative told us, "They're always having training in autism. I always say the best way to learn is to actually work with [person]."

Staff told us they had regular training opportunities and found this useful. One staff member told us, "Yes I do, I've finished NVQ Level 5. I do mandatory training." NVQ Level 5 is the National Vocational Qualification in leadership and management for care services. Another staff member said, "Yes [Adelaide care] are brilliant for training."

The staff training matrix showed staff received training in mandatory topics including emergency first aid, safeguarding adults and children and moving and handling. Specialist training was also offered to staff including managing challenging behaviour, effective communication and understanding dementia. Staff

completed the Care Certificate. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised.

New staff were given a three month probation period during which time they completed an induction programme. During this timeframe new staff completed an induction workbook and shadowed experienced staff before they began to work with people unsupervised. New staff were confirmed in post once they had successfully completed the induction programme. This meant people using the service were supported by suitably qualified staff.

Staff confirmed they received regular supervisions and they found them useful. One staff member told us, "It is one of the best opportunities to talk about your objectives and where you want to go." Another staff member said, "Yes I can air any problems I have with my manager in supervision."

The provider had supervision and appraisal policies which informed staff that they could expect a one to one meeting with their supervisor at least every three months and an annual appraisal. Records showed staff received regular supervisions in line with the policy.

Records showed topics discussed during supervision included communication, handover, accidents and incidents, health and safety, review of support plans and risk assessments, training, roles and responsibilities and reflection on working practice. The registered manager had an appraisal planner tool and we saw appraisals were scheduled to take place in November 2017. Records showed appraisals were used to discuss staff performance over the last year and goals they wished to achieve during the forthcoming year. This meant staff were supported to carry out their role effectively.

One person told us, "I get to choose my food. [Staff] help me cook very well." Another person said, "I do my own shopping list and I get to choose my own food." A third person told us, "Yeah, I get to choose my own food." One relative told us, "I look at the shopping list and it does have veg and fruit. They feed [person] well." Another relative said, "Yes, he chose his food." This relative explained that staff were supposed to support the person with food preparation but the person would not always engage in the process.

Staff confirmed people had choices with food and drink and people from different ethnicities were catered for. One staff member told us, "[Person 1] likes traditional English food. [Person 2] likes food from all over the world. [Person 3] is supported to cook their cultural food if they feel like it." Another staff member said, "They normally choose their own food. One person always has his halal [meat] which is cooked separately." A third staff member told us, "We try to encourage diversity. We offer different meals and they have choice." This meant people were provided with nutrition that met their dietary requirements.

One person told us, "[Staff] help me go to the doctors." Another person said, "Yes to the doctor or to the hospital." A third person told us, "Yes, they go with me." One relative told us, "Oh yes, [person] sees a psychiatrist and has just been to the dentist because [person] had an abscess." Another relative explained that [person using the service] would not always let staff support them with health care but, "They did their best."

Care records detailed the contact people had with healthcare professionals including the GP, dentist, chiropodist and optician. People had pictorial health action plans and hospital passports which gave clear guidance to staff on people's health needs and provided continuity should they need to go to hospital. One person's care records stated, "I am generally described as being in good health. If I am feeling unwell you may notice that I am not my usual self, my pallor may change. I will be quieter than usual or take myself off to my bedroom to rest. I should be supported to book health care appointments and inform the GP of my

presenting symptoms." Records showed this person had access to psychiatry and the provider had liaised with the community learning disability nurse regarding their support plan. This meant the provider was proactive in ensuring people's healthcare needs were met.

Good

Is the service caring?

Our findings

People and relatives thought staff were caring. One person told us, "They [staff] are very nice caring people and they look after me very well." Another person said, "They [staff] do care a lot." A third person told us, "Staff are caring." A relative told us, "I am actually quite happy with the agency. The team leader is really good. I get on well with the staff." Another relative said, "On the whole, yes, they were pretty good."

People and relatives told us they were involved in decision-making. One person told us, "They will listen to any issues I have and they try to sort it out if they can." One relative said, "I'm in regular contact with them, I would say every day. If there's something going on with [person using the service], we keep each other informed." Another relative told us, "Yes they did keep us in the picture."

Staff described how they developed caring relationships with people who used the service. One staff member told us, "[Before person moves in], I go out and do an assessment and set up a support plan and a risk plan. Get them to come and visit and stay overnight before [person] moves in. We do not interfere with [person's] space. We ask them questions about what they like to do and what they like to eat." Another staff member said, "We try to read previous support plans and get family advice; during transition the person can visit." A third staff member told us, "Find out what they like, what they like to eat, or if they like to go out." Records showed that people were supported by the same team of staff. This meant people were familiar with the staff supporting them and staff were able to get to know people's needs well.

Staff had awareness of equality and diversity. One staff member gave an example of a person they supported and said, "[Person] keeps up all their cultural background and we support them with that." Another staff member gave an example of one person using the service who was supported to maintain links with their family and the community which insured they maintained their culture and diversity. A third staff member told us, "We try to understand what they want and what they value most. We try to help them maintain their culture." Records showed staff received equality and diversity training.

People told us staff respected their privacy. One person told us, "Yes they do. They come and knock and make sure I'm alright." Another person said, "Privacy, yes they do, that's quite important." A relative told us, "Oh yes, when I go there he likes me to watch TV with him. The staff are quite okay with that."

A staff member told us, "If [people] go in their rooms, we don't go in their rooms. We knock on the door before we go in their rooms. We ring the doorbell and they let us in." Another staff member said, "Knock on the door and wait until they allow us to enter. I will make sure it is okay for them to be helped with their personal care. Try to respect their boundaries and make sure we do not cross the line." A third staff member told us, "Always close the door. We cover them with a towel. Knock on the door." The above demonstrated people were provided with a service that respected their privacy, dignity and diversity.

Staff were knowledgeable about maintaining people's independence. One staff member said, "We do [promote independence] especially in cooking and finances. Only if they need support we would intervene." Another staff member told us, "We teach them to be independent. We show them how to be more

independent." This staff member gave an example of a person who could dress themselves but struggled to tie their own shoelaces so the staff team were supporting the person to learn how to do this independently. A third staff member gave an example of supporting people who used the service with budgeting and becoming familiar with money. This meant people were supported to maintain their independence.

Good

Is the service responsive?

Our findings

People told us staff supported them in a personalised way and listened to them. One person told us, "They support me the way I want to be supported." Another person said, "They do support me with everything I need and everything I want."

Staff were knowledgeable about providing a personalised care service. One staff member told us, "It's all centred around them. Where they want to live, who they want to live with and what they want to do." Another staff member said, "Looking after [person who used the service] in their best interests and focusing on [the person]." A third staff member told us, "It is a tailored approach for what the person might want or need."

People had an initial care assessment before they began to use the service. The assessment included background and history information. Care records were personalised and pictorial, containing a front sheet with the person's important information. Care plans indicated whether the person's chosen method of communication was spoken, pictures, symbols, Makaton (signing), or objects of reference. Care plans also detailed people's preferences. For example, one person's care plan stated, "I enjoy having a pub lunch and meals out with staff. I enjoy listening to music. I enjoy spending time in the sunroom, with the window open, so I can feel the breeze in my face." This meant people's care was individualised and tailored in accordance to people's choices and preferences.

People told us they had enough activities. One person told us, "I went [on a day trip with staff] today and had fun." Another person said, "Yes, I have enough activities in the week and at the weekends." A third person told us, "I do swimming and gym sometimes." A relative told us, "[Person] goes shopping, to the cinema, bowling and swimming and has a massage. They use PECS pictures with him." PECS is a picture exchange communication system which is used as a communication tool for people with autism.

People were supported to access a variety of activities of their choice. Each person had an individualised and pictorial timetable which showed activities included college, day service, cinema, trampolining, hot tub, library trip, nightclubbing, holidays and domestic tasks. We saw one person had participated in staff training sessions and had achieved a certificate in first aid. This person also attended the staff forum to advocate on behalf of people who were less able. The above showed people were able to engage in activities tailored to their preferences.

One person told us if they were not happy with their service, "I would tell my staff and my staff would help me." Another person told us, "I would tell one of the staff here and they'll try to sort it out." A third person said, "Probably a police officer or staff." One relative told us they had not had to make a complaint and said, "If I do have an issue, [registered manager] knows I'm straight on the phone to them. [Registered manager] is so obliging. It's great. I would not want to change [agencies]." Another relative told us they had made a complaint which was dealt with to their satisfaction.

Staff were aware of the complaints procedure. One staff member told us, "Make a record of their complaint

and if I can't investigate it myself, I will go to my line manager." Another staff member said, "Help and make sure they know how to make a complaint and assist them." This staff member explained how they would help somebody make a written complaint or a verbal complaint. A third staff member told us, "I would ask them what it is about in case it is something I can help with and then I would give them the head office number to phone."

The provider had a comprehensive complaints policy which was available in an accessible pictorial format. This policy gave clear guidance and timescales to staff on how to deal with complaints and to advise people on how to make a complaint. Records showed three complaints were documented during 2017 and were resolved to the complainants' satisfaction. For example, a complaint was made by a local community service that staff did not follow the risk assessment. The resolution was that the risk assessments were reviewed, the time the person visited this service was changed and a meeting was held to discuss the issues and resolution with the community service.

The provider also kept a record of compliments. Records showed that five compliments were made during 2017. These included a compliment from a health and social care professional regarding the court of protection tool created and shared by Adelaide Care. A relative wrote, "I just wanted to say we could not praise [staff member] highly enough yesterday. Throughout this [staff member] was wonderfully collected [calm], patient, kind and professional." A local school wrote a thank you card to the staff team which said, "Thank you for supporting our careers week. The students had a fantastic time." The above demonstrated the provider used complaints and compliments to make improvements to the service.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. People and relatives gave positive feedback about the management at Adelaide Care. One person told us, "[Registered manager] is very nice." Another person said, "Yeah [Registered Manager's] fine." A third person told us, "Yes, [Registered Manager] is very caring. I talk to her all the time. She's a lovely person." A relative said, "I have an excellent relationship with [registered manager]. She's good at keeping good relationships with the parents. I can contact her at any time." Another relative said, "[Registered manager] is very approachable."

Most staff confirmed they felt supported to do their job. For example, one staff member told us, "Yes, I am supported by the staff that I work with as well as head office." However one staff member said, "Yes, but I think more support is needed in terms of having more staff and more training."

Staff spoke positively about the registered manager. One staff member told us, "Registered manager] is always easily reachable." Another staff member said, "We are in contact regularly. [Registered manager] is very responsive and very supportive." A third staff member told us, "[Registered manager] is a very lovely lady. She is very good at her job. We can call her about anything."

The provider had a system to obtain feedback from people on their experience of the service provided. Records showed people were given an easy read pictorial survey to complete. The results of the 2017 feedback survey were analysed and an action plan produced. For example, people had said they wished to do more activities but could not because of lack of staff. Records showed the resolution to this issue was that management could arrange for an additional member of staff to accommodate an individual's specific need.

The provider held regular meetings for people using the service. We reviewed the minutes for a meeting held on 18 July 2017. Topics discussed included house rules, morning routines, noise levels and meals. The meeting minutes included what action was to be taken and by whom.

The provider held regular manager's meetings. We reviewed the minutes for the meetings held on 31 July 2017 and 25 September 2017. Topics discussed included holidays for people who used the service, staff rotas, daily records, care plans, staff recognition and quality assurance.

The provider also had regular staff meetings at individual supported living services as well as a general staff meeting. Most staff confirmed they found these meetings useful. For example, one staff member told us, "Yes I do find the meetings useful because I can air any problems I have." However one staff member told us, "Yes we do regular staff meetings. Less than 50% useful because the same issues come up every time."

Topics discussed at the general staff meeting held on 8 June 2017 included waking night staff duties, health and safety, record keeping, activities and compliments. Minutes of staff meetings held at one service on 18 August 2017 and another service on 14 October 2017 showed topics discussed included a general update on the well-being of people who used the service, roles and responsibilities, health and safety and team work.

Records showed the provider produced a regular newsletter for staff. The newsletter for July 2017 included a reminder summary of policies and procedures, training, information on staff vacancies and the employee referral scheme. The newsletter for October 2017 included coverage of the Macmillan fundraising event at head office assisted by people who used the service and planning for a Christmas party.

The provider had a monthly quality audit system. This consisted of a self-audit done by each team leader followed by an audit carried out by the registered manager or the quality assurance director. Records showed these checks included care records, activities, health and safety, incidents and accidents, staff support, medicines and finance systems. The audits contained identified actions and the date each action was to be completed by. For example, the record of an audit done on 18 September 2017 by the quality assurance director showed there was an issue in one service with documentation. The action taken was the quality assurance director attended the staff meeting on 30 September 2017 to explain to staff their responsibilities and expectations around documentation.