

Leicestershire County Council

# Smith Crescent Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on 25 January 2017 and the visit was unannounced.

Smith Crescent Care Home is a short break service and provides care and support for up to six people with learning disabilities or autism at any one time. The service currently supports 30 people when they require the service. At the time of our inspection one person was using the service.

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

People and their relatives told us that the service was safe. Staff understood their responsibilities to protect people from avoidable harm and abuse. The provider had a system to manage accidents and incidents and staff were trained to respond to these. Risks to people's health and well-being were assessed. For example, where people could show behaviours that could cause injury to themselves and others, staff knew about the guidance to follow to support people to remain safe.

The provider had a safe recruitment process in place for prospective staff including undertaking relevant checks. People and staff were satisfied with the number of staff recruited by the provider to offer them care and support. Some staff told us that more staff would help them to offer activities to people when the service was full. The provider said they would consider this feedback. We found that staffing numbers were suitable to support the person currently using the service.

People received their prescribed medicines safely. Staff received training and guidance and understood their responsibilities to handle people's medicines safely. Medicines were stored appropriately and guidance was available to staff about how people preferred to take them.

People were supported by staff members who had the required skills and knowledge. New staff received an induction when they started to work for the provider. Staff received guidance and training about their role in topic areas such as epilepsy and health and safety.

People were supported in line with the Mental Capacity Act 2005 and were supported to make their own decisions. Where there were concerns about a person's mental capacity to make decisions, the provider undertook assessments. Any decision made in a person's best interest included involving significant others such as their family members. Staff understood their responsibilities under the Act. The registered manager had made applications to the appropriate body where they had sought to deprive a person of their liberties.

People and their relatives were satisfied with the food available. Staff knew people's food preferences and

support requirements. Staff followed specialist advice when they supported a person to eat.

Staff had guidance on people's health conditions so they knew how to promote their well-being. Information about people's health was available to share with health care professionals, should care and treatment be undertaken in other services that people accessed.

Staff supported people in a kind and compassionate way. Staff protected people's dignity and privacy. For example, they stored people's sensitive and private care records securely. People's relatives could visit when they chose to.

Staff knew the people they supported including their preferences. Some staff told us that improvements could be made to people's care records to include more information on people's life histories. The provider told us they would consider this when reviewing people's care records.

People were supported to be as independent as they wanted to be in order to retain their skills. People were, where they could be, involved in decisions about their care. The provider had displayed information on advocacy services where people may have required additional support to speak up.

People or their relatives had contributed to the planning of their care. People had support plans that were centred on them as individuals. Their support requirements were checked with them or their relatives every time they used the service to make sure staff had up to date information. Staff knew about the people they supported and offered their assistance in line with people's preferences and routines that were important to them. People had opportunities to take part in activities and interests that they enjoyed.

People and their relatives knew how to make a complaint. The provider took action when they received one.

Staff were supported and knew their responsibilities as the provider had arrangements in place for them to receive support and guidance. Staff knew how to report the inappropriate or unsafe practice of their colleagues should they have needed to.

People and others involved in their care had opportunities to give feedback to the provider. The registered manager was aware of their responsibilities. They had arranged for quality checks of the service to take place to make sure that it was of a high standard. The registered manager told us they would make improvements to the recording of some of the quality checks where this was required.

## 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 from abuse and avoidable harm by staff who knew about their responsibilities to support them to remain safe.

The provider had a safe recruitment procedure including checks on the suitability of prospective staff. There was a suitable number of staff available to support the person using the service.

People received their prescribed medicines in a safe way by staff who knew their responsibilities.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had received training and guidance.

People were supported in line with the Mental Capacity Act 2005. Staff knew their responsibilities under the Act.

People were satisfied with the food offered to them. Their health needs were known by staff who offered the required support.

### Is the service caring?

Good ●

The service was caring.

Staff showed kindness and compassion towards people.

Staff respected people's privacy and dignity.

Staff knew the people they were supporting including their communication requirements. People's independence was encouraged where this was important to them.

People were involved in making decisions about their support where they could.

### Is the service responsive?

Good 

The service was responsive.

People or their representatives had contributed to the planning of their support. They received care based on their preferences.

There were opportunities for people to undertake activities based on their interests and hobbies.

People and their relatives knew how to make a complaint and the provider took action when one was received.

### Is the service well-led?

Good 

The service was well led.

There were opportunities for people, their relatives and staff to give suggestions about how the service could improve.

Staff felt supported and they received guidance and feedback on their work.

The provider checked the quality of the service and was aware of their responsibilities and registration requirements with Care Quality Commission.

# Smith Crescent Care Home

## 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 visit took place on 25 January 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection visit, we reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We also contacted Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback on the service.

We spoke with two people who used the service and with the relatives of three others. We also spoke with the registered manager, a senior manager, three deputy managers, two support officers and one assistant support officer. We observed staff offering their support to one person throughout our visit so that we could understand their experiences of care.

We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the provider had undertaken. We also looked at three staff files to look at how the provider had recruited and how they had supported their employees.

We asked the registered manager to submit documentation to us after our visit. This was in relation to training that staff had completed and records in relation to health and safety checks that the provider had undertaken. They submitted these to us in the timescale agreed.

# Is the service safe?

## Our findings

Staff knew how to protect people from abuse and avoidable harm. They knew the different types of abuse as well as the signs that may indicate a person was at risk. The provider had made available to staff guidance and procedures to follow if they were concerned about a person's safety. Staff knew what action to take should they have concerns. One staff member told us, "I would obtain the information if I had concerns and report it to the manager or Care Quality Commission [CQC] if needed. I've not had to do it myself but I know what to do. There is a procedure to follow." We saw that staff received training and their competence was checked in how to protect people from abuse and avoidable harm. This meant that staff knew how to respond to concerns about people's well-being.

People felt safe with the support they received from staff. One person told us, "Yes, I feel safe." Relatives had no concerns about the safety of their family members. One said, "There are no concerns and [person] has not had an accident or anything."

We saw that staff were trained in how to assess people's safety. Once staff had completed this training they were able to complete assessments where there were risks to people's health and well-being. We saw that the provider had risk assessments in place in topic areas such as people showering on their own and leaving the building unsupervised. Staff had written guidance about how to reduce risks. For example, we read that staff were to ensure that medical assistance was sought if there were concerns about a person's health condition and the signs that could indicate a decline. This meant that people were supported to remain safe by staff who had guidance available to them.

Some people who used the service could display behaviour that presented a risk to themselves and others. Staff knew how to support people to remain safe should this occur. One staff member told us, "You try and redirect and calm people down. You can use distraction, something they like. It's knowing the triggers and how to respond in the right way." Staff described how they had guidelines in place to support people based on their individual support requirements. We saw that positive behaviour support plans were in place that detailed the behaviour people could display and how staff should respond. Positive behaviour support aims to support people to receive the support they need to manage their behaviours and focus on things that work for each individual person. This meant people received the required support to maintain their well-being.

The provider had a system in place to safely manage accidents and incidents. The registered manager told us that no accidents had occurred in the last twelve months. We saw that staff were trained in first aid and knew their responsibilities. We also saw that when a person arrived at the service, any marks or bruises were recorded and investigated where there were concerns. This included telephoning family members for an explanation where required.

The provider checked the environment and equipment to make sure that potential risks to people's health and well-being were minimised wherever possible. We saw that the equipment people used was checked and serviced as well as fire detection and prevention systems. We also saw that the safety of the gas, electric

and water within the home were routinely tested.

The provider had a written plan that was available for staff members to follow for a range of emergency situations. This plan covered, for example, what staff should do in the event of a fire and detailed alternative accommodation should this be required. The provider also had individual plans to support people to vacate the home in an emergency. We found these to be focused on each person's individual needs. This meant that the provider had considered people's safety should a significant incident occur.

People and their relatives were satisfied with the number of staff available to offer them support. One relative told us, "It appears to be well staffed." Another said, "As far as I know there is enough staff. [Person] says things are fine." Staff members had mixed views about the staffing numbers. One staff member told us, "When it is busier and full [the home] it would be nice to have more staff to get people out and about more but at the moment it's okay." The registered manager told us that they had not received any feedback from people or relatives about staffing numbers but that they would consider the feedback we received from some staff. Other staff told us that staffing numbers were suitable. We saw that the person using the service was receiving the support they required and additional staff were available from one of the provider's other services in the same neighbourhood should this be required.

The provider safely recruited prospective staff in line with their procedure. One staff member told us, "I had to complete an application form and then I went through an interview which included scenarios. I had to provide two references and they undertook a check with the DBS [Disclosure and Barring Service]." The Disclosure and Barring Service helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Staff records confirmed these checks consistently took place. This meant that people were supported by staff who were appropriately verified.

People received their prescribed medicines safely. The person using the service could not tell us this so we checked their medicine records. We saw that staff had recorded when they had assisted the person to take their medicines and recorded the running stock so that they could be sure the right amount was being administered. We looked at two other people's medicines records who had recently used the service. Their records were accurate.

Staff had guidance available to them about people's preferences and requirements for their medicines. We saw that annually reviewed protocols were in place, as agreed by healthcare professionals, to guide staff on when people could be offered medicines for specific health conditions. Staff knew about these and could detail the occasion where such medicine could be offered to people. We saw that people's care records contained information for staff on how people preferred to take their medicines and if there were any agreements in place where people could not consent to receiving their medicines. In these ways people received their prescribed medicines safely and according to their preferences.

Staff knew their responsibilities for handling people's medicines safely. This was because they had received training, guidance and their competence was checked. Staff knew what to do should they make an error. One staff member told us, "If I made an error I would check the service user, ring 111 for advice or 999 if there was a severe reaction. I would always seek advice, fill out one of our mistake forms and inform the manager and report to CQC if needed." We saw that where medicine errors had occurred, the provider took action. This included retraining staff where this was required. We found that medicines were stored safely by staff and the temperature of the storage room was monitored to make sure medicines remained effective.



# Is the service effective?

## Our findings

People received support from staff members who had received guidance about their responsibilities when they started to work for the provider. One staff member said, "I worked with other staff so that I knew what I needed. I've been showed the procedures." We saw that a deputy manager had received guidance on how to support staff to complete the Care Certificate in preparation for new staff joining the service. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

Staff members had the required skills and knowledge to support people well. One staff member told us, "Training is often thick and fast! I've had a refresher recently in first aid. It's good as things do change." Relatives told us that they felt staff were sufficiently trained. One said, "They know [person's] needs. They know what they are doing I think, yes." Another told us, "They are well trained." We saw that training had been undertaken by staff in topic areas such as health and safety, food safety, moving and assistance, and specific health conditions such as epilepsy. The provider had plans to refresh the knowledge of staff on an on-going basis. This meant that staff received up to date guidance when offering support to people.

Staff members received regular guidance from the registered manager. One staff member told us, "We have supervisions [individual meetings with a manager] regularly to discuss what we need to." Another said, "Supervisions are every three months. They are helpful. We discuss my job role and service user issues." We found that these meetings were happening more frequently than when we last inspected the service and staff spoke positively about this. This meant that staff received guidance on how to provide good support.

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. We checked whether the provider was working within the principles of the MCA and found that it was.

One person told us that they were asked for their consent before staff provided support. They said, "They ask me and listen to me. They knock on my bedroom door and ask to come in." We saw that there were consent sheets within people's care records and people had signed these to agree to their planned support where they were able to. Staff told us how they sought people's consent. One staff member said, "Some people use Makaton [a signing system] or their own signs or objects of reference such as a tea cup or towel and use these to make choices and help us to gain a person's agreement."

Where there were concerns about people's ability to consent to their support, the provider had completed mental capacity assessments to determine their ability to make specific decisions. Such decisions included whether or not a person could understand the need for their medicines. Where people were deemed to lack the mental capacity for decisions that were needed to be made, the provider had made decisions in their best interest. This process included significant others such as their family members or health care

professionals.

Staff understood the requirements of the MCA. One staff member told us, "You may need to make a best interest decision after assessing someone's capacity to make a decision." Another said, "One person was assessed as not having the mental capacity to understand the reason for an operation. Myself and their keyworker met with the doctor and in the person's best interest it was decided to have it. The person actually enjoyed the hospital experience in the end." We saw that staff received training in the MCA so that they understood their responsibilities.

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. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications and any conditions where an authorisation was in place were being met. Staff knew about the DoLS process and showed a good understanding. One staff member told us, "I make sure the person's support plan matches the DoLS if there is one with the conditions. So for one person we need to monitor their behaviour and anxiety and inform the social worker if necessary."

People and their relatives were satisfied with the food available. One person told us, "It's good and lots of variety." Relatives described how staff knew their family members' preferences. One said, "[Person] has a very similar menu. They give him the food he likes. It's the choice of [person]. It's all as he likes and prefers." Another told us, "They know his likes and dislikes. They don't give him what he doesn't want." We saw that people's food preferences were detailed in their support plan and staff were able to describe these. We found that the kitchen was well stocked and the person using the service was encouraged to choose their own food and drink.

We observed a staff member sitting with a person during a mealtime. This was recorded in the person's support plan as necessary as they were at risk of choking. The staff member gently offered their support where this was required and made the mealtime experience positive by responding to questions the person asked in a pleasant and kind way. The person using the service required a modified diet as recommended by a health care professional and we saw this offered to them. This meant that people's nutritional needs, based on their preferences and support requirements, were met.

People were supported to maintain their health. A relative told us, "They let me know if [person] is not well. There are no concerns there. I prefer to pick [person] up if he's not well. They let me know straight away." Another said, "They let me know about changes. They are on the phone quite a lot. They are quite quick to ring the doctor if needed." We saw that people's care records detailed their health conditions with guidance available for staff to follow to support them to remain well. We also saw that people had emergency grab sheets in place. These detail people's health and social care requirements for those who may not know their needs should a hospital admission or visit be required. In these ways people's healthcare needs were met.

## Is the service caring?

### Our findings

People and their relatives told us that staff were kind and offered their support in ways that were compassionate. One relative said, "They are lovely. They do their best. They couldn't do anymore for [person]. They do their upmost." Another told us, "[Person] always wants to go to the service. They listen and respect her." We saw staff members speaking with the person using the service. They spoke with them in a gentle and encouraging way and respected what the person said. When the person required reassurance, staff members gave them the information they required at the time they needed it. The person smiled when they received this support that showed they were happy with the responses they got.

People were treated with respect and their dignity was protected. One person described how staff gave them their personal space and were given the freedoms and choices they would expect in their own home. Relatives told us that staff were always respectful towards their family members and were sensitive to people's individual requirements. When a person was assisted to eat their meal, we saw that staff encouraged the person to remain clean and offered their support discreetly. We looked at people's records of the care that had been offered by staff members. These records detailed how people had been given choices about their care and support and staff wrote in ways that were respectful.

Staff understood how to maintain people's sensitive and private information because the provider had made available to them policies on confidentiality and data protection. We saw that people's care records were stored securely in an office to protect their privacy.

Staff knew the people they were supporting. They were able to describe people's likes and dislikes. One staff member told us, "Oh he loves Cliff Richard and singing. He likes all pop music really." We found this matched the information in the person's support plan. Another staff member said, "One person likes to have a balloon during their stay as it gives them comfort." We saw a supply of balloons in place ready for the person's next stay. Some staff felt that people's support plans did not always contain information about their life histories. One staff member told us, "There is not always enough historical information about a person. It can help to better understand them and gives you a closeness to them." We gave this feedback to a deputy manager who told us they would consider this when reviewing people's care records.

Staff knew about people's communication requirements. One relative told us, "They know how to speak with him. Just to use short sentences and give him time which they do." We saw that people's communication preferences were detailed in their support plans. For example, we read, 'Can express self verbally. My laptop and phone are important to me.' We saw that one person had a communication passport. These are documents that give guidance to staff members, and others involved in a person's support, on how the person communicates and the support they require. This meant that staff had information available to them about people's communication requirements.

People were involved in decisions about their support wherever possible. Staff told us that people were involved in their support plan where they wanted to be and we saw that this had been documented in their care records. Staff described how they supported people to be involved in decisions about their support.

One staff member told us, "You need to give him [person] the information to make a choice about what he wants to do. With a little support he can decide for himself." Where people may require additional support to make decisions, information on advocacy services available to them was displayed. An advocate is a trained professional who can support people to speak up for themselves.

People were supported to be as independent as they wanted to be. One staff member told us, "People do what they can for themselves and we support it. For example, going out to do some shopping with some people where they like to." We saw a staff member assisting a person to eat. They only offered their support when the person was having difficulty and left them to eat independently at other times. We saw in people's care records that staff were guided to support people's independence. We read about how people had undertaken care tasks on their own and this was described positively. This meant that people were supported to retain their skills.

Relatives had no concerns about being able to visit their family members should they wish to. One told us, "You can pop in whenever you want to, no problem." Another said, "You can pop in at any time. I know [person's] dad visits her there when she's staying there."

## Is the service responsive?

### Our findings

People could be confident that they would receive support based on their preferences and things that mattered to them. One person described how staff knew how they liked to spend their time whilst using the service. They said, "They know me well." One relative told us, "There are always familiar staff who know his routines." Another relative said, "Their understanding of [person] is excellent." Another relative commented, "They are very good with her [person]. They have got used to her and what she likes." We saw that one person was anxious at times when using the service. Staff had devised a 'countdown chart' and displayed it in the person's room. Staff told us this helped the person to know when they would be returning home. This meant that people could be sure that staff understood and acted on their support requirements.

Staff members carried out pre-stay checks before a person arrived at the service. These included checking their care records with them and their relatives. We saw that changes to their support requirements were documented. This was so that staff had the most up to date information on the people being supported. We also saw that when people arrived at the short break service, a staff member completed a checklist. This included checking that people's specific preferences were in place such as whether they wanted a television in their room or not. This meant that people could be confident they would receive a service based on their preferences.

People or their representatives had contributed to the planning of the support. One person told us, "I have a care plan. They have gone through it with me. Yes' I'm happy with it. They stick it all in the care plan." A relative said, "I was very involved in the support plan. I was very impressed with it this time around. There was a lot more to it this time, so thorough. It would be great for if [person] used another service as it could be used as it is so good." Staff described how they involved people in planning their support. One staff member told us, "We sit with people to go through their support plan and we go through it in the review as well."

People's support plans were centred on them as individuals. We saw that these contained information for staff to follow on people's likes, dislikes and preferences. This included information on routines that were important for people. We found that staff had a depth of knowledge about people's support plans which enabled them to offer care based on people's preferences. We read that one person liked their own personal space and how staff should respect this. Staff were directed to gently ask the person about their personal care support requirements as they got easily embarrassed. Staff knew about this approach. This meant that there was guidance available to staff based on people's specific requirements.

People or their representatives had reviewed the support provided. One relative told us, "We are involved in the reviews, always they ask us." Another said, "He's [person] had a review and we agreed about a plan to manage [person's health condition]." We saw that where people could, they had chosen how often they wanted their support requirements reviewing. The reviews focused on what was working now and what needed to change. We saw that action was taken when changes to a person's support requirements were needed.

People and relatives we spoke with were satisfied with the activities available. One person told us, "I go out with a personal assistant whilst I'm there [Smith Crescent Care Home] so I get to go out when I want. In the evenings I help staff out. I've helped cleaning the kitchen and sweeping up, I like it." We saw that there were internet facilities available for people as well as a range of DVDs and other activities. We saw that these activities were recorded as important for people in their support plans. Staff told us they supported people to access shops and pubs in the local area when there were staff available to assist with this.

People and their relatives knew who to contact should they have wanted to make a complaint. A person told us, "I would speak with the care staff or manager." Relatives said, "I don't officially know how to complain but I would phone the manager. I've not needed to though." and, "I would speak with them [staff] first. There is no need to complain though." The provider's complaints procedure was displayed using pictures to aid people's understanding of the process. We saw that where a complaint was received, the provider took action including informing the complainant of what action they were taking.

## Is the service well-led?

### Our findings

Relatives told us that the service was well-led. One said, "It's a vital service for us as a family. It's a massive relief that we get a break as carers. They are a good service." Another told us, "You can ring up and have a word with them." Another relative commented, "The manager is approachable and seems friendly." Staff told us that improvements had been made at the service following our last inspection. One staff member said, "The CQC came at the right time. I read the support plans and I saw gaps. They are so much better now. I can read them and know exactly how the person will want to be supported."

People and their relatives had opportunities to give feedback to the provider. One person told us, "I can't remember if they've asked for my opinion. They check I am happy. They deserve a good report though. They are a good service." A relative said, "They send me a 'my stay' report. These are helpful so I can let them know how things went for [person]." Another relative told us, "We've had questionnaires from them." We saw that questionnaires were sent to people and their relatives during 2016. These included questions in topic areas such as the quality of staff and activities available to people. We read the responses which were mainly positive. One comment was, 'No concerns. The staff understand my son's needs completely.' We saw that the results of these questionnaires had been analysed. The deputy manager told us that they had not informed people and their relatives of the outcomes but would do so when they next undertook the process.

Staff members told us how they supported people to give their views on the quality of the service being provided. One staff member said, "There are easy to read questionnaires. We sit and talk with service users and encourage them to complain if they want that." We saw that this occurred and pictures were used on the provider's forms to aid people's understanding.

Staff felt supported by the registered manager and could give feedback to the provider if they had suggestions about how the service could improve. One staff member told us, "The manager is really, really supportive. He asks me about my work as well as my well-being." Another said, "There is an open door policy. I get given feedback and I'm involved in the running of the service."

Staff knew about their responsibilities. We saw that a manager met with them routinely to discuss their work and to give them feedback on areas where they could improve. We also saw that staff meetings occurred and these were seen as helpful. One staff member told us, "We discuss what things need to improve and any service user issues are discussed." We saw that discussions in these meetings covered topic areas such as reminders for staff about procedures for keeping people safe. This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

Staff knew how to raise concerns about the poor practice of a colleague should they have needed to. One staff member told us, "I have no concerns about the practice of staff. I can raise it though if I needed to. I would pass it on to the management, they would deal with it. If not, there are many senior managers I know I can contact."

The provider had aims and objectives for what the service strove to achieve. Staff knew about these. One

staff member told us, "It's a break for people. To do something different from their usual routines. We try to make it a relaxing and enjoyable stay." Another said, "To make sure people feel cared for and supported. To help people to be independent and make sure their needs are met." These comments were in line with the specified aims. We read that the service sought to promote people's independence and we read examples of this having taken place. This meant that staff knew about the aims and objectives of the service and offered support in line with these.

The registered manager understood their responsibilities and the conditions of registration with CQC were met. This included the submission of statutory notifications by the registered manager to CQC for significant incidents that they are required to send us by law. This enabled us to check that the registered manager was taking the required action.

The provider, registered manager and staff members carried out checks on the quality of the service. We saw that checks on people's support plans, medicines and the health and safety of the building were routinely undertaken. We found that the recording of some of these checks did not always detail that action had been taken where improvements were identified. The registered manager told us that the actions were carried out and that the issue was about recording. They told us they would remind staff about the need to accurately record when an action had been completed and they would check this was completed. For other quality checks, where action was required, this was undertaken and marked as completed. For example, a support plan required a review and this was carried out. We saw that the provider had completed a health and safety check of the service in 2016. There were actions required of the registered manager which were completed or plans were in place to make the required improvements. This meant that the delivery of the support people received was reviewed.