

## Independent Support Limited

# Independent Support

### 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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected the service on 3 November 2016 and the inspection was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

Independent Support provides personal care to adults with a variety of needs living in their own homes. This included people with learning disabilities, younger adults, people with a diagnosis of mental health and older people. At the time of the inspection there were eight people using the service.

At the time of our inspection 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 (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that they felt safe while they received support from staff at Independent Support. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. There were procedures in place to manage incidents and accidents.

Risks associated with people's support had been assessed and reviewed. Where risks had been identified control measures were in place to protect people's health and welfare.

There were enough staff to meet people's needs. They were recruited following the provider's procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through an induction and regular supervision. There was training available for staff to provide the support that people needed and to update them on safe ways of working.

People received their prescribed medicines from trained staff who were assessed for their competency to give medicines. Guidance was available to staff on the safe handling of people's medicines.

People were supported to follow a balanced diet. Guidance from health professionals in relation to eating and drinking was followed. We saw that people chose their own meals and were involved in making them.

People were supported to make their own decisions. Staff and the registered manager had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us that they sought people's consent before providing support. People were supported to maintain their health and well-being. This included having access to healthcare services such as to their GP.

People were involved in decisions about their support. They told us that staff usually treated them with dignity and respect. We saw that people's records were stored safely and staff spoke about people's support

requirements in private.

People were supported to develop skills to maintain their independence. Care plans contained information about people, their likes, dislikes and preferences.

People were sometimes not supported by staff who they knew well. They sometimes had to wait for staff to arrive and some people had experienced times when they did not receive support as staff had not arrived.

People and their relatives knew how to make a complaint. The complaints procedure was available, including in an easier to read format, so that people knew the procedure to follow should they have wanted to make a complaint. However, some people felt that their complaints were not listened to.

People and staff felt the service was well managed. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. Staff felt supported by the registered manager.

People and their relatives had opportunities to give feedback about the quality of the service that they had received. Systems and processes were in place so that checks were carried out on the quality of the service that was delivered.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

There were a sufficient number of staff to meet people's support requirements. They were checked for their suitability prior to starting work.

People received their prescribed medicines from staff who were trained to administer these.

**Good** ●

### Is the service effective?

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were asked for their consent by staff when offering their support.

People were encouraged to follow a balanced diet. They had access to healthcare services when they required them.

**Good** ●

### Is the service caring?

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was usually respected.

People were involved in making decisions about how their support was delivered.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

People were sometimes waiting for staff to arrive for their visit. They did not always get support from staff who they saw

**Requires Improvement** ●

regularly.

People and their relatives knew how to make a complaint. However, some people felt that their complaint had not been listened to.

People were supported to develop skills to maintain their independence.

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**Is the service well-led?**

The service was well led.

Staff were supported by the registered manager and knew their responsibilities.

People, their relatives and staff had opportunities to give suggestions about how the service could improve.

The registered manager was aware of their responsibilities and checks were in place to monitor the quality of the service.

**Good** ●

# Independent Support

## 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 3 November 2016 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, 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 reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with four people who used the service. We also spoke with two relatives of people who used the service. We spoke with the registered manager, the service manager, the manager, a deputy manager, one senior support worker and two support workers.

We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had

undertaken. We looked at four staff files to look at how the provider had recruited and supported staff members.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe when they received support from staff. One person said, "Yes I feel safe. The staff remind me to pick things up so I don't trip." A relative told us, "I have not seen anything that concerns me." Another relative told us, "Yes, I feel [person's name] is safe. I am happy with the care she is getting."

Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "I would tell the person I can't keep it to myself. I would report it to a senior." Another staff member said, "I would report it to a manager straight away." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. The provider had policies to keep people safe from avoidable harm and abuse that staff could describe. We saw that staff had received training in protecting vulnerable adults. This meant that staff knew what to do should they have had concerns that people were at risk of harm.

Staff knew how to reduce risks to people's health and well-being. We saw that the provider assessed and reviewed risks associated with people's support. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk of choking while they were eating. We saw that there were guidelines in place for staff to follow. These included making sure that food was cut into small bite size pieces and supporting them while they ate. We saw that where someone had behaviour that may be deemed as challenging plans were in place so that staff responded consistently. The plans identified triggers and ways to diffuse the situation. Staff told us that they were confident in following these plans and had been trained to do so. This meant that risks associated with people's support were managed to help them to remain safe.

Where people required the use of specialist equipment to support them, for example, a sensor that alerted staff if a person was having a seizure; assessments were in place regarding the safe use and maintenance of this. Checks were carried out on equipment to make sure that it was safe to use. We saw that there were emergency plans in place to keep people safe should there be an emergency such as a fire. These plans detailed the support each person would require to help them to leave the building should it be necessary. This meant that should an emergency occur staff had guidance to follow to keep people safe and to continue to provide the service.

We saw that the checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, window restrictors, as well as the temperature of the hot water to protect people from scald risks. Records showed that fire drills had taken place and that people had been involved so they knew what to do in case of an emergency.

The registered manager took action when an incident or accident happened. We saw that details of any incidents or accidents were reviewed and reported to the directors each week including actions that had been taken. We saw that the registered manager notified other organisations to investigate incidents further where this was required such as the local authority. This meant that the provider took action to reduce the



likelihood of future accidents and incidents.

People and their relatives told us that they felt there were enough staff. A relative told us, "Yes, [person's name] has plenty of support. She is always well looked after." Staff told us that they thought there was enough staff to meet people's needs. One staff member said, "We asked for some more staff to be part of the team working with one person and this was sorted out." The registered manager told us that the rota was developed depending on the assessed needs of people who were using the service. The rota showed that people had planned visit times and staff were allocated to carry out the call. We saw that there was time available to get between calls where staff were visiting people in their own homes. The registered manager told us that if there were times when staffing levels were low due to sickness or absence that either they or the deputy manager would then cover the shift. One person told us this did happen. They said, "The manager will be coming to my shift as my regular worker is going to be off work." This meant that staffing levels were appropriate to meet the needs of people who used the service.

People could be confident that staff had been recruited safely as the provider followed recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We saw within staff records that these checks took place. However, where staff had recorded gaps in their employment there was no record that they had been asked the reasons for these. The registered manager told us that they would ask about any gaps in employment in the future.

People received their medicines safely and were supported to manage their own medicines where they could do this safely. One person told us, "The staff pick up my medicine for me." Another person said, "I see to that myself." The service had a policy in place which covered the administration and recording of medicines. Staff told us that they were trained in the safe handling of people's medicines and training records confirmed this. One staff member said, "I always make sure I check everything. If I notice something differs such as a new brand I will always ask." Staff could explain what they needed to do if there was a medication error and this was in line with the policy. Some people had prescribed medicines to take as and when required, such as to help with any pain that they had. We saw that there were guidelines for staff to follow that detailed when these medicines could be offered to people. We looked at the medicine administration records and found that these had been completed correctly.

## Is the service effective?

### Our findings

People and their relatives told us that they were supported well and felt that staff team had the skills and knowledge to meet their needs. One person said, "The staff are doing a really good job of everything. I can't think of anything they could do better." A relative told us, "The staff are all really good. Every single one of them." Staff members who we spoke with told us that they received training to help them to understand how to effectively offer care to people. One staff member said, "The training is good quality. I don't need to ask for it as there is a rolling programme." Another staff member told us, "There is loads of training. It is good quality. If I needed any specific training they would find it for me." We saw training records and certificates showing that staff had received training that enabled them to meet the needs of people who used the service. For example, we saw that staff completed training in administering a specific medicine in case of an emergency. This was used by one person and a member of staff who had completed this training was on each shift in case this was needed. The registered manager told us that training was arranged throughout the year to make sure that staff received refresher training when they needed this. This meant that staff were provided with the knowledge and understanding they needed to support people who used the service.

Staff members described their induction into the service positively. One told us, "We covered everything in induction. I did shadow shifts. It was useful. You get to know people." Another said, "I found my induction useful." The registered manager told us that staff completed an induction so that they understood their responsibilities. They told us that they were encouraging staff to complete the Care Certificate for new staff. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a support worker.

People were supported by staff who received guidance from a manager. One staff member told us, "I have had a lot of supervision meetings. They ask how I am and check all of my training." Another staff member said, "I can ask for supervision. They will let me have one whenever I ask for it. They are always available." Supervision provides the staff team with the opportunity to meet with a member of the senior team to discuss their progress within the service. Records we saw confirmed that supervisions had taken place. This meant that staff received guidance and support on how to provide effective support to people.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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.

We checked whether the provider was working within the principles of the MCA and found that it was. The registered manager had a good understanding of MCA and DoLS. They were able to demonstrate that people's capacity had been considered through their support plan and associated records. For example, we

saw that each person's care plan had information included about how the person made their own decisions. However, they did not include guidance on how to involve people in making their own decisions where they might find this difficult. We discussed this with the registered manager who agreed that this information would be added to the care plan. We saw that each person had been asked to consent to receiving support with their medicines, where they needed this. Records did not always show that capacity had been considered fully. For example, we read in one care plan that staff would check the person's internet history. We discussed this with the registered manager. They told us that the person had asked that staff carry this out. They agreed that they would make this clear in the care plan to show that the person consented to this task. We found that where a person's capacity to make a decision was in doubt that appropriate capacity assessments had been completed. This meant that people's capacity to make specific decisions had been considered.

People had been involved in making day to day decisions about their support. One person told us, "I can make choices about lots of things." A relative said, "They give [person's name] choices. She chooses." Staff told us how they involved people in making their own decisions. One staff member said, "I support someone who struggles to make their own decisions. We help people to make their decisions and make sure that we involve people like their family." Another staff member commented, "I support someone who understands what you say. I offer [person's name] choices so they can decide what they want. If it clothes I make sure that they are appropriate for the weather."

People told us that staff asked for consent before supporting them. One person said, "They always ask if it is alright to do things." Staff told us that they asked people for consent. One staff member said, "I always ask. You get to know people and what they want." All staff we spoke with told us that people had the right to refuse if they didn't want support. One staff member said, "I would offer them something else." Another staff member commented, "If someone says no I accept that." This meant that people's human rights were protected by staff.

People told us they were happy with the food that staff supported them to make. One person said, "I can choose what I want to eat. I usually have quiche and salad, Healthy food." Another person told us, "I can get food and drink when I want." A relative commented, "[Person's name] gets a healthy diet and eats really well." We saw that people were supported with specific diets, where required, that met their needs and followed guidance from health care professionals. For example, one person had their food cut into small pieces due to their risk of choking. We saw that each person had information in their support plan about how to involve them with preparing their own food and drinks. Records showed that people were encouraged to follow a healthy diet.

People were supported to maintain good health. One person said, "I can go to the doctors when I need them. The staff would encourage me to if I wasn't well." A relative told us, "[Person's name] goes to all the normal routine appointments, chiropodist, dentist, doctors and that. I go with her but one of the workers comes too." We saw that where people required support to access healthcare appointments this was in place. People had health action plans (HAP). These are documents that record all of people's health needs and any appointments they have had. Outcomes from appointments had been included in each person's HAP. We saw that each person had an emergency grab sheet that contained key information about them and their health in case they needed to go to hospital. Records showed that guidance from healthcare professionals was in place. For example, we saw that one person needed two staff members to help them stand. This had been assessed by a healthcare professional. Guidance on how to do this correctly was recorded in the care plan so that staff knew what to do. Staff could explain how to support people in line with this guidance. In these ways people's healthcare needs were met.

## Is the service caring?

### Our findings

People and their relatives told us that the staff team at Independent Support were kind and caring. One person said, "The staff are caring. That is the best about the service. You always have a nice person." A relative told us, "The staff are definitely caring. The staff always support [person's name] to ring me. They would never leave her upset."

People's dignity and privacy was usually respected. One person told us, "The staff respect what I say." Another person said, "Staff listen to what I say. They tell me everyone has an opinion." However, one person commented, "Some workers have a bad attitude. One staff member used my toilet without asking. I said she should have asked and she said tough. That's a lack of respect." A relative told us, "[Person's name] is definitely treated with dignity and compassion." Staff we spoke with told us how they promoted this. One staff member said, "I make sure that I always ask before going into someone's room. I give people space when they can do things on their own." Another staff member told us, "I always make sure the door is closed so people have privacy. I offer a towel to cover up. It is important to make people feel comfortable." This meant that staff were promoting people's dignity and privacy

People were given information in ways that were easier for them to understand. One person told us, "The carer who comes to me always explains things." Another person said, "They give me my care plans and these explain what the staff will do." We saw that people had been sent surveys that were written using simple words, pictures and larger font. People's communication needs had been considered in their care plans. For example, we read that one person would use a certain gesture to communicate with the staff. This was important for staff to know so that they did not misinterpret the gesture. This meant that people received information in ways that were appropriate for them to help them to understand.

People felt that staff listened to them. One person told us, "Staff listen to me and take me seriously." Another person said, "I can talk to the care staff. They are really nice." One person commented, "They will do anything you ask if they can." Staff knew about the people they were supporting. They told us how they got to know people including things that were important to them. One staff member said, "You get to know people really well as you work with them one to one." We saw that people's support plans included details about significant life events for each person. These included their family relationships and other people who were important to them. This meant that staff had information about each person to enable them to have conversations about things that were important to them.

People were involved in making decisions about their support. One person told us, "I choose what I eat, what I wear, what I want to do and things." A relative told us, "[Person's name] says where she wants to go, what she eats, what she wears. Lots of things really." We saw from care plans that people were encouraged to make decisions. For example, in one person's care plan we read, 'give [person's name] options that are open to her to allow her to make her own decisions.' Records showed that people had been involved in decisions about their support. For example, one person had said they preferred to get up at 8am and asked that staff encouraged them to do this. This meant that people were supported to be involved in decisions about their support.

People's sensitive information was kept secure to protect their right to privacy. The provider had made available to staff a policy on confidentiality that they were able to describe. We also saw staff following this. For example, we saw that people's care records were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

## Is the service responsive?

### Our findings

People and their relatives knew how to make a complaint should they have needed to. One person told us, "I would know how to complain. I would phone the manager." However some people told us that their complaints were not listened to. One person said, "I have tried talking to the office. Nothing gets done. I can ring or send an email but it doesn't make much difference." This person told us that there was a specific issue that was causing them concern and affecting their care. They felt that this had not been resolved and that people were not responding to their concerns. A relative told us, "I have never had to complain but I know who to complain to." We saw that there was a complaint's procedure that was available for people who used the service and their relatives so that they knew the process to follow should they have wished to make a complaint. The registered manager told us that they had not received any complaints in the last year.

People told us that they sometimes had to wait for staff and did not always get staff who they knew well. One person said, "Some of the workers are okay. They don't send me the ones I like anymore." Another person told us, "Timekeeping is okay with my regular staff. I was a bit anxious today as another one came and they were 20 minutes late." Another person commented, "I would like a set rota. I hardly get the ones I like anymore." People told us that there had been times when staff had not turned up at all. One person commented, "They have missed a few calls." However, another person told us, "They do let me know if there is a problem and they won't be able to cover it." The registered manager told us that they tried to have the same staff team for people and that if people requested a change in staff this was carried out where possible. They told us that staff were available to cover in the case of sickness or absence, or that they would cover this themselves.

People were supported to increase their independence. One person told us, "They encourage me to help with the cleaning. It is a big help as it keeps my spirits up." Another person said, "[Staff's name] definitely does encourage me. She is great." A relative told us, "To be honest [person's name] communication has improved. Since she has been there she is communicating much better than before." Staff who we spoke with told us how they supported people to develop their independence. One staff member said, "We promote independence. Everyone has improved so much. They are doing things we never expected. People have come on leaps and bounds." Another staff member told us, "People have gained loads of skills. We try and involved them as much as possible." We saw that care plans gave staff guidance to encourage people to do what they could. For example, we read, 'Support [person's name] with cooking to build their confidence. Look for easy healthy options recipes so they are easier to follow.'

People's care plans had been reviewed monthly. They had been updated whenever a person's needs had changed. One staff member told us, "We are asked for our opinion. We can see when something changes for someone." Records showed that people had been involved in reviewing their support plan and signing their own documentation. One person told us, "I have had one review." The registered manager told us that they involved staff in the review of care plans. They said that all staff had been asked to write down everything that they knew about the person they were supporting. This was then reviewed against the care plans to make sure that all information that staff knew about people was recorded to ensure that staff had the

opportunity to include the support that they offered to each person.

People's care plans were centred on them as individuals and contained information about their likes, dislikes and preferences. A relative told us, "They always ask me about [person's name] likes and dislikes." We read how one person preferred to have their drinks and how another person liked to be encouraged to be involved in completing tasks. Staff knew about people's care plans and could describe information recorded within them. This meant that people could be sure that they received care centred on their preferences. We saw that people had set objectives that they were working towards. Staff explained to us how people had achieved their goals. One staff member said, "[Person's name] met their goal. People feel good when they achieve something. It is very rewarding." Records showed that progress towards goals had been reviewed monthly and new targets had been set. This meant that people were being supported to achieve their aims and objectives.

People had contributed to the planning and development of their support. One person told us, "When they first started working with me we discussed my care." Another person said, "I said what help I wanted in the beginning." A relative told us, "They involved me in everything with developing the care plan." We saw that people's care plans contained information about routines that they followed and what was important to them. For example, we read how one person liked staff to support them in the morning, and what signs the person would use to tell staff that they were ready to have their support. The registered manager explained that people's support needs were assessed prior to them receiving support from Independent Support. Records showed that assessments had been completed.

## Is the service well-led?

### Our findings

People and their relative's felt that they were happy with the service they received. One person told us, "They are a good company. I would recommend them to people." A relative said, "I couldn't ask for a better service. [Person's name] is very happy." Staff we spoke with told us that they felt that the service was well led. One staff member said, "The team work well together. The managers are all lovely." Another staff member told us, "I think they are doing everything really well." The registered manager was supported to deliver the service by a service manager, a manager, a deputy manager, senior support workers, support workers and administration staff.

We found there were good communication systems at the service. People told us that they had not been asked for feedback on the service that they had received. However, relatives told us that they had been regularly asked for their feedback. A relative commented, "They have asked is everything okay? Is there anything else we can do? They consult about everything." The registered manager told us that they held weekly meetings with people who used the service who received 24 hour support. We saw records of these that had been completed. People were asked if they were happy with the staff who supported them, what they would like to do, and if they were happy where they were living. These meetings showed that people had been asked for their feedback on the service. The registered manager told us that questionnaires were sent to other people who used the service for their feedback. This was not on a planned basis. We saw questionnaires that had been completed and the feedback from these was positive. The registered manager said that the feedback was analysed and if anyone had raised any concerns these would be addressed with them to resolve.

People told us that the managers were approachable but that they sometimes struggled to get hold of a manager. One person said, "I have a card with her name on so I can phone them." Another person told us, "[Manager] won't even answer her phone." A relative commented, "I definitely feel that [registered manager] is approachable." Staff members told us that they felt supported by the registered manager and felt able to speak to them if they had any concerns or suggestions. One staff member told us, "Everyone listens to us. They are definitely approachable. If I am not happy I can always ring them." Another staff member commented, "[Registered manager] is very flexible. They listen to what I have to say." We saw that the registered manager was available to staff throughout the day and listened and responded to their questions and concerns.

Staff told us that they attended regular team meetings. These provided the staff team with the opportunity to be involved in how the service was run. One staff member told us, "The team meetings are very useful. They are more like a group talk." Another staff member said, "We have the chance to get together and put our views across at the team meetings. It gives us opportunity to discuss each person's care and how to work with them." One staff member commented, "We can make requests at the team meetings. We are really honest. We asked for more support to work with one person. The change was made within two weeks. It was really beneficial." We saw minutes from the last three team meetings. Topics discussed included good practice, staffing, training, record keeping, staff consultation on a change that was taking place and updates on each person's support. We saw that actions were set and reviewed at the next meeting. This



meant that the provider made sure that staff knew their responsibilities as well as offering them opportunities to give their feedback.

We saw that the provider had made available to staff policies and procedures that detailed their responsibilities that staff were able to describe. These included reference to a whistleblowing procedure within the safeguarding procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I can report to the police or to CQC or to the directors if I think it is the manager."

There were systems in place to regularly monitor the quality and safety of the service being provided. The registered manager carried out a review of the service that had been provided each week and reported this to the directors. This included reviewing documentation, incidents, safeguarding, health and safety, the environment, complaints and any appointments that people had attended. We saw that actions that had been taken by the registered manager were recorded to show what had done to resolve any areas that needed improvement. We found that audits were carried out on other areas of service delivery through the year. These included medicines audits, infection control and health and safety checks on premises and equipment. External professionals had also reviewed the service. We saw that the fire service had visited in 2016. At this visit they had found areas that needed improving. We confirmed with the fire service that all actions had been completed. This meant that the service had process in place to monitor the quality of the service and drive improvements in the delivery of a quality service.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions had been taken.