

Yourlife Management Services Limited

Yourlife (Prestwich)

Inspection report

Broadfield Court, Park View Road
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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

This was an announced inspection which took place on 20 April 2017. Two days before our inspection we contacted the service and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office.

Yourlife (Prestwich) is a Domiciliary Care service that provides personal care to people in their own homes. The service is based in an assisted living complex which contains 48 apartments. People live independently in their own homes. At the time of the inspection there were five people using the regulated services of personal care. This was the first inspection of this service.

The service has a registered manager who was present on the day of our inspection. 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.

All the people we spoke with were positive about the registered manager and the way they ran the service. We spoke with the registered manager throughout our inspection and found them to be confident, enthusiastic and passionate about providing a person centred service. Staff we spoke with shared this enthusiasm and commitment to providing good person centred care.

People who used the service told us they felt safe. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor care to people.

There was a safe system of recruitment in place which helped protect people who used the service from unsuitable staff. Staff received the induction, training, support and supervision they required to ensure they had the skills and knowledge needed to carry out their roles effectively.

People we spoke with told us the service was reliable. They told us they had never had a missed visit and they always received the support they needed at the time it had been arranged. Visits were planned well; staff had enough time to provide people with the support they required. There was a call system, which enabled people who used the service to call for assistance if it was needed to in-between visits.

There was a safe system in place for managing people's medicines.

Individual and environmental risk assessments were person centred and gave staff guidance on how to minimise and manage identified risks. The service had policies to guide staff on health and safety and

infection control.

Whilst Yourlife (Prestwich) is a domiciliary care service provided in peoples own apartments, the complex also has communal areas including a lounge and dining area. We found these to be very well presented, spacious, with modern furnishings and fittings and decorated to a very high standard.

Care records were detailed and person centred. They described people in positive ways and included information on how to promote peoples independence, including things the person liked to do for themselves. They contained information based on people's needs and wishes and were sufficiently detailed to guide staff in how to provide the support people required. We saw that people who used the service had been involved in the reviews.

People in their own homes are not subject to Deprivation of Liberty Safeguards DoLS. However, staff were trained in the Mental Capacity Act MCA and DoLS to ensure they were aware of the principles. People who used the service told us they were consulted about the care provided and staff always sought their consent before providing support.

People supported by the service lived in their own homes and could therefore eat what they wanted. People we spoke with told us staff supported them with food preparation if it was needed and respected their food preferences. They also told us that they were supported if needed to access the on site bistro.

People we spoke with who used the service said the staff were caring and friendly. People were very complimentary about the service they received and the attitude of the staff.

Staff spoke in a caring and compassionate way about people who used the service. They had detailed knowledge of people and were able to tell us what was important to the people, their likes and dislikes and the support they required.

People lived in their own homes but the service provided activities for people in communal areas of the complex, to help prevent social isolation.

Staff meetings were held regularly where staff had an opportunity to raise any issues and were used to look at developing good practise. Staff we spoke with liked working for the service and told us they felt supported in their work.

There was a robust system of quality assurance in place. Weekly and monthly checks and audits were carried out by the registered manager and other managers of the service. These were used to assess, monitor and review the service.

Information was given to people who used the service to let them know what to expect from the service. Arrangements were in place to seek feedback from people who used the service. People we spoke with knew how to complain and were confident the managers of the service would deal with any issues they raised.

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 who used the service told us they felt safe. Staff were trained in safeguarding adults and were aware how to raise any concerns.

The recruitment of staff was safe and there were sufficient staff to provide people with the care and support they needed.

The care records showed that risks to people's health and well-being had been identified. Plans were in place to guide staff on how to reduce or eliminate risk. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People told us the service was reliable.

Staff received an induction when they commenced employment and training to allow them to do their jobs effectively and safely. Systems were in place to ensure staff received regular support and supervision.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff gained people's consent before care or support was provided.

Is the service caring?

Good ●

The service was caring.

People who used the service said the staff were caring and friendly. They were very complimentary about the service they received and the attitude of the managers and staff.

The registered manager and staff all spoke in a caring and compassionate way about people who used the service. They had detailed knowledge of people and were able to tell us what was important to them, their likes and dislikes and the support

they required.

The service placed great importance on promoting and maintaining people's independence. People who used the service told us they were supported to remain as independent as possible by staff members.

Is the service responsive?

The service was responsive.

Care records were detailed and person centred. They contained information about people's needs and wishes. They provided staff with the information they needed to support people appropriately.

The care provided was reviewed regularly. Records were updated to ensure the information contained within them was fully reflective of the person's current support needs. People told us they were always involved in reviewing their care.

There was a suitable complaints procedure for people to use to voice their concerns. People were confident any concerns they had would be dealt with quickly.

Good ●

Is the service well-led?

The service was well-led.

The registered manager and staff were enthusiastic and committed to providing a person centred service.

Staff were positive about the registered manager. They enjoyed working for the service and felt very supported in their roles.

We found there was a robust system in place for assessing, monitoring and reviewing the quality of the service. Arrangements were in place to seek feedback from people who used the service.

Good ●

Yourlife (Prestwich)

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 was an announced inspection which took place on 20 April 2017. Two days before our inspection we contacted the service and told them of our plans to carry out a comprehensive inspection. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be at the office.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. Before the inspection we reviewed the PIR and looked at information we held about the service and provider, including notifications the provider had sent us. We also asked the local authority and Bury Healthwatch for their views on the service; they raised no concerns.

The service supports people who live in their own homes. During our inspection we spoke with three people who used the service and one person's relative, the registered manager, the care compliance manager and four care staff.

We looked at a range of records relating to how the service was managed these included; medicines administration records, the care records of three people who used the service, three staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us they felt safe using the Yourlife (Prestwich). People said, "If they haven't seen you, they phone up to check how you are", "I am glad I came", "I couldn't walk down the slope outside [registered manager] would help me when I needed it" and "As soon as I came I felt happy, I knew it was the right place."

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures were in place that provided staff with guidance on identifying and responding to the signs and allegations of abuse. Training records we looked at showed us staff had received training in safeguarding. The service had not had any safeguarding incidents but the registered manager and staff we spoke with were aware of the signs of abuse, what they would do if they witnessed it and who they should report it to. Staff we spoke with told us they were confident the registered manager would deal with any issues they raised. One staff member told us, "Oh yes it would be dealt with. But I could by pass if I didn't think so."

The service had a whistleblowing policy. This told staff how they would be supported if they reported abuse or other issues of concern. It also gave staff details of other organisations they could contact if they were not happy with how the service had dealt with their concern. Staff we spoke with were aware of the company's policy.

We found there was a safe system of recruitment was in place. We looked at three staff personnel files. We noted that all the staff personnel files were well organised and contained an application form where any gaps in employment could be recorded and checked out. The staff files we looked at contained at least two written references and copies of identification documents including a photograph. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff. We saw that staff also wore uniforms and name badges to help identify them.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters. These helped staff to know what was expected of them in their roles.

People we spoke with told us there was sufficient staff and they always received the support they needed at the time it had been arranged. Staff rotas we examined showed that there were sufficient staff to provide people with the planned support. Staff told us that cover for sickness or annual leave was always provided by the existing staff team. One staff member told us, "We provide consistent support and if we need help we help each other." People who used the service told us they were always supported by staff they knew well and that any new staff always worked alongside familiar staff so that people got to know each other. This helped to ensure continuity of care.

Each person using the service also had a call system in their home. This allowed them to call for assistance

in-between visits if they needed it. The registered manager told us that if people's needs changed the system could also be used with specialist equipment, such as falls alert pendants, to let the service know that someone needed urgent support. Records we saw showed that a manager from the service was on site between 7 am and 11 pm. The registered manager told us that if people using the service needed emergency support outside of those hours they could use the call system which was supported between 11pm and 7am by the company who provided the call system. They had emergency contact numbers and could arrange any help that was needed.

We found there were safe systems in place for managing people's medicines. We saw medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. The registered manager and staff we spoke with told us that staff received training before they could administer medicines. Records we saw showed staff were trained in medicines administration and regular checks were carried out by senior staff to ensure staff were following correct procedures, including daily checks of records and medicines in people's homes.

At the time of our inspection there was only one person being supported with their medicines by Yourlife (Prestwich). We looked at four months medicines administration records (MAR). We found that all records were completed to confirm the person had received their medicines as prescribed. We saw that medicines records were also audited monthly by the registered manager to ensure accurate records were being kept. We saw that any issues were highlighted and any action taken was documented. The registered manager told us that on the day of our inspection another person was going to start to be supported with their medicines and that they had planned that each staff member administering medicines would have a new competency assessment.

We found people's care records contained risk assessments. We saw these records were detailed and identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks whilst promoting independence. We found these included; moving and handling, medicines, continence, nutrition, hydration, falls and finance. These were reviewed regularly and updated when changes occurred.

Care records also included environmental risk assessments for hazards in people's homes these included; use of household electrical items such as kettles, hot surfaces, pets, trip hazards and flooring.

The service had a business emergency response and continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt or endanger people who used the service. This included staff shortages, fire, damage to the building, loss of gas, water or electricity, breakdown of essential equipment, and severe weather. The service also kept an emergency file in the reception area. This included emergency equipment such as a high visibility tabard, torch and important contact details. It also had important information that staff and emergency services may need including what support people who used the service may need in the event of having to evacuate the building. This meant that robust systems were in place to protect the health and safety of residents in the event of an emergency situation.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. This included a description of the incident and any injury, action taken by staff or managers and recommendations from managers to prevent reoccurrence. We saw that following one accident, when a person had fallen, this had been discussed with the person who used the service and they had agreed that furniture could be moved to reduce the risk of future falls.

We saw that these accident and incident records were reviewed by the registered manager and also by the organisation's health and safety committee. This was so that they could look for action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

The service had an infection prevention and control policy; this gave staff guidance on preventing the spread of infection; effective handwashing and use of personal protective equipment (PPE) including a uniform, disposable gloves, aprons and hand gel, this is a sanitizer. We saw that PPE was available and staff and people who used the service we spoke with told us PPE was always available and used. One person who used the service told us, "They always use gloves and aprons and they throw them away after."

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. However, people cared for in their own homes are not usually subject to Deprivation of Liberty Safeguards (DoLS).

Care records we looked at contained evidence the service had identified whether a person could consent to their care. They were signed by the person to indicate they agreed to the planned care. People we spoke with also confirmed staff sought their consent when supporting them.

Records we reviewed showed that staff had received training in MCA and DoLS. All the staff we spoke with during the inspection demonstrated their understanding of the principles of this legislation and the need to gain consent from people before they provided any care.

We looked at the arrangements in place to help ensure staff received the induction, training and supervision they required to be able to deliver effective care.

We were told that all new staff completed a formal induction programme which included reading policies and procedures as well as completing required training. Our review of records showed that all staff had completed this induction. The registered manager told us that all current staff had worked in care before, but if staff had not worked in care before they would start the care certificate which is an induction that covers a range of training and is considered to be best practice. Staff we spoke with told us they had found their induction useful and said it had helped them understand their role. Staff members said, "My induction was very good" and "I learned a lot."

The registered manager told us that new staff also work alongside an experienced staff member until they are confident to work alone. People who used the service told us that new staff always worked alongside existing staff when they first started. People told us they liked this as it allowed them time to get to know new staff. One person who used the service said, "If you get a new staff member they always shadow staff until they have been trained in new skills."

Records we reviewed showed that staff employed in the service had received training to help ensure they were able to safely care for and support people. The registered manager showed us the matrix they used to record all staff training. Records we looked at and staff we spoke with confirmed that staff received training that included fire safety, health and safety, first aid, infection control, manual handling, safeguarding adults and children, food hygiene, nutrition, dementia awareness, food safety, continence promotion, equality and

diversity and dementia awareness. Staff we spoke with were positive about the training they received. One staff member said, "I have worked in care before, I have done more training here than any of my other jobs."

The company also had a dementia adviser who worked with any of their services who supported people living with dementia. This included offering advice and providing training to staff.

Records showed that staff received regular supervisions and attended team meetings. Staff we spoke with told us they felt supported. They said, "I feel supported, we are like one big family", "[Registered manager] is a good listener, you can go to her at any time" and "[Registered manager] keeps you informed. She likes everyone to know what's going on."

Whilst Yourlife (Prestwich) is a domiciliary care service provided in peoples own apartments, the complex also has communal areas including a lounge and dining area. We found these to be of very well presented, spacious, with modern furnishings and fittings and decorated to a very high standard. People who used the service told us staff helped them access the communal areas if needed and they enjoyed having access to the communal areas to help reduce their social isolation.

People we spoke with told us staff supported them with food preparation if it was needed and respected their food preferences. They also told us that they were supported if they wanted to access the bistro, which was on site. One person said, "I had a bad cold, they came to see me, brought me sandwiches and a coffee." Another person told us that the service now ran 'takeaway nights'. People could order takeaway food and it was delivered to the complex and people shared the meal together in the communal dining area.

Staff were trained in food safety and supporting people with nutrition and hydration. Staff were aware of people's likes and dislikes. One staff member told us, "[Person who used the service] likes a four minute boiled egg."

Care records showed that people had access to a range of health care professionals such as their own dentist, optician and doctor. People we spoke with told us staff arranged appointments for them if needed. One person who used the service told us, "They have contacted the doctor for me a couple of times and they have got my prescription."

Is the service caring?

Our findings

People we spoke with who used the service said the staff were caring and friendly. People were very complimentary about the service they received and the attitude of the staff. People told us, "It's very good, they are very helpful", "They [staff] are very helpful, very friendly", "They [staff] are very good to me" and "They are very good and friendly." People also said, "They [staff] seem interested in you, in helping you with what you need help with" and "Every single person [who works for the service] is fantastic."

The registered manager and staff all spoke in a caring and compassionate way about people who used the service. They had detailed knowledge of people and were able to tell us what was important to the people they cared for, their likes and dislikes and the support they required. Care records we looked at described people in a positive way and included information on how to promote people's independence, including things the person liked to do for themselves.

We spent time observing how staff and the registered manager interacted with people who used the service. We saw all staff were kind, respectful and there was a good friendly rapport. Staff we spoke with said, "We are a kind team, we always speak to everyone, say good morning to everyone" and "Sometimes they [people who used the service] just need reassurance, knowing we are there. [Person's name] sometimes just wants a natter."

To protect confidentiality copies of people's care records were kept in lockable cupboards in a secure office within the complex. The service had policies and procedures about protecting people's confidential information, privacy and dignity for staff to follow. This showed the service placed importance on ensuring people's rights, privacy and dignity were respected.

People who used the service said, "They always knock on my door and ask if they can come in" and "They are very respectful. They always knock and wait [to be asked to come in]."

The registered manager told us that one of the main aims of the service was to help maintain and promote people's independence. Staff we spoke with told us, "It's about [people who used the service] being independent, but with care. It's the security of knowing you can go to bed and get help if you need" and "Assisted living is different, we are not here to do everything. We are here to assist. It would be easy to go in [to people's homes] and do everything. We encourage people to do what they can."

People who used the service said, "They won't do it for you, they are very good", "They don't do things for me that I can do for myself" and "You have privacy and independence, but you can integrate if you want."

People lived in their own apartments but told us their visitors were always made to feel welcome when they came into the complex and into the communal areas. One person who used the service said, "They always talk to my visitors."

Is the service responsive?

Our findings

People who used the service told us the service was responsive. One person told us, "My fridge was broken; they lent me another one whilst it was fixed."

People told us they had been asked about the support they needed and how that support should be provided. One person told us, "They asked me a lot of questions, they check if everything is okay most days" and "[Registered manager] has done a review. I know her well."

The registered manager told us the service always completed an assessment of people's needs prior to people starting to use the service. The registered manager met the person and their relatives to carry out an assessment that covered all aspects of their health and social care requirements. Care records we looked at contained assessments which were detailed and showed what support the person required, what was important to them and how and when the service planned to provide it. This included a timetable and individual service delivery plan which told people the times and day's staff would be with them and what the staff would do. We saw that the assessments were used to develop care plans and risk assessments.

Care records we looked at were detailed and person centred. They gave information about things that were important to the person including routines, preferences, food likes and dislikes, health conditions, medicines, how they wanted to be supported with their personal care, equipment that staff needed to use, social activities and how best to communicate with the person. Records we saw included a 'Map of Life'. This gave information about the person's life history, family, education, work life, interest's and hobbies. Records we saw were sufficiently detailed to guide staff in how to provide the support people required. They also gave information about what people could do for themselves and were written using respectful terms. One record included information on which order the person liked their clothes to be passed to them to put on. We found care records including care plans and risk assessments had been reviewed regularly to ensure they reflected people's needs. We saw that people and their relatives had been involved in the reviews. Everyone we spoke with told us they had been involved in reviewing how their care was provided and asked if any changes were needed.

We found detailed records were made in daily logs by staff after each visit. Staff told us that if people's needs changed they wrote in daily logs, reported to the office and managers would update the care records. One staff member said, "[Registered manager] is a stickler for keeping things up to date." Staff told us they also had a handover at each shift change. Records we looked at showed that these handovers were detailed and included any appointments the person may need help with.

The service is a domiciliary care service and support is provided in peoples own homes. All the homes are apartments within an assisted living complex. Part of the service offered by the provider is a range of activities that are held in the communal lounge areas and local community, that people can join in with if they wish. All the people who used the service that we spoke with told us the activities provided were enjoyable. We saw that recent activities had included chair based exercises, quiz night, coffee mornings, internet training, entertainers and playing bridge. We saw that there had been a number of social events

including, ballroom dancing, Valentine's day party, mindfulness sessions, and a 'bake off' competition. The registered manager had also planned a pizza night. A mobile pizza van was going to visit the service and people could order freshly made pizza. The registered manager showed us the 'wishing tree'. This was a painting of a tree on which people who used the service could place notes about things they had always wanted to do. The registered manager told us this would be used to look at what new activities could be arranged.

People we spoke with knew how to complain and were confident the managers of the service would deal with any issues they raised. The registered manager told us that they had not received any complaints from people receiving personal care from the service. We found the service had a detailed policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of managers and other organisations they could contact if they were not happy with how their complaint had been dealt with. The service had a system for recording any complaints; the registered manager told us they had not received any complaints. Records we saw showed how staff should support people if they wanted to make a complaint had been discussed at a recent staff meeting.

People we spoke with knew how to complain and were confident the managers of the service would deal with any issues they raised.

Is the service well-led?

Our findings

The service has a registered manager who was present on the day of our inspection.

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.

All the people we spoke with were positive about the registered manager and the way they ran the service. People who used the service said, "[Registered manager] is friendly and enthusiastic, she wants you to enjoy the experience of being here", "It is a very good service" and "I wouldn't have any others [provider]."

Staff we spoke with said of the registered manager, "She's one of the best managers I have ever had", "We have a good boss", "Any problems we can go to her", "[Registered manager] is really easy to talk to and open", "She is relaxed, jolly and a good manager", "She's very kind and caring" and "If you're not happy with something, you can tell her."

We spoke with the registered manager throughout our inspection and found them to be confident, enthusiastic and passionate about providing a person centred service. Staff we spoke with shared this enthusiasm and commitment to providing good person centred care.

There was a management structure in place, which staff understood and meant there was always someone senior to take charge.

Staff we spoke with liked working for the service and told us they felt supported in their work. They told us, "This is a good service, I am always bragging about it", "It's like a hotel", "It's a good company to work for, it's forward thinking", "I love it, I like the atmosphere" and "It's a nice place to work."

Records we reviewed and staff we spoke with also confirmed that the service held regular staff meetings. We saw that notes were kept of these meetings and that staff could raise any issues they wanted. The registered manager told us they tried different ways of making the team meetings interesting for staff. We saw these included quizzes about health and safety, policies and good practice, a video on living with dementia and a treasure hunt for new staff to help them orientate themselves with the complex. They also had emergency 'test' scenarios. We saw that one gave staff a list of hypothetical incidents that were supposed to have happened at the same time and asked staff what they would do and how they would prioritise their actions, such as a leaking bath, missed medicines and someone having a medical emergency. This would help staff plan what they might need to do in an emergency situation.

Staff were also given the opportunity to comment about working for the service via staff questionnaires which could be completed confidentially. Records showed that staff were very satisfied with working for the company and the service provided with the staff questionnaire.

We saw that the service had a range of policies and procedures. The policies we looked at included infection control, medicines administration, complaints, the Mental Capacity Act, safeguarding adults and whistleblowing. We saw that staff supervision also included a 'policy of the month'. The registered manager told us that at each supervision a different policy would be read and discussed with staff.

The provider held yearly Pride staff awards. We were told that PRIDE stood for; Passion, Responsibility, Innovation, Determined and Excellence. The registered manager told us any staff member could be nominated and it was to recognise staff who had shown good practise and gone 'above and beyond' in the service they provided.

The provider organised regional manager meetings which were held monthly. The registered manager told us these were helpful as they were used to look at issues and ideas for service development. The provider also held a yearly conference for all senior manager and registered managers. This allowed managers to talk directly to senior people in the company about their ideas or concerns.

We looked at the quality assurance systems in place within the service and found there was a robust system of quality assurance. Managers of the service worked alongside staff on visits every day. There were also monthly staff observations. These included reviewing staff hygiene practises, PPE, timekeeping, privacy and dignity and uniform. We saw that any issues were highlighted and any action taken was documented.

There were a number of weekly and monthly checks and audits carried out by the registered manager and other managers within the service including; call system, care records, daily records, medicines, cleanliness, emergency equipment, training and supervisions and visit records. We saw that there was also an external audit by senior managers within the company each month. This audit was detailed and an action plan was developed with the registered manager when needed to address any areas of improvement identified.

We looked to see if people had the opportunity to comment on the service they received. People told us they were involved in regular reviews of the support they received. We saw that 'Homeowner' surveys were also given to people. The results we saw were very positive around all the questions asked such as safety, cleanliness, respect, privacy and being listened to.

We saw a compliments card from someone who used the service. It said that since starting to use the service; "Friends have noticed a difference and I am back to my old self."

Before our inspection we checked the records we held about the service. We found there had been no notifications. Notifications of significant events such as accidents, incidents and safeguarding allegations allow us to see if a service has taken appropriate action to ensure people are kept safe. The registered manager told us there had been no such events, but was able to tell us what should be notified and how they would do this.

We saw there was a service user guide and statement of purpose readily available. These documents gave people who used the service the details of the aims of the services and facilities provided. These documents helped to ensure people knew what to expect when they used this service.