Yarrow Housing Limited

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Inspection report

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Date of inspection visit:
04 January 2019
08 January 2019
09 January 2019
10 January 2019
11 January 2019

Date of publication:
13 March 2019

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

We carried out an announced inspection of this service between 4 and 11 January 2019.

Yarrow Housing provides care and support to people living in supported living settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection there were 74 people using the service. At our last inspection in March 2016 we rated the service 'Good'. At this inspection we rated the service 'Outstanding'.

The service had 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 were empowered by the service. People using the service were supported to develop their independence and be involved in every aspect of running their homes. Person centred planning was well established in the service. People worked with staff to identify their goals and to achieve these, including being able to develop their interests and undertake activities and holidays of their choice. Activities were varied with an emphasis on community involvement and self-expression, including sport, art, video projects and music. People also had individual projects which reflected their own interests and were encouraged to develop these and take ownership.

People and their relatives told us that they were treated with kindness and respect by staff and we saw examples of extremely positive interactions. People had a good rapport with staff and knew them well and were confident in approaching managers for advice or to share news.

People's goals and achievements were celebrated, and people were encouraged to take their successes a step further. Managers in the service placed a strong and continuing emphasis on co-production, which meant initiatives to improve and develop the service included people and their families throughout. The provider was routinely developing and thinking of new ways to improve and introducing new models for support. People found managers to be visible and approachable.
People were supported to maintain good health. People had chosen to become more active in their chosen way and to eat healthily, and spoke with pride about how their lives had improved as a result. The provider worked with local organisation and people using the service in order to hold events aimed at improving health awareness.

People were safeguarded from abuse and there was a strong culture of speaking up. When people had behaviour which may challenge others, the provider used its in-house expertise to develop plans to address and manage this and promote social inclusion. People were encouraged to look at risks positively to

develop their independence and there was a systematic and skilled approach to developing independence and giving people ownership of their daily routines. Medicines were safely managed by staff who had the training and skills to do so, and this was regularly refreshed.

Staffing was available to safely meet people need's and ensure they could do activities of their choice. Staff members received the training they needed to meet people's needs and were encouraged to regularly reflect on their training and development needs.

People were able to express their preferences and consent to different aspects of their care, including when they received personal care and the gender of the person providing this. The provider worked in line with the Mental Capacity Act to assess people's capacity to make specific decisions and to demonstrate how they were acting in people's best interests.

There was suitable and varied oversight of the service, including through internal audits and checks and assessments from external bodies and other people using the service. The provider regularly invited independent agencies to help them develop services and obtain people's views on how they would like the service to develop. Managers promoted good communication between staff and people using the service. The provider monitored incidents that had occurred and these were reviewed at board level, with a strong emphasis on learning from these.

Where services are rated 'Outstanding' we aim to carry out a further inspection within 30 months of the date of the inspection report. An accessible version of this report is also available on our website.

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 remained 'good' in this key question.

Is the service effective?

Good

The service remained 'good' in this key question.

Is the service caring?

Outstanding ☆

The service remained 'Outstanding' in this key question.

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive.

People were supported to achieve their goals and to have full choice and control over their daily lives.

People had been supported to obtain extraordinary achievements and lead fulfilling lives which were rooted in their communities.

The provider had considerable expertise in meeting the needs of people with behaviour which could challenge others.

Is the service well-led?

Outstanding ☆

The service was outstandingly well led.

There was a strong, open culture of joint working between managers, staff and people who used the service.

The provider constantly sought to try new ways of working and to be a model of good practice.

The provider operated robust and effective quality assurance processes to ensure that standards remained high.

Yarrow Housing Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a routine inspection as we had previously rated this service 'Good' 30 months ago. We were not aware of any concerns regarding the service. Prior to the inspection we reviewed information we held on the provider, such as notifications of serious events they are required by law to tell us about and spoke with representatives from two local authorities.

The inspection took place between 4 and 11 January 2019 and was announced. We gave the service notice of this inspection as we wanted to visit people in their own homes; we needed the provider to obtain people's consent to a visit. We visited the registered location on 4 and 8 January 2019. Between 9 and 11 of January we visited seven of the 25 supported living settings where the service provides support to people living in their own homes. The inspection was carried out by a one adult social care inspector.

We looked at records of care and support for 12 people who used the service and records of recruitment for eight staff members. We spoke with 10 people who used the service and made calls to six family members of people who used the service. We spoke with the registered manager, chief executive officer, the director of care and support, 5 service managers, two deputy managers, and seven support workers

Good

Is the service safe?

Our findings

People using the service and their families told us they felt safe where they lived. The service had suitable systems in place for safeguarding people from abuse. Care workers received training in safeguarding adults and were confident in reporting concerns. When concerns had been raised about a service, the provider worked with the local authority to investigate these transparently. Staff members kept records of money that they managed on behalf of people, and these were checked daily and audited by service managers and the provider's finance team to protect against financial abuse or loss.

The provider carried out detailed risk assessments where there could be risks to people's safety. These were reviewed regularly and covered a wide range of risks specific to each person. These were done in a way which highlighted not just the risks from a new activity but the possible benefits to the person and emphasised what the person wanted to do. This was crucial to increasing people's independence through positive risk taking. For example, when a person was at risk of scalding from holding a kettle, the risk management plan was not that the person should not do this, but that hand on hand support be given when the person was pouring hot water.

Some people had telecare equipment in place, for example to monitor falls or seizures. This was implemented in a non-intrusive way through the use of monitoring technology. People were also repositioned regularly when this was required to protect them from skin damage. There were personal evacuation plans in place where people may need support to evacuate in an emergency, and in shared accommodation fire drills took place regularly. The provider carried out regular health and safety checks on each person's home to look for possible dangers.

There continued to be sufficient staff to meet people's needs. Staffing levels in each service were based on people's individual support needs, including who required one to one support, and who required support to access the community. Where required by people's needs, there were waking night and sleep in staff available in each service. Care workers told us staffing levels were sufficient. Comments from staff included "There are enough staff to support people; we have a rota system and it is quite clear what people's responsibilities are" and "There's never a time that [person] can't go out because there's always enough staff." People using the service and staff members had access to an out of hours on call system.

The provider operated safer recruitment processes. This included obtaining proof of people's identification, a full work history and the right to work, and obtaining appropriate evidence of satisfactory conduct in previous employment. Before starting work the provider carried out checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions. All recruitment was signed off by the provider's human resources department.

People were supported to receive their medicines safely. In most cases medicines were supplied in blister packs, but there were regular checks of unblistered medicines to ensure that all were accounted for. Staff recorded when people had been supported to take their medicines on medicines administration recording

(MAR) charts. We reviewed MAR charts for 10 people and found that these were accurately completed. These were subject to regular checking by other support staff and mangers.

People had medicines profiles including what they took medicines for and any possible side effects. There were clear guidelines for when people had medicines taken 'as needed'. Audits had been carried out across all the services we checked by the supplying pharmacist. These had shown no issues of concern.

Where incidents had occurred, these were recorded by staff, including a description of what had happened and recommendations to avoid similar incidents taking place.

Incidents and trends were collated by head office and reported back to the provider's quality committee. This included action in response to incidents to prevent a recurrence. For example, where a person had fallen, their risk assessment had been reviewed to address this, and where a person was unwell they were supported to receive treatment. The report to the provider's quality committee identified trends, including how the rate of certain incidents had changed based on the previous quarter. There was evidence of how staff were debriefed and supported following incidents. A manager told us "Be open about an incident and learn from it."

Good

Is the service effective?

Our findings

People's needs were fully assessed prior to using the service, and these assessments were reviewed regularly. These included key areas of daily living skills, possible triggers which could upset the person, what they enjoyed doing and their opinions about their care and support needs.

Support workers had sufficient training to carry out their roles. New staff were subject to a detailed induction, which covered mandatory training in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if a staff member is 'new to care' and should form part of a robust induction programme. A staff member new to care told us, "Initially I was quite nervous because it was my first job, I received training before I started anything and had an opportunity to shadow; I didn't do anything until I was completely confident and they thought I was ready. I'm not just going to be thrown into the deep end." Staff members had assessments of their competency in key areas before they completed their probationary periods. In some cases, areas for development were highlighted and the provider worked with staff to address these.

Staff received regular training in key areas such as medicines, safeguarding adults, infection control, health and safety, first aid and fire safety. There were clear timelines for how often staff should repeat this training which was monitored by head office. Staff told us they had the opportunity to access additional training as needed. This included additional training in Makaton, supporting people with behaviour which may challenge, epilepsy and autism. Support workers were required to reflect on their training and development needs in quarterly supervision and to identify areas in which they wanted to develop their skills. This included when staff had requested more training in supporting people who had experienced bereavement. A care worker told us "I do supervision every three months, but it can be brought forward." The provider had Investors in People status, which is a nationally recognised standard for people management.

People using the service and the provider had undertaken several initiatives to improve people's awareness of and access to healthcare services. For example, when a woman had been reluctant to attend a breast screening appointment staff had worked with her to meet with screening nurses and see the setting where examinations took place. This person had worked with staff to run a breast cancer awareness day, which included the use of visual and physical aids to encourage people to self-check and to attend appointments. The provider had worked with local partners to run a mental health awareness day and people had access to a slimming club to support them if they wanted to lose weight. People's weights were monitored for signs of unplanned weight gain or loss and showed that management plans were effective.

Care workers gave examples of how they supported healthy eating. For example, one person had been supported to buy healthy cookbooks and use these to choose meals; their keyworker told us they had lost over a stone since then and found it easier to access the community as a result. A relative told us "I've seen the menus when I visit, the meals are quite healthy, in fact very good." The provider sought appropriate advice from a speech and language therapist when people had difficulty swallowing and provided soft diets in line with their recommendations.

People were supported to attend health appointments regularly, and there were clear records maintained of these, including what actions staff teams needed to take a result. Staff had compiled an epilepsy management plan for one person who used the service, which was described as "fantastic" by the Community Learning Disability Service. People had hospital passports, which contained essential information for hospital staff on how best to support them during a stay.

The provider was working in line with the Mental Capacity Act (2005) (MCA). The Act 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. Consent to care and support was obtained wherever possible. Where people may not have been able to make decisions for themselves the provider had carried out a mental capacity assessment. These were carried out appropriately in a nuanced, decision specific manner. Where people were found not to have capacity, the provider worked with the person, their families and other professionals to follow a best interests process. The provider had worked with people to consider consent in a range of relevant areas, such as whether local authority or CQC representatives could access their records, and whether the person consented to receiving care from staff of the same or opposite sex.

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 hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had reviewed whether people could be considered to have been deprived of their liberty in line with a significant court judgement of 2014 and had made the appropriate applications to the local authority, and where necessary applications had been made to the Court of Protection.

Outstanding ☆

Is the service caring?

Our findings

At our last inspection in March 2016, we found the service was extremely caring and rated the key question of Caring as 'Outstanding'. At this inspection we saw that the provider had maintained and developed practice to ensure the service remained extremely caring.

People had regular individual meetings with their keyworkers, with clear records kept of how staff had supported people to express themselves and what the person had expressed. A care worker told us, "We can talk about anything they want to…their health, where they want to go on holiday, and we ask if there's anything they're worried about and anything they want to change." Within each service there were regular tenants' meetings for people to discuss any concerns they had and their wishes for upcoming activities and social events. Examples of these included Christmas parties, days out in London and beyond and regular trips to local cafes and pubs.

We observed positive interactions between staff members and people using the service. For example, people using the service and some care workers were playing a game of cards and laughing, and a person told us "Happy." In many cases people joked with their support workers and talked fondly of individual care workers and activities they had done together, and discussed future plans. Communications with people included using objects of reference and Makaton symbols where necessary. People were positive about the caring nature of staff. A person using the service told us, "I talk to the staff, they listen. They keep me safe" and another person said, "I love it, I'm very close to the staff here." Comments from relatives included, "[My relative] loves where she lives; it's everything she needs and everything she wants" and "I see the staff with them, they're very patient and kind."

People's personal profiles were extremely detailed and contained a wide range of information about the person, their life story, gifts, talents and preferences. This included people's religious and cultural needs and any support they may require to meet these, such as whether they considered themselves practicing. People's plans included information on what support they needed to wear the clothes they preferred. We saw evidence people were supported to go to their preferred shops and buy the clothes of their choosing. Everyone we met was dressed in line with their stated preferences. The provider showed us an example of how a person had lost touch with the community of their birth, and had been supported to visit areas of London where they could be introduced to other people who shared their heritage. As a result they had made friends and developed improved links with their community.

The provider was working with people and their support staff to try out a new model of developing skills called active support, which was developed by the Association for Real Change. Training for support workers and managers encouraged them to reflect on whether all aspects of their practice encouraged independence and the risks of working to a 'hotel model', where people were passive recipients of services in their homes. The active support model had been piloted in a small number of services pending a wider roll out. This involved working with people to look at their days and identify areas of opportunity to develop independence. These were then broken down minutely into tasks and people's level of support analysed. Support workers recorded at each opportunity which aspects of the task people could do for themselves

and where the most support was needed, and monthly progress reports showed the progress people had made. In several areas, we saw examples of how an active support model had resulted in people taking the initiative to start a particular task, which gave people more ownership over their days. Staff spoke enthusiastically of the results they had seen from this initiative. One support worker told us "I feel it's empowering. Previously [the person] would gesture [s/he] wanted a cup of tea, now they will get up and go to the kettle. Absolutely the active support helps, I'm surprised it hasn't come along before."

The provider told us, "We break down a person's day, it's like a time and motion study. We look at the white space within it because that's what we want, we want to build things into that white space and make it more meaningful."

Care workers gave us examples of how they promoted independence among people who used the service; they showed a detailed understanding of what people had already achieved and what areas they needed to work with the person to support them to progress. A person using the service told us "I clean and I tidy up. I do it for myself." A care worker told us "We're getting there with [using the buses], [the person] knows they are safe on a bus but we are trying to build up their confidence." A relative told us "[my family member is more independent and happy, they have become [his/her] second family."

People using the service had been working with the Metropolitan Police to provide training on interviewing people with learning disabilities who had either witnessed or been the victim of a crime. The provider told us, "The legal system frequently discredits the evidence of people with learning disabilities…but this gives them the confidence to approach the police and be heard in the criminal justice system." The Commissioner of the Metropolitan Police had endorsed this approach.

People had detailed communication profiles to help staff communicate effectively with them. In every service we visited we saw examples of bespoke communication systems for people. Where required, people had pictorial menus to support meal choice and communication boards. Walls were often covered in photographs of people undertaking activities of their choice and we saw examples of how these were used to support people to discuss how they would spend their days. People's plans and review documents made extensive use of personalised photographs of activities and places of interest. A relative told us "[my family member] doesn't communicate well, but they know [him/her] and they help."

Care workers had deep insight into people's communication needs and how to make this more effective. Comments from staff included "We use gestures and pictures, it helps people to get more involved in decisions", "We're starting a Makaton lesson weekly with [person], it gives us more of an understanding because people who use Makaton sometimes personalise it."

Members of staff had been identified as dignity champions, who were responsible for upholding the key "do's" to maintain people's dignity and challenge disrespectful behaviour. A relative told us, "They treat [my relative] with respect, I hear them knocking on the door before they come in."

Outstanding ☆

Is the service responsive?

Our findings

The service used person centred planning to work with people to identify their support needs and goals for the year. People were encouraged to take the lead in preparing for their yearly reviews and presenting these to people involved in their circle of support. Key workers worked with people to review their progress in meeting their goals and progress towards these goals was reported every three months. The system was well established, which meant that people understood how it works and had confidence in it. A key worker told us "I say whatever you write down we are going to do this year and he's used to doing that as it happens every year."

People's support plans were written around their goals, and highlighted information about what was important to the person and what a person's needs and objectives were for their care and lifestyle. This included skills development, travel training, meeting spiritual and cultural needs and inclusion in day time activities and employment.

We saw examples of how people were supported to meet their goals to improve their social inclusion. In several cases this involved supporting people to create links with their cultural communities. Goals were broad and ambitious, and reflected people's wishes to improve their health, develop their independence and undertake new activities. Keyworkers worked with people to review progress towards their goals every three months; these were reported back to head office so that this could be monitored. The provider had a broad range of activities and services it provided, combined with good links to other local services, the provider was able to support people to meet their goals.

We saw how people had learned to travel independently and self-administer their medicines as a result. Travel training plans were extremely detailed and very carefully considered, highlighting some of the key parts of each journey that may put a person at risk or where their confidence was low, and had steps to mitigate these. Staff gave careful consideration to how best to support a person. For example, a person wanted to try swimming, but the provider was aware that this had to be done by two staff who were good swimmers and could commit to having the same staff at the same time each week. The service manager told us "This will be a weekly activity, we don't want to set [the person] up to fail."

One person who had high anxiety and previously displayed behaviour which could challenge had developed the confidence to perform music in front of other people and had done this at the provider's Christmas party. Another person had travelled abroad with staff support and reconnected with relatives they had not seen in 20 years. Support staff spoke with pride about the goals they had supported people to achieve. Comments from staff included, "Trying to get to America on a budget is difficult and it was quite an achievement but this was what [the person] wanted" and "Supporting people to do what they love, that has been my passion."

People were supported to undertake projects which reflected their interests. This was done in a way which celebrated people's interests and special talents and there was pride in what people had achieved. For example, a person who enjoyed train travel was supported to go on a weekly journey to a station of their

choosing and kept a project book of where they had visited including their favourite journeys. A person with an interest in tea kept a project book of cafés they visited and recorded their views on the types and quality of the teas. People indicated their excitement and pride in their projects and showed us some of their favourite parts. Another person told us of the steps they were taking to book their next holiday which was part of their plan.

People were often supported in their projects through an art collective run jointly by the provider and people who used the service. This included video projects, music groups and painting and sculpture. The art collective maintained a blog of their projects and had published several books. These included sculpture, painting and photography. One person had an interest in food and had published a book of their photographs of meals and their settings, and another person had held a live event where they created a painting in front of an audience at an art gallery. Where a person had an astounding memory for quiz shows they had completed a video project celebrating their memories of a favourite episode of "Who wants to be a millionaire?" People's artwork was displayed on walls in their homes and examples of these were on display in the provider's office. Staff admired this artwork and understood each person's distinctive style of expression.

The provider implemented positive behavioural support plans when people had behaviour which could challenge others, and there was no use of restraint or physical intervention. These were compiled with input from other professionals, family members and the provider's own specialist team. Plans identified signs that a person was calm and offered signs and management strategies for when a person was becoming unsettled, and interventions for when a person was in crisis. There was evidence that these were effective and supported people to engage positively. For example, a person had moved into the service displaying behaviour which may challenge, and this had limited their access to the community and resulted in self-injury. Progress reports showed how this had reduced, and how the person was able to undertake activities in the community of their choice and had been able to participate in events, including being able to queue up.

Several people had previously come from long stay hospitals with limited freedom, and had been supported to have more active and inclusive lives. A care worker told us, "It's really nice to see [person] developing skills and a sense of identity".

The provider had worked with a local authority to set up a service to support people who had behaviour which was considered especially challenging. This involved giving consideration to the layout of the building, staff levels, how people's flats were set up to meet their needs and access to outdoor space and a sensory room which could help people to relax when upset or agitated.

Several care workers spoke proudly of how the provider was able to support people where others had failed. One care worker told us, "Yarrow open their doors when everyone else closes theirs." A relative told us, "[My family member] is more independent and happy. Before [s/he] used to be more aggressive but they know how to respond. It works most of the time and they can now take [him/her] to more places than before."

Outstanding ☆

Is the service well-led?

Our findings

The provider was outstandingly well-led because managers were committed to constantly developing and improving the service by working together with people who used the service. The management of the service worked hard to position the provider as a leader in their field and a model of good practice.

The provider had a new contract in place with the local authority to provide services in line with an individual budget approach called "Direct your support". This meant that from mid-2019 the provider would act as the custodian of people's individual budgets and support them to purchase services from other providers. The provider told us, "We really love the Care Act, but we didn't see it really working for people with learning disabilities. We thought with our expertise we could develop a model of national significance and that's why we've invested in it... It's about working together to do something as equals."

A care worker told us "It's a small organisation. You can see when they do joint parties in the service, all the staff are there for the same reason, everyone cares about the service users and puts them first; even the managers are involved in care and activities." Comments from relatives included, "It's a good service; it's peace of mind and you can sleep at night and not worry."

As part of this approach, the provider had held several co-production events to work with people to identify what they wanted to achieve from their individual budgets and how they could measure its success. In some of the supported living services, smaller events had been held where people identified what an ideal week would look like for them, and the groups and services that could help them achieve this. Other preparatory work for this included identifying how people's existing support time was used and which support hours could be provided flexibly. The provider told us they were also working with their finance department to set up individual accounts for each person's individual budget.

The provider had also commissioned an outside agency to run a day called "It's a life, not a service", which was run by people with learning disabilities. This was to identify how people felt about their house, their support and their services, and what people felt was important to them. The provider told us, "We were not allowed to come into it, we were only allowed to listen." Because of feedback from this, the provider had set up a project called Opening Doors, which was about recruiting volunteers to provide more access to art and sports. We saw examples of regular activities and events being run through this project. The provider told us, 'With Design Your Support' the first thing we look at is what you can get for nothing, developing resources like this gives people access to a free resource."

People using the service were involved in the recruitment of new staff, including asking candidates questions of their choice and giving their opinion on whether they were happy with the answer the candidate had given.

Managers had conducted an annual quality assurance survey from people who used the service and their families. This had shown a positive response from all surveyed. However, managers also looked back on how they had conducted the survey and considered areas where questions needed to improve as they had

been confusing for some people.

The service recognised people's achievements through awards. This included for people using the service achieving their goals and for accomplishments for staff members. This also included recognising other professionals such as doctors who had responded well to service user needs. The provider had worked with Skills for Care to deliver a session on meeting the needs of people with complex behaviour and autism, including presentations from service users and Beyond Autism, which is a local organisation that seeks to ensure better outcomes for people with Autism.

The provider implemented networks for improving practice within the service and beyond. This included a registered manager's meeting to discuss good practice and new challenges for the organisation. The provider had received funding to run a workshop for relevant professionals in the area to discuss how to support people with behaviour which may challenge and the implementation of positive behavioural support.

Staff we spoke with told us they were well supported by managers and were enthused about the organisation. A support worker told us, "They have an open door policy and you can just walk in." Staff had the opportunity to progress into management roles; we saw examples of front line managers who had been supported to move from support worker roles, and several support workers we spoke with had received training with a view to developing management skills. People were positive about the governance of the organisation. A support worker told us, "[The chief executive] is a leader, he is an inspiration."

Each service manager carried out a self-assessment of the performance of the service together with an action plan for the improvements they wished to make. In addition, there was a manager within the organisation who carried out visits to the service to identify issues of possible concern and required actions. Where actions for improvement had been identified we saw that these had been acted on by service managers. Recent internal audits for services we visited had not identified any areas of concern, which agreed with our observations. In addition, the provider participated in an initiative called Expect the Best, where local authorities arranged for an independent group to conduct a review of the service's effectiveness.

Open communication with managers was encouraged. Service managers were based within the services and had regular contact with staff and people using the service. Team meetings took place regularly in each service, discussing how they were meeting each person's needs, what was working well and what needed to improve. There were systems in place to ensure that information was handed over properly between staff and that the right checks of the property and people's medicines and finances had been carried out.