Omega Elifar Limited

Omega Elifar Limited - 53 Churchfields

Inspection report

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Date of inspection visit:
31 August 2016

Date of publication:
19 September 2016

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

The inspection took place on 31 August 2016 and was unannounced. Omega Elifar Limited - 53 Churchfields is registered to provide accommodation and support to four people with a learning disability or who may experience autism. At the time of the inspection there were four people living there, although one person was away from the service during the inspection. Throughout this report the service will be referred to as 53 Churchfields.

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.

Staff had received safeguarding training and understood their role and responsibility to keep people safe from the risk of abuse; staff had access to relevant safeguarding guidance.

Risks to people had been identified within their care plans and measures were in place to manage these safely for people. Staff understood the potential risks to people and how to manage these to ensure their safety.

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. Staff had undergone the required pre-employment checks to ensure their suitability for their role.

People's medicines were administered safely by competent staff who followed the provider's guidance in relation to the safe management of medicines.

Staff had received an induction into their role and underwent ongoing training. They were provided with opportunities for professional development. Staff received regular supervision. People were cared for by staff who were supported in their role.

People's consent was sought by staff for their day to day care. Where people lacked the capacity to make specific decisions staff had followed the requirements of the Mental Capacity Act 2005. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Three people were subject to DoLS authorisations. People's human rights were protected as decisions made on their behalf met legal requirements.

People were adequately supported to ensure they received enough to eat and drink. People were supported to make informed choices about their meals. Meal times were a pleasant experience for people.

Staff ensured people received an annual review of their health with their GP and had a resulting action plan to ensure their health care needs were met. People were supported to access a range of healthcare

professionals as required in order to maintain good health.

People experienced positive, supportive relationships with the staff who cared for them. A person told us "It's good" and "Staff are nice." Relatives confirmed staff were caring towards people. Staff spent time with people engaging them on topics that they knew interested the person.

People were continually consulted by staff about decisions that related to their care and environment. Staff understood people's communication and behavioural needs and took these into account when supporting them to make decisions.

Staff treated people with respect and dignity. People's rights to privacy were respected and balanced with the need to ensure their personal safety.

Staff had a thorough knowledge and understanding of each person's care needs, preferences, likes and dislikes. People had comprehensive care plans that were responsive to their needs. People were supported to participate in a range of activities both within the service and the local community to meet their social care needs.

A relative told us "The manager takes action on any issues." A copy of the complaints policy was available for people in a pictorial format. No complaints had been received about the service but processes were in place to enable people to make a complaint if they needed to.

The organisation's values were embedded within the service and staff practice. Processes were in place to enable staff to raise any issues.

A person's relative told us "The manager is extremely good" and "Very approachable." Staff also felt well supported by the manager whom they found to be approachable and supportive. The registered manager spent time working alongside staff which enabled them to monitor the quality of the service people received.

Processes were in place to regularly monitor the quality of the service provided. The operations manager visited the service regularly and provided the registered manager with a written report following each visit of their findings and any actions required to improve the quality of the service for people. There were systems in place to regularly update the provider on the quality of care and to drive improvements to the service for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from the risk of abuse. Staff had received training and understood how to protect people from the risk of harm.

Risks to people had been identified and managed for their safety.

People were cared for by sufficient staff who had undergone robust recruitment processes to ensure their suitability for their role.

People's medicines were administered safely by competent staff.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were appropriately supported in their role and with their professional development.

Staff sought people's consent in relation to their care wherever possible. When people lacked the capacity to make a decision legislative requirements had been followed to ensure people's human rights were protected.

Staff supported people to eat and drink enough to meet their needs.

People were supported by staff to access healthcare services as required and ensured they maintained good health.

Is the service caring?

Good

The service was caring.

People experienced positive, supportive relationships with the staff who cared for them.

People were supported to express their views and to make decisions about their care.

Staff treated people with respect and dignity.

Is the service responsive?

Good

The service was responsive.

People and those relevant to them had been involved in planning their care.

People had personalised care plans which staff had read, understood and followed.

People were enabled to live active lives and participate in a variety of activities.

No complaints had been received about the service but processes were in place to enable people to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

The provider had a set of aims and objectives for people's care which staff put into practice in their work with people.

The registered manager was approachable and supportive to people and staff; who told us the service was very well-led.

There were systems in place to monitor the quality of care and to drive improvements in the service for people.

Omega Elifar Limited - 53 Churchfields

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 checked 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 took place on 31 August 2016 and was unannounced. The inspection was completed by an inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we received feedback on the service from a social worker and a nurse. During the inspection we spoke with one person and two people's relatives. Not everyone was able to share with us their experiences of life at the service. Therefore we spent time observing staff interactions with them, and the care that staff provided. We spoke with three care staff, the registered manager and the operations manager.

We reviewed records which included three people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in January 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

Relatives told us their loved ones were safe within the service. Staff we spoke with told us they had completed safeguarding training, which records confirmed. Staff were able to demonstrate their understanding of the safeguarding process and their role and responsibility to safeguard people from the risk of abuse. Staff had access to relevant safeguarding policies, procedures and telephone numbers in the event they were needed. The registered manager had ensured that safeguarding alerts were raised with relevant agencies as appropriate to ensure people's safety. The local Social Services team confirmed the service had informed them of incidents as required. People's care plans noted if they were vulnerable to exploitation by others and the measures in place to manage this risk to them. Daily checks were made upon people's monies to ensure they were safely managed and clearly accounted for. People were kept safe from the risk of abuse.

A relative told us that risks to their loved one were well managed. People had risk assessments in place; for example, in relation to their behaviours which could challenge staff, health, transport and their individual activities. People's risk assessments identified what the risk was, who was at risk and how, what action had been taken to manage the risk and the level of risk to the person. This enabled staff to assess different risks to people and consider how to manage them safely. For example, through the use of equipment such as sensor mats to alert staff if the person got out of bed at night and required assistance, or through one to one staffing or the management of people's behaviours. There was clear guidance about how many staff were required to support each person and whether or not they could be left unattended during an activity such as bathing. Staff spoken with demonstrated a clear understanding of the risks to each person. Where guidance had been sought and received from professionals in relation to the management of risks to people; this had been incorporated into their care plans for staff's guidance. Risks to people had been identified and managed effectively for their safety.

Prior to taking people out into the community staff considered what actions and items they needed to take to ensure the person's safety for the activity they about to undertake. During the inspection a member of staff had not completed a particular activity with a person before. So another member of staff briefed them about what was required, written information was also available in the person's care plan. Staff took into account risks to people and how they were to be managed when taking them out for their safety.

When incidents occurred these were documented and reviewed by the registered manager in order to identify if any additional measures needed for the person's safety. Records showed that following an incident a person had been referred to health professionals for further guidance. The registered manager told us incidents were reflected upon with the staff at the team meetings, which records and staff confirmed. This enabled them to share learning from incidents and to identify anything staff could manage differently for people's safety. The service had an emergency contingency plan and flowchart to inform staff of what action to take and whom to contact in the event of an untoward incident. Processes were in place to manage, document and review incidents and to ensure any required actions were taken for people's safety.

A person's relative told us that there always enough staff at the service which staff confirmed. There was a

day shift from 07:00 to 19:00 and a night shift from 19:00 to 07:00. Three of the people accommodated were allocated a number of hours per day for either one to one or two to one staff support. Records showed there were four staff rostered in the day most days depending on people's individual activities and associated staffing requirements; there was always a minimum of three staff rostered during the day. At night there were two waking night staff for people's safety. The registered manager told us there was currently one full-time vacancy and a vacancy to cover one night of the week. They told us these vacant hours were covered by regular staff where possible. There was some use of agency staff but the same staff were booked to ensure continuity for people. There were sufficient staff rostered to meet people's needs safely and to enable them to participate in their chosen activities.

Staff told us and records confirmed they had undergone robust recruitment checks as part of their application for their post and these were documented in their records. These included a full employment history, the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

People had medicine care plans and risk assessments in place which provided staff with details about what medicines people took and when. People's medicine care plans also provided staff with guidance about what medication people took on a PRN basis and why. These are medicines which people take 'As required.' Staff had access to relevant guidance in relation to the safe administration of people's medicines.

People's medicines were stored appropriately and securely; there were processes in place for the safe ordering and disposal of medicines. There were daily checks on the temperature of the medicine storage cupboard to ensure medicines were kept within a safe temperature range. People's medicines were stored and managed safely.

Two staff were observed to administer people's medicines together in accordance with the provider's medicines policy. Medicines were seen to be administered at each person's pace; they were not rushed. Staff signed the person's medicine administration record afterwards to document what medicine the person had received. Staff followed the provider's guidance to ensure people received their medicines safely.

Records showed staff who were involved in the administration of people's medicines had undergone relevant training and had their competency to do so assessed, this was confirmed by staff. People received their medicines from appropriately trained staff to ensure their safety.

Good

Is the service effective?

Our findings

The provider required staff to undertake an induction when they commenced their role which encompassed the requirements of the 'Care Certificate.' This is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised; this was confirmed by both staff and records. People were cared for by staff who had undergone a suitable induction to their role to ensure they could provide people with effective care.

Staff had then undertaken a range of further training relevant to their role. Some people experienced epilepsy and a person on occasions required the administration of medication if they experienced an epileptic seizure to keep them safe. Records demonstrated that 11 of 14 of the care staff had undertaken training in epilepsy and the administration of this medication. Arrangements were in hand for the remaining staff to complete this training and plans were in place to ensure in the interim there was always a sufficient number of appropriately trained staff rostered for this person's safety.

Some people could present with behaviours that challenged staff and required staff to intervene physically on occasions for people's safety. All but two staff, one of whom was on a period of extended leave and the other whom had only just returned to work, had undertaken non-abusive psychological and physical intervention (NAPPI) training,. NAPPI skills staff in verbal de-escalation and physical restraint techniques. People had NAPPI risk assessments in place where required which described which interventions could potentially be used with the person if required. People were cared for by staff who had undergone relevant training to ensure their safety.

Staff told us and records confirmed that they received regular supervision of their work and an annual appraisal to review their progress across the year and to identify their developmental needs. Staff told us they had been offered the opportunity to undertake professional qualifications. Records demonstrated that nine of the 14 staff had either completed or were in the process of undertaking a professional qualification in social care. People were cared for by staff who were supported in their role and professional development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us three people accommodated were subject to DoLS authorisations. Records demonstrated these applications had been underpinned by an assessment of the person's capacity to decide to live at 53 Churchfields and a best interest decision to ensure the application was needed and that

legal requirements had been met. A person's relative told us they had been consulted about assessments of the person's mental capacity. Where for example people lacked the capacity to make decisions in relation to their medicines, management of their health and the use of monitors where required for the person's safety, MCA assessments had been completed as required. People's human rights in relation to DoLS and decisions they lacked the capacity to make had been upheld.

Staff told us they had completed MCA training and were able to demonstrate their knowledge of the Act and its relevance to their daily work with people. Records showed that staff had completed their MCA training or were in the process of doing so as part of their induction. Staff were observed to continually seek people's consent across the course of the inspection in relation to their care. They would check with people that they consented to them doing things such as opening windows and asked them were they ready to receive personal care. Staff understood the principles of the MCA and its application to their daily work with people.

People's food preferences and likes and dislikes were documented in their care plans. People were observed to be provided with the foods they liked as per their care records for breakfast. People were involved in planning the menus through the use of pictorial menu cards to enable them to make their choices. Staff told us that although people chose their meals staff ensured the recipes took into account healthy eating guidance. On the day of the inspection people had gone out to lunch and had a meal of their choice. In the evening they had a meal of gammon, rice and mango salad. This supported people to achieve balance in their diet. Staff told us people were weighed weekly to monitor their weight which records confirmed. People were supported to make informed decisions about their meals.

Staff sat with people as they ate their meal and chatted with them. The meal looked and smelt appetising and people clearly enjoyed it. Meal times were a pleasant experience for people.

Where people required adapted cutlery or a plate guard to promote their independence when eating this was documented in their care records. We observed that at mealtimes people were provided with these items as required. A person's care plan noted that staff should sit with them whilst they ate as they ate their food quickly; in order to ensure they did were not at risk from choking. We observed staff sat with this person as described to monitor them. People received appropriate support whilst they ate.

A relative told us staff supported the person to access healthcare as required. People had an annual review of their health completed by their GP and a health action plan which outlined any actions people needed to support them to maintain good health. People's records demonstrated they had seen a range of health care professionals, including GP's, psychologists, learning disability nurses, chiropodists, opticians, and the dentist, this was confirmed by staff. People had hospital 'Passports,' these are documents which the person can take when visiting hospital. These provide professionals with key information about the person and their needs, for example, in relation to communication. People were supported by staff to ensure they maintained good health and accessed healthcare services as required.

Good

Is the service caring?

Our findings

A person told us "It's good" and "Staff are nice." They told us that they had choices and that staff supported them. A relative told us their loved one was "Loved and cared for by staff" and that staff were caring. Relatives told us staff involved their loved one in decisions about their care.

People were observed to enjoy positive and warm relationships with staff. People clearly enjoyed spending time with the staff caring for them. Staff sat and spent time with people interacting with them about topics that interested each person. At breakfast staff sat with a person speaking with them about the person's favourite films. Whilst people were doing activities at home such as using the computer or watching TV, staff sat and chatted with them about what they were doing. Staff demonstrated a good knowledge of each person and what they liked. Staff told us they read people's care records to find out about them; records showed they were required to sign to demonstrate they had done so. They told us how one person had really enjoyed the Olympics and spent time watching the events. People had positive relationships with the staff caring for them.

People were continually consulted by staff about decisions that related to their care and environment. Staff were heard to ask people if they would like to participate in activities such as making their breakfast. They also asked people whether they wanted music on and if so what they wished to play. People were observed to choose what time they wished to get up. Staff told us one person liked to be up early each day and another person was seen to enjoy a lie in. People had decorated their bedrooms in a style that reflected their personal interests and tastes. Where appropriate to their needs people were able to determine which staff they wanted to provide their care or to support them with activities. People were supported to express their views about their care.

People's care plans outlined what words or phrases people used and what staff thought the person was trying to convey when they used them. Staff were able to tell us about each person's communication needs and how these impacted upon how they consulted with the person about decisions. Staff told us that when people used non-verbal communications they observed their body language to enable them to understand what they were communicating. For example, a person not making eye contact or turning away might indicate they did not want to do something. Staff told us they were due to take a person to the dentist that morning. They read the invite letter through with the person to ensure they were aware of where they were going and why. This helped the person to understand the purpose of the appointment.

Staff told us a person experienced high levels of anxiety. To support them the person had a pictorial version of their schedule which staff used with them daily to enable them to understand what would be happening at different times of the day. They were also provided with their choices of activities in a pictorial format to enable them to choose how they would like to spend their time. Staff understood people's communication and behavioural needs and took these into account when supporting them to make decisions.

The registered manager told us one person had been seen by an advocate, which records confirmed. This is a person that can speak up on the person's behalf and represent their interests. People were supported to

access advocacy services where required.

Staff communicated with people in a dignified and sensitive manner. A person required assistance with their clothing and staff noticed this and addressed this need discreetly in private with the person. Staff told us people's personal care was always provided in private with the door closed. When a person's behaviours were not appropriate staff spoke with them discreetly in a firm but friendly tone to enable them to understand what was acceptable behaviour whilst upholding their dignity. Staff treated people with respect and dignity.

Where people were able to manage a key to their bedroom, this was provided and they were able to choose to keep their bedroom locked. This enabled them to have control over access to their bedroom. There was written guidance for staff to remain outside the bathroom whilst people bathed in private; unless people required staff to be present when they bathed for their safety. People's rights to privacy were respected and balanced with the need to ensure their personal safety.

The registered manager told us staff prepared meals for three of the people accommodated. However staff supported a person to plan, shop for and prepare their meals with assistance. Staff encouraged the other people accommodated to participate in the preparation of the meals. People's care plans identified what areas of their care people were independent with, for example, in relation to their personal care. Staff encouraged and supported people's independence.

Good

Is the service responsive?

Our findings

A relative told us staff had a good understanding of their loved ones needs and that they were invited to reviews of their care. Another relative said "I cannot fault the service. He is happier there than anywhere." They also told us that staff thought ahead and considered how the person might react to different situations and the support they might require to manage them.

People's records demonstrated that they and people relevant to them had been consulted about their needs, wishes and preferences when writing their care plans. People's care plans were comprehensive and addressed their care needs in relation to their: personal care, behaviours, health, medicines, communications, daily living, community participation, finances, support network and night support needs. Within each care plan the areas with which the person needed support had been identified and any associated risks for the person.

Staff had a thorough knowledge and understanding of each person's care needs, preferences, likes and dislikes. Staff understood what factors impacted upon each person's mood and what actions to take in response to changes in people's moods to help them to manage their mood. Staff provided examples of the strategies they used to support individuals with their behaviours. One person found a particular part of the day more challenging so staff worked with them on one to one activities at this time to enable them to manage their emotions. This was reflected in the person's care plans.

In addition to the provider's care planning process which provided guidance for staff about people's care needs, people had a person centred plan (PCP). This noted people who were important to the person and their birthdays. It contained photographs of celebrations and significant events, trips in the person's life. This demonstrated to people that staff valued them as individuals and documented and celebrated their relationships and achievements with them.

People's care plans outlined how they wanted their care provided. One person's care plan stated "I will ask for staff to wash my hair for me when I am ready." There was guidance in some care plans for staff to use a hand over hand technique to support people with tasks. This is where the staff member places their hand over the hand of the person as they carry out the task to guide and support them. Staff were observed to use this technique in the kitchen with a person during food preparation to enable them to participate in the meal preparation.

Staff told us people's care plans were reviewed with them monthly at their keyworker meeting. Each person had a keyworker who had overall responsibility for their care. Staff told us the purpose of the keyworker meeting was to "Check if he is happy and if he has any issues." People also had an annual review of their care, which relatives confirmed they were invited to attend. There was evidence people's care needs had also been reviewed by their Social Services care manager. This ensured people's care had been externally monitored. Processes were in place to ensure people's care plans were monitored and reviewed regularly to ensure they remained relevant and up to date.

There was a staff handover between each shift to ensure staff had up to date information about how each person had been. Staff were allocated to work with people so that there was accountability for which staff were working with which person across the course of the day.

Each person pursued their own activities across the week which reflected their interests and preferences. Some people liked to spend a lot of time out in the community which staff supported them to do. People attended a range of community groups and activities such as swimming, bowling and the gym. In addition to going for local walks, picnics, lunches out and shopping. One person was supported by staff to undertake a small weekly job. Staff told us "Everyday things are happening. " People were also supported to go on a range of days out to local places of interest to them and events. People had attended steam railways, petting farms, shows and a festival. At home people spent their time using the computer, listening to music, baking, watching DVD's and TV. Staff had supported people to grow vegetables in the garden. People were supported by staff to follow their interests.

The service had a vehicle to take people out into the community; staff told us there were sufficient drivers rostered to take people out as required. Where people were able to access public transport and enjoyed doing so, staff supported them to go out on the local bus. This enabled people to also use their local community transport.

A relative told us "The manager takes action on any issues." A copy of the provider's complaints policy was displayed in a communal area. It was provided in a pictorial format for people to enable them to understand the information more easily. Staff understood their role in supporting people to make a complaint if they wished. They told us they would address any minor issues for the person immediately and report any other complaints straight to the registered manager for the person. Staff completed a form for each keyworker meeting with people and complaints were a standard item on the agenda. This ensured people were regularly asked if they had any complaints about the service they received. The registered manager told us they did not hold resident's meetings as people did not like them. However, the monthly keyworker meetings provided people with the opportunity to provide their feedback on the service. People's annual review also addressed if people had any concerns or complaints. No complaints had been received about the service but processes were in place to enable people to make a complaint if they needed to.

Good

Is the service well-led?

Our findings

The provider's statement of purpose outlined the aims of the service for people. These were to 'Promote people's right to live an ordinary and meaningful life, appropriate to their peer group, both within the home and outside in the community and to enjoy all the rights and responsibilities of citizenship.' Staff told us they learnt about the organisation's aims during their induction to the service. A member of staff told us "You must remember you are working in their home." Throughout the inspection staff were observed to promote the provider's aims in the manner in which they supported people with their care.

Staff told us there were regular staff meetings to enable them to express their views and to raise any issues; records showed the last staff meeting was held on 14 June 2016. At that meeting staff were reminded of the whistleblowing policy to ensure they knew how to raise any concerns. Processes were in place to enable staff to raise any issues.

A person's relative told us "The manager is extremely good" and "Very approachable." They told us they had been sent a survey to complete and felt able to contact the registered manager about any issues.

Staff told us the service was "A good place to work" and "It is relaxed; there is a really nice atmosphere." They also said the service was "Very well-led" and "We have a good manager and that is key." They said the registered manager was approachable and had an 'Open door' policy so they could speak with them at any time. Staff told us they felt listened to by the registered manager and that their ideas were acted upon. The registered manager told us they encouraged ideas from staff who had suggested people might enjoy a Halloween party which staff were in the process of arranging for people.

The registered manager told us that in addition to themselves there were three senior care staff. Staff confirmed there was always a senior member of staff rostered for the day shift and a 'shift lead' at night; this ensured there was a staff member to organise the staff shift and to take responsibility in order to ensure people's needs were met and their safety.

Although the registered manager worked in the service part-time they were 'on-call' if staff required guidance during the working week. Arrangements were in place to ensure staff could access the on-call manager at weekends. The registered manager told us they regularly worked shifts on the floor, which rosters confirmed. This enabled them to work alongside staff in the provision of people's care in order to support them and to monitor the care people received. There was clear leadership of the service.

There were daily, weekly, monthly and annual checks and audits of the service completed in order to identify any areas of the service that required attention for people. On a daily basis the senior care staff leading the shift had to ensure checks on the safety of the service were completed in relation to fire safety and fridge temperatures. On a weekly basis the registered manager completed a checklist for the service. This included health and safety, people's support plans, vehicles, risks assessments, medicine administration records, incident forms and bedrooms. The water temperatures were checked weekly to ensure they were safe and there was a weekly fire alarm test. On a monthly basis people's reviews, staff

meetings, policies, supervision, training, first aid, medicine stocks, electricity and gas safety checks and health and safety were reviewed. Following the last monthly check training had been booked for those staff that required epilepsy and moving and handling training for people's safety. The registered manager had completed the annual health and safety check for the service on 15 June 2016. Regular checks were made of the service to ensure people's safety and to identify any actions required to improve the service for people.

The registered manager told us the service was due an external audit by their pharmacy in July 2016. However, the pharmacist had postponed this until September 2016. No issues had been identified following the pharmacists last audit of 23 July 2015. Processes were in place to ensure people's medicines were externally audited in addition to the internal audits that took place.

Records demonstrated people and their relatives were asked to complete a quality assurance audit annually. Although these had not been collated into a report, the surveys received demonstrated a high degree of satisfaction with the service. Staff had also been asked to complete a survey. Processes were in place to seek people's feedback on the service provided.

The operations manager told us they visited the service twice a week. They also completed a quality visit to the service every six weeks and produced a written report of their findings. As part of the quality visit they observed staff interactions with people and their attitudes towards people. They spoke with people and staff at each visit. They checked people's care plans, incident records, staff training and medicines. At the end of the report there was a list of any actions needed and these were reviewed at the next visit to confirm they had been completed as required. Processes were in place to ensure the provider completed regular monitoring checks on the quality of the service provided.