

ADASS EAST Supported Living Services v23.2 for Lillibet Manor



GOOD

Involvement and Information

Respecting and Involving People Accessing the Service

Standard Rating

Good



Lillibet Manor is a supported living service just outside of Bedford town centre.

At the time of the assessment there were twenty seven service users.

The assessment took place over a period of two days.

I would like to thank the staff for their support and assistance during the assessment process and to thank those service users who took time to speak with me.

A01 The care plan should be individually tailored, person centred, include appropriate information on the person's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.

Good



What We Found

Each care and support plan looked as had an All About Me completed. This detailed preferred names, key contacts, daily living requirements, likes and dislikes as well as any known allergies.

Care and support plans are person centred and written in the first person.

A02 There is evidence that people have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on start of service forms).

Good



What We Found

Accessible formats are available for service user welcome packs in pictorial format. There are no other languages printed, but this can be provided as and when needed.

B01 People confirm that they are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. People are treated with kindness, compassion and empathy. Care workers are seen to support people's choices and preferences in regards the way their care and support is delivered.

Good



What We Found

Eight Bedford Borough service user surveys were returned as part of the assessment process.

In discussion with service users on the day of the assessment they confirmed that staff treat them with respect.

Observation on the day of the assessment evidenced that staff spoke to service users in a respectful manner and appropriate language was used.

B02 People confirm that they are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

Good



What We Found

Of the eight Bedford Borough staff surveys received, six service users confirmed they had a copy of their care and support plan in their home, but eight confirmed they were involved with writing and/or agreeing their care and support plan.

B03 People confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

Good



What We Found

All eight Bedford Borough service user surveys confirmed that service users have been asked about the quality of support being provided. This was evidenced by satisfaction surveys. Service users are also asked in their keyworker meetings about the support received and if service users are happy with their care plans.

B04 People spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

Good
★★★★★

What We Found

Service users have capacity to make decisions regarding spending time with their family and friends. In discussion with a service user they told me that friends do visit.

B05 People spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

Good
★★★★★

What We Found

There is a social room where activities can take place and celebrations are held, i.e. Christmas parties.

C01 Staff are able to explain how they ensure people are treated with dignity and respect.

Good
★★★★★

What We Found

Staff were able to say how they treat people with dignity and respect by giving examples such as speaking courteously, listening, encouraging support, knock before entering service user flats, respecting service user wishes, offer medication and gain consent before supporting with medication, involving service uses to make decisions regarding care plans, encouraging engagement in activities of their choice, supporting unwise choices without being judgemental, using preferred names, prioritising service user concerns, responding to needs in a timely manner, demonstrating that service user opinions and wellbeing are important to me, respecting privacy, and to record and report any concerns or complaints.

Evidence was seen of staff knocking on service users doors before entering, gaining consent before giving administration and speaking respectfully.

Involvement and Information

Standard Rating

Consent

Good
★★★★★

A03 Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS. POA is clearly documented and evidenced across the care plan where relevant.

Requires Improvement
★★★☆☆

What We Found

Evidence was seen of capacity assessments in place. All assessments are kept together in a file. Most residents had capacity to make their own decisions. One service user lacked capacity for finances and the assessment evidenced good questioning and responses were detailed. There was a relevant best interest decision in place, however, this was dated 2023 and was now out of date.

B06 Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

Good
★★★★★

What We Found

Evidence was seen on the day of the assessment of staff offering medication and giving choices to service users regarding their medication. Evidence was also seen of service users making their own choices about their daily activities without staff support.

C02 Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

Good
★★★★★

What We Found

Staff gave an understanding of the Mental Capacity Act by giving examples such as; always assume capacity unless proven otherwise, helps to empower service users to make their own decisions, any decisions made must be least restrictive and in their best interests and the MCA is based on five principles.

Staff were able to say how they put the MCA in to practice in their daily work by giving examples such as enquiring about and respecting preferences and offer support, support unwise decisions and ensure service users have necessary information to make a decision.

A18	Care and support plans evidence that people are supported and signposted to relevant services and are helped to make informed choices regarding life style factors. Care plans evidence that people have made choices and decisions about their health and social care needs in accordance with the MCA (2005) regarding decision making and best interests; and evidence due process has been followed where a choice is made that is in conflict with health promotion messages.	Good ★★★★★
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What We Found

Care plans clearly evidence other services including health and social care professionals involved with the service users. Care plans clearly reflect the risks of service users not engaging with health and social care professionals. Evidence was seen on the day of the assessment of a service user being supported to attend a mental health appointment.

B22	People confirm that they are supported and signposted to relevant services and are helped to make informed choices regarding lifestyle factors. Services users confirm that they are able to discuss choices that may conflict with health promotion messages.	Good ★★★★★
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What We Found

Care and support plans indicate other professional involvement i.e. mental health and forensic services and addresses how to support service users to attend appointments etc.

Personalised Care and Support		Standard Rating
Care and Welfare of People Accessing the Service		Good ★★★★★

A04	Care plans are signed by the person accessing the service where appropriate to evidence their involvement in their care and support planning.	Good ★★★★★
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What We Found

Care and support plans are signed by the service user. Not all individual support plans are signed but consent to care is in place.

A05	There is evidence that where a key worker system is in place, that this is clearly recorded in the care plans and that the person accessing the service has been given appropriate information about key working system. (SL)	Excellent ★★★★★
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What We Found

Evidence was seen of the Keyworker file in place and keyworker sessions take place on a monthly basis.

Keyworks use a template which covers personal care, appearance, equipment/aid checks, letters/form received, finances, condition of flat, what is and what is not working well, a reminder regarding the complaints, do you have plans for the month or longer term goals, are you happy with your care plan, is there anything you want to discuss and another other comments. Both the keyworker and service user sign and date the completed template. Keyworkers will also record if any goals achieved from the previous meeting and setting goals for the next month.

A06	There is evidence that people accessing the service have been given information about how to make contact with the care provider.	Good ★★★★★
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What We Found

Evidenced on noticeboards, newsletters and discussed in team meetings. A service user survey indicated that not all service users were aware of how to make a complaint so this was printed off in a newsletter and given to each resident. The keyworker template also asks service users if they are familiar with the complaints procedure.

A07	The care assessment has been conducted in a way to reflect the person's strengths, abilities and interests so as to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.	Good ★★★★★
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What We Found

Care plans reflect service users abilities and strengths for example, support needed for attending medical appointments, personal care, understanding diagnosis etc. All service users have capacity to maintain relationships with family and friends.

A08	There is evidence that the people's needs, together with any risks to their mental and physical health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the people accessing the service remains safe, their needs are adequately met and their welfare is protected.	Good ★★★★★
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What We Found

Risk assessments are in place and reviewed regularly. Risks assessments highlight identified risk, likelihood, consequences, options, medical conditions and associated risks, mobility aids, daily living and assistance required.

Risk assessments are reviewed on a six monthly basis and evidence any meetings and other input involved.

A09	Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the person safe.	Good ★★★★★
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What We Found

Evidence was seen that care and support plans are regularly reviewed. Care and support plans are also discussed in keyworker meetings to ensure service users are still in agreement with it.

A10	Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.	Good ★★★★★
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What We Found

Daily records are electronic and reflect individuality. Daily notes record when service users have been supported to attend appointments.

A11	Evidence that the care planning and support is designed to maximise the person's independence and quality of life and that people are supported in setting goals to maximise their independence and improve their quality of life wherever possible.	Good ★★★★★
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What We Found

Goal setting was evidenced in the keyworker meetings held. New goals are set and recorded when these have been achieved.

B07	People spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.	Good ★★★★★
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What We Found

All eight Bedford Borough service user surveys confirmed that they are aware of the care and support plans in place and were involved with writing and agreeing their care plan, and that support workers follow the care and support plans.

B08	If a key worker system is in place then people accessing the service are aware of who their named care worker is.	Good ★★★★★
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What We Found

All eight Bedford Borough service user surveys confirmed that they do have a named keyworker.

B09	Discussion with people accessing the service and / or observation of care staff interaction and care delivery demonstrates that the people remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the person's independence and quality of life.	Good ★★★★★
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What We Found

In discussion with service users on the day of the assessment they confirmed that they felt very safe in the service and that their needs were met. One service user told me they would not feel safe anywhere else.

C03	Staff understand and can explain the role of the keyworker if used in the service.	Good ★★★★★
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What We Found

A keyworker system is used in the service. Staff were able to explain their role as a keyworker by giving examples such as; carrying out key worker sessions on a monthly basis, addressing immediate and long term goals, set targets together, offer continuous support and motivation. To assess the current status of the person in terms of their overall holistic needs, to listen to concerns about the service and to rectify any concerns, attending appointments and liaising with family. Staff said that they used to meet on a two weekly basis but after hearing from service users that this was too soon it has now been changed to monthly.

Personalised Care and Support

Meeting Nutritional Needs

Standard Rating

Good
★★★★★

A12	Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.	Good ★★★★★
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What We Found

Care plans record likes and dislikes for service users. Service users are responsible for their own foods, unless they wish to pay privately for a meal which they can choose dependent on ingredients. The kitchen staff will make a point of finding out service users likes and dislikes in order to accommodate those service users who wish to pay privately for a meal.

A13	Where the provider is responsible for the person's nutritional needs then care plans should include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.	Not Assessed
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What We Found

The provider is not responsible for service users nutritional needs.

A14	If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.	Not Assessed
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What We Found

No specialist services are involved with service users in regards to nutrition and fluids.

B10	People confirm that they are supported to make healthy choices and lead healthy lifestyles and where appropriate provided with access to information about healthy and balanced diet, recognising individual preferences, cultural and dietary requirements.	Good ★★★★★
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What We Found

Service users have their own flats with a kitchen area and are responsible for their own menu. However, staff do support with meals if needed and service users have an option to have their meals made. Staff confirmed they encourage service users to eat healthily.

B11	Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.	Good ★★★★★
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What We Found

No observations took place around mealtimes, however, service users can choose to have meals supplied to them and have a choice of meals if required.

B12	Discussion with people accessing the service & observation of staff practice confirms appropriate behaviour in relation to food preparation and hygiene.	Good ★★★★★
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What We Found

Observation around mealtimes did not take place on the day of the assessment as service users prepare their own meals but have an option to purchase meals from the provider.

Personalised Care and Support		Standard Rating
Co-operating with other Providers		Good ★★★★★

A15	Where responsibilities for the person’s care and support is shared with other providers the care and support plans should evidence this cooperation, or where a named individual is transferred to one or more service(s) records should reflect this appropriately.	Good ★★★★★
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What We Found

Care plans evidenced who service users were supported by, for example forensic and mental health services, however, there is no shared care.

B13	Where applicable there is evidence that staff support people to access other social care or health services as and if required.	Good ★★★★★
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What We Found

Evidence was seen on the day of the assessment of staff supporting service users to attend an appointment. Staff surveys confirmed that one staff member said the role of a care worker was to attend and support at medical appointments.

Safeguarding and Safety		Standard Rating
Safeguarding People who access the Service from Abuse		Good ★★★★★

A17	Assessments, together with and care/support plans, effectively maintain people’s safety and DOL’s are only used when in the best interests of the person (only to be assessed where possible and appropriate).	Not Assessed
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What We Found

No service users are subject to a Deprivation of Liberty Safeguard.

B20	People confirm that they feel safe and observations of care practice confirm this to be the case. Any people spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.	Good ★★★★★
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What We Found

All eight Bedford Borough service user surveys confirmed service users feel safe and supported by staff. Discussion on the day of the assessment evidenced that service users felt safe. I asked service users who they would talk to if they had any concerns and they replied staff, the manager or to place concerns in the communication box near the front door.

C04	Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority’s safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.	Good ★★★★★
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What We Found

Staff said they would identify signs of abuse such as service users becoming isolated, depressed, angry, sign of bruising, word of mouth, missing money, self-neglect, losing weight, declining mental health and a change of sleeping patterns.

Staff said they would report any suspect abuse to the manager and document all actions, ensure precautions are put in place to safeguard the individual, report to the safeguarding team, contact the policy, removing the service user to a safe place, calling CMHT and following the safeguarding procedure.

C05	Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLs.	Good ★★★★★
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What We Found
All staff reported that safeguarding training has been completed both online and face to face.

F12	Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.	Excellent ★★★★★
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What We Found
Evidence was seen of the safeguarding file in place. Within the file was the a copy of the safeguarding policy which includes the correct contact details for Bedford Borough Safeguarding Team along with CQC details. Also in the file is a copy of the Multi Agency Adult Safeguarding Policy Practice and Procedures.

A safeguarding log is in place which includes date, who raised, who contacted, discussion, supporting documents and action/outcomes. Each incident is filed in a clear wallet and this includes the SV1 and emails and responses from Bedford Borough Safeguarding Team. The files also contain Section 42 templates

There is also a lessons learnt file in place which has templates and includes a description of the event, implications, course of action, prevention and what could have been done differently.

Safeguarding and Safety		Standard Rating
Cleanliness and Infection Control		Good ★★★★★

B14	Staff are observed to follow good practice in relation to cleanliness & infection control.	Good ★★★★★
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What We Found
Service users spoken to on the day of the assessment confirmed that staff do wear PPE when required.

C06	Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.	Good ★★★★★
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What We Found
All fourteen staff surveys received confirmed that infection control training had been carried out. Staff confirmed they would reduce the risk of infection control by using correct PEE, washing hands regularly, disinfecting surfaces, following correct waste disposal procedures, encouraging service users to keep their flats clean and tidy, ensure there is correct ventilation to the house and ensure service users are supported to maintain good personal hygiene.

E01	In supported accommodation there is sufficient information provided to people accessing the service, staff and visitors about infection prevention and control matters.	Good ★★★★★
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What We Found
Information is displayed in communal areas regarding infection prevention control. Displayed by the main entrance and noticeboards.

Safeguarding and Safety		Standard Rating
Management of Medicines		Good ★★★★★

B15 Staff are observed to handle medicines safely, securely and appropriately.**Good**
★★★★★**What We Found**

A medication round was observed on the day of the assessment. The staff member wore a medication tabard, so as not to be disturbed. Service users medication is kept in their own rooms in locked cabinets. The service users were asked if they were ready to take their medication. Service users were offered a glass of water.

The staff member was able to tell me what actions they would take if a service user refused medications. The staff member told me they would offer again three more times in a two hour period. If refusal continued they would report to the managers and GP.

The staff member was able to explain the controlled drugs procedure. The staff member stated that the controlled drugs cabinet is kept in a locked room in a locked cabinet. There are two members of staff involved in this process, one to administer and one to observe. Both sign the controlled drugs book once administration had taken place. The controlled drugs book was kept upstairs.

B16 People confirm that they are involved in decisions regarding their medication.**Good**
★★★★★**What We Found**

Bedford Borough service user surveys confirmed that people are involved regarding their medication. This was evidenced by some service users choosing to be responsible for their own medication.

C07 Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.**Good**
★★★★★**What We Found**

A medication round was observed on the day of the assessment. The staff member wore a medication tabard. Service users medication is kept in their own rooms in locked cabinets. The service users were asked if they were ready to take their medication. Service users were offered a glass of water.

The staff member was able to tell me what actions they would take if a service user refused medications. The staff member told me they would offer again three more times in a two hour period. If refusal continued they would report to the managers and GP.

The staff member was able to explain the controlled drugs procedure. The staff member stated that the controlled drugs cabinet is kept in a locked room in a locked cabinet. There are two members of staff involved in this process, one to administer and one to observe. Both sign the controlled drugs book once administration had taken place.

All staff members spoken to said that medication training is undertaken on a yearly basis. This is both on line and face to face. All staff members confirmed that they complete medication audits, have their audits audited by management and undergo medication observation.

E02 Medicines are stored and administered safely including any homely remedies and covert medication.**Good**
★★★★★**What We Found**

At the time of the assessment one service user is prescribed a controlled drug. This is kept in a locked medication cabinet, in a locked office, away from other medicines.

All service users have medication cabinets in their flats. These have a code to be able to open. Service users do not know the code, this is due to their mental health diagnosis and the risk of overdose.

F01 Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.**Good**
★★★★★**What We Found**

Evidence was seen of the medication administration file in place. This file contains a list of service users and medication times table. Each service user is kept in own plastic called with medication times highlights. No photograph. Temperature checks are completed and recorded. MAR Charts display known allergies or otherwise and GP name. MAR charts were completed with no gaps. Medication counts are completed every day.

Medication folder contains administration guidelines, medication policy, medication procedure, weekly meds audit, one to medication check records, medication social leave, medication recording, return of medication, monthly medication check in record, incident reports, medication time and doses, medication times colour coded record and letters from professionals..

Each flat number records if the service user self-medications or not.

Medication audits are completed on Monday, Wednesday and Friday by administration staff. Evidence seen of one to one medication check lists and audits taking place.

- A16** Care & support plans document that people accessing the service have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

Good
★★★★★

What We Found

Care plans reflected that service users made their own decisions regarding their medication. There were no MCA's in place regarding medication as service users have capacity.

Safeguarding and Safety

Safety and Suitability of Premises

Standard Rating

Good
★★★★★

- E03** The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.

Good
★★★★★

What We Found

I was unable to gain entry to the building without using the buzzer and being welcomed in by a staff member. I was asked to sign a visitors book. A visual check of the premises evidenced there was no obstruction in corridors and walkways, no trip hazards and fire alarms in place.

- B23** People confirm that they are supported to maintain their tenancy, including the maintenance of the property and negotiating with the landlord on their behalf, where appropriate.

Not Assessed

What We Found

Discussion was not held on tenancy needs.

- C18** Staff are able to confirm how they support people to maintain their tenancy; manage maintenance of the property and negotiate with the landlord where appropriate.

Good
★★★★★

What We Found

In discussion with staff on the day of the assessment they confirmed they support service users to maintain their flats and keep them in good condition.

Safeguarding and Safety

Safety, Availability and Suitability of Equipment

Standard Rating

Good
★★★★★

- C08** Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

Good
★★★★★

What We Found

Staff surveys confirmed that moving and handling training had been carried out both on line and face to face. There is no specialist equipment in place at the service as all service users are mobile. There is an evac chair in place in which training has been carried out.

- E04** Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

Good
★★★★★

What We Found

There are no specialist equipment in place at the service. There is an evac chair which staff confirmed they had received training for.

Suitability of Staffing

Requirements Relating to Staff Recruitment

Standard Rating

Good



- D01** Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Good



What We Found

Three staff files were assessed including the newest staff member. Staff files are in hard copy format, indexed and divided.

Each file contained a completed application form, 2 copies of interview questions and responses, 2 references, a signed job description, signed terms and conditions and a signed contract. DBS information is filed, along with copies of photographic identification and right to working confirmation.

Any gaps in employment have been explained.

- D02** Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

Good



What We Found

Agency staff are used on rare occasions, i.e. if there is a full staff training day. The service aims to use agency staff familiar with the service and service users. There is an agency file in place which has staff profiles which includes photographic identification, DBS references numbers, confirmation of eligibility to work in the UK and training undertaken.

Agency staff are inducted in to the service along with responsibilities and sign a document to say that this has been received.

- D03** Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.

Good



What We Found

A chiroprapist is a regular visitor to the service and evidence was seen of the DBS record and insurance details.

- D04** The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

Good



What We Found

All three staff files assessed contained a signed copy of their job description, signed terms and conditions of employment and signed contract. The files also contained a signed declaration that policies and procedures have been read.

Suitability of Staffing

Staffing and Staff Deployment

Standard Rating

Good



- B17** Through observation and discussion with people accessing the service, they confirm that there are sufficient staff delivering care with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with people who may have a variety of needs.

Good



What We Found

All eight Bedford Borough service user surveys confirmed that staff arrive on time for support. All eight surveys confirmed that service users feel safe and supported by support workers.

Service users confirmed that the staff 'were wonderful' and 'kind' and service users liked living there.

C09	Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies). Staff confirm they have access to senior / supervisory staff on site to support and mentor them when required.	Good ★★★★★
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What We Found

All staff surveys confirmed that staff felt there was sufficient staff to cover the service. Staff said they are asked to cover shifts on occasion to cover leave or sickness, but this is not mandatory.

F02	Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support. This includes senior managers / supervisory staff.	Good ★★★★★
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What We Found

At the time of the assessment there are twenty seven service users. The current rota evidenced that there is a Manager, Service Manager and Admin, The day have one senior support worker 8am-8.30pm and two support workers there is one person on the night shift with office staff sharing an on call rota - the staff on the on call rota live within a good distance, near to the home.

F03	The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies). The provider has a system in place to monitor the working hours of all staff across Services to ensure that any working patterns do not have a detrimental impact on the care and support of Individual's.	Good ★★★★★
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What We Found

Evidence was seen of the business continuity plan in place last reviewed in July 2024. The continuity plan includes critical processes, immediate action checklist, response action checklist, essential processes, summary of post incident resources and equipment, staff details, key contact, service user contacts for accommodation, plan summary and emergency operations log.

C17	Discussions with staff confirm that they have appropriate knowledge and understanding of current health promotion messages to help support Individual's to maximise their health and wellbeing and live a fulfilled life.	Good ★★★★★
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What We Found

Bedford Borough staff surveys confirmed that staff encourage service users to lead healthier lives by supporting service users to attend appointments, support service users to eat healthily and to take regular walks and exercise.

Suitability of Staffing		Standard Rating
Staff Support		Good ★★★★★

C10	Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.	Good ★★★★★
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What We Found

Staff confirmed that an induction was held at the start of their employment. Staff confirmed this was between two to three weeks. Evidence was also seen of this in the staff recruitment files. Staff confirmed that mandatory training was completed as well as reading policies and procedures, care plans and risk assessments. Shadow shifts were also included.

C11	Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.	Good ★★★★★
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What We Found

All staff confirmed they received regular supervision every three months. Staff also confirmed they receive an annual appraisal.

C12 Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.

Good
★★★★★

What We Found

Staff confirmed that all mandatory training had been completed, this was also evidenced on the training matrix.

Other training carried out included Autism, Mental Health, Learning Disabilities, Conflict Management and Breakaway Techniques, Medication, Alcohol and Substance Misuse and Anti-ligature awareness.

C13 Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.

Not Assessed

What We Found

No agency staff were spoken to on the day of the assessment.

C14 Staff confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

Good
★★★★★

What We Found

In discussion with staff on the day of the assessment they confirmed that management had an open door policy and they would be confident in raising any concerns. Bedford Borough staff surveys also confirmed that those staff who have raised complaints has received support and feedback. One staff member stated that the 'management always makes us very valued'

D05 The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.

Good
★★★★★

What We Found

Evidence was seen of an induction being completed which include shadow shifts for 5 days, PEEPs, mandatory training, care plans and risk assessments, security, reporting schedules, raising SV1s, supervisions and audits. The supervision is signed and dated by both employee and supervisor.

D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

Good
★★★★★

What We Found

Evidence was seen of the supervision policy in place which states that staff should receive a supervision every three months. The supervision matrix evidences that staff do receive supervision every three month and an appraisal is also undertaken. If there is a gap in the matrix a reason is given.

Staff also confirmed in their surveys that regular supervision is undertaken.

D07 The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

Good
★★★★★

What We Found

Evidence was seen of the staff training file in place. Overall compliance of 98%. The matrix covers mandatory training, the care certificate and other training in place.

Quality of Management

Standard Rating

Assessing and Monitoring the Quality of Service Provision

Good
★★★★★

C15 Staff confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.

Good
★★★★★

What We Found

All staff confirmed they would feel confident in raising complaints or sharing concerns with the management. Those staff who have shared concerns confirmed they

received feedback and support.
All staff were aware of the whistleblowing policy and confirmed this was discussed at every team meeting and information is displayed in staff rooms and at the front of the building.

- F04** Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.

Good
★★★★★

What We Found

The provider carried out yearly service user surveys, results of which are generated into a report and an action plan put in place for any concerns or issues raised. Evidence was seen of service users meetings taking place on a monthly basis which are minuted and shared with service users.

- F05** The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

Good
★★★★★

What We Found

The provider has regular supervisions in place as confirmed in the staff surveys, staff meetings are held and there is an open door policy.

Quality of Management

Using Information and Dealing with Complaints

Standard Rating

Good
★★★★★

- B18** People spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO

Good
★★★★★

What We Found

Service users spoken to on the day of the assessment stated they would raise concerns with staff members, the manager or by writing them down and putting in the communication box by the front door.
Bedford Borough service user surveys confirmed that four service users had made a complaint and were happy with the response received.

- B19** People accessing the service confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

Good
★★★★★

What We Found

Four service users confirmed that they had made a complaint and were happy with the response received.

- C16** Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

Good
★★★★★

What We Found

Bedford Borough staff surveys confirmed that team meetings are held on a monthly basis and that staff can add to the agenda. Evidence was seen of staff meeting minutes in place. Staff also confirmed that supervision is held every 3 months.

- F06** There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of people who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

Good
★★★★★

What We Found

Evidence was seen of both staff and service user meeting files in place.

The staff file evidences that meetings are held on a monthly basis and all apologies are recorded. There is a meeting audit in place which records any concerns raised and the resolution of the concerns. Staff sign to say they have read and understood the minutes.

Service user meetings are held on a monthly basis. If a meeting is cancelled, i.e. due to poor attendance, then a letter is distributed to all service users with any updates. Service user newsletters are also shared.

All meetings are minuted.

F07 There is evidence that the provider has effective methods in place to obtain feedback from people accessing the service, relatives and staff and feedback received is listened to, acted upon appropriately and people are kept informed of the outcome.

Good
★★★★★

What We Found

Evidence was seen of a tenant survey sent out in 2024, which is an annual occurrence. The survey had a 100% return rate and covered topics such as safety, services, staff, food and environment. The results of the survey are analysed and a summary displayed on communal noticeboards for service users information. A report is also generated, which is also shared with service users which goes in to more detail and finalises with a conclusion.

Evidence was seen in the Service user meeting file two concerns raised which have now been resolved and copies of the newsletter sent out.

Evidence was seen of the staff meeting file and staff sign to say read and understood and there are example signatures in place. Where a meeting was not held due to lack of attendance a newsletter / memo was sent out with key reminders.

F08 There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

Excellent
★★★★★

What We Found

Evidence was seen of a complaints / compliments file in place.

There is a complaints audit log in place which records date, findings, further action, staff signature complaints between tenants and resolution.

A tracker form is also in place which records acknowledgement, investigation, resolution, complainant details and details of external referrals offered.

Quality of Management

Records

Standard Rating

Good
★★★★★

F09 Personal records of people accessing the service are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

Good
★★★★★

What We Found

All service user care and support plans are kept electronically and a password is required to log on. Staff recruitment files are kept in a locked cabinet in a lockable office which requires keypad entry.

F11 Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

Good
★★★★★

What We Found

Evidence was seen of a vitals file in place. Audits completed included care plan audits, health and safety, gas, PAT, legionella, electricals, lift, fire safety, fire system, extinguishers, risk assessments, care plans, utilities, phone and internet, tv licence, food hygiene and water.