Nottinghamshire County Council

Date of Audit/ Visit	Providers Email Address
07/12/2017	dcen@cshc.onmicrosoft.com

Name of Service	Name of Manager	Manager Registered with CQC
Calverton Supreme Day Centre	**Wendy Bonas**	**No**

Type of Service:
Day Care

Score / percentage	Date of CQC Inspection:
99%	**N/A**

Name of Provider
Calverton Supreme Home Care Ltd.

Previous Score	N/A	CQC Rating
		Good

Address:	Number of Service Users/Hours
Calverton Supreme Day Centre, The Old Village Hall, Mews Lane, Calverton, Nottingham. NG14 6JW.	**Varies Daily with a total of 45**

Comments and examples of good practice	
Comments from Manager:	**The day service registered manager told us that the service is running really well with sufficiently skilled staff to meet the needs of the service users.**
Comments from NCC:	**We found the day centre staff supportive and caring. The registered manager is very highlly thought of by members of staff and suitably skilled to lead the day service.**

Summary of Audit Findings

Standard One	People who use the service experience person-centred care
We found that	*this standard was clearly met*

We found that people in the service receive person centred care, which considered their choices and preferences. Care is provided a positive risk taking environment. We found that people were involved in the decisions regarding their care.

Standard Two	The lived experience of people who live in the care service
We found that	*this standard was clearly met*

We found that people were supported by staff that were respectful and dignified, and professional in their dealings. We found that people were supported to maintain their independence and individual routines, and daily records were clear. The support setting was suitable, safe and homely. For those who lacked capacity to make specific decisions, the service acted in the person's best interest. People had access to suitable equipment, essential utilities and the support which was well maintained.

Standard Three	People are protected from harm
We found that	*this standard was clearly met*

We found people were protected from abuse or the risk of abuse. People were supported with the safe handling and storing of their medication.

Standard Four	People who use services are supported by competent staff
We found that	*this standard was clearly met*

We found people were cared for by sufficient numbers of staff who were suitably recruited and sufficiently inducted and trained to provide them with the knowledge to be competent and professional. Staff received regular supervision.

Standard Five	Services are managed effectively
We found that	*this standard was clearly met*

We found that people received high quality support / care through an effective and professionally managed service. The provider / manager took responsibility, was appropriately registered and accountable for their actions. We found complaints were managed appropriately and the monitoring of all aspects of the quality of the service provision was efficient and effective.

STANDARD ONE: People who use the service experience person-centred care
People who receive a care services receive person-centred care, which considers their choices and preferences. Care is provided in a positive risk taking environment, which supports people to make decisions regarding their care.

				Findings	Comments
1.1 Each service user has a personalised assessment and care / support plan that identifies, through inclusion, the patterns of daily living in relation to their assessed needs, individual wishes, choices, goals and sets outs how the support, care or treatment is delivered.	1.1.1	The support / care plan reflects a person centred approach based on individual strengths and personal preferences	3	Clearly Meets	We looked at five care plans and found they were person centred in their approach based on individual strengths and personal preferences.
	1.1.2	Care needs are fully documented and consider the physical, medical, mental, social, emotional, behavioural and spiritual needs of the person.	3	Clearly Meets	We found the care plans fully documented and considered physical, medical, mental, social, emotional, behavioural and the spiritual needs of the service users.
	1.1.3	Life history information has been gathered to a sufficient enough level to ensure staff have an awareness of family, past experiences, choices, preferences and interests.	3	Clearly Meets	Life history was gathered for each service user to give a sufficient enough level of information to ensure staff have an awareness of family, past experiences, choices, preferences and interests. We found each service user completed, with their family member, a, 'This is me' form which gave an in depth detail of their life history.
	1.1.4	Support / care plans include the views of service users and appropriate others, are fully evaluated and updated regularly so they reflect current care needs	3	Clearly Meets	We found the care plans included the views of either the service users and or family members. The care plans were fully evaluated and updated regularly so they reflect current care needs.
Total Score			**Clearly Meets**		

Recommendations	
1.1.1	None required.
1.1.2	None required.
1.1.3	None required.
1.1.4	None required.

Calverton Supreme Day Centre   Audit   07/12/2017

STANDARD ONE: People who use the service experience person-centred care
People who receive a care services receive person-centred care, which considers their choices and preferences. Care is provided in a positive risk taking environment, which supports people to make decisions regarding their care.

				Findings	Comments
1.2 Care / support plans included identified areas of risk and detail how these will be managed and are reviewed, supporting service users to make informed choices.	1.2.1	Where an area of risk has been identified, there is a corresponding risk assessment which balances safety with the person's right to make choices, taking into account their capacity to take informed risks.	3	Clearly Meets	We found risks identified with a corresponding risk assessment that balanced the safey with the persons' right to make choices, taking into account their capacity to take informed risks. For example, we saw one service user was at risk of falling. We saw a corresponding falls risk assessment in place that showed control measures and actions to mitigate this risk.
	1.2.2	The risk assessment indicates how the risk will be managed and will be regularly reviewed (ensure where applicable services are aware of the CQC Information on visiting rights in care homes).	3	Clearly Meets	We found risk assessments indicated how the risk would be managed and were reviewed regularly. Risk assessments were reviewed every three months.
	1.2.3	Risk assessments include the views of service users and appropriate others, are fully evaluated and updated regularly so they reflect current identified risks.	3	Clearly Meets	We found the risk assessments included the views of the service user and or family members. The risk assessments were reviewed and evaluated every three months and reflected current identified risks.
Total Score			**Clearly Meets**		
Recommendations					
1.2.1	None required.				
1.2.2	None required.				
1.2.3	None required.				

STANDARD ONE: People who use the service experience person-centred care					
People who receive a care services receive person-centred care, which considers their choices and preferences. Care is provided in a positive risk taking environment, which supports people to make decisions regarding their care.					
				Findings	**Comments**
1.3 Service users and/or families / advocates are involved in the care / support planning process and are able to contribute their views, opinions and understanding.	1.3.1	There is evidence that relatives/ families are involved in the care / support planning process. Where they are not involved the reasons are recorded.	3	Clearly Meets	We found evidence that family members were involved in the care planning process. We found each care plan has a, 'This is me' form completed. This document was completed by the service user and their family member giving a good insight into the service users likes, dislikes, preferences, choices, strengths and abilities.
	1.3.2	The requirements of the MCA are correctly applied throughout the care planning process for those who lack capacity.	2	Partially Meets	We found the requirements of the MCA were not applied throughout the care planning process for those who lack capacity. We found some MCA two stage test and best interest decisions in place that were correctly applied. However, where medication is being administered for a service user who may lack capacity, MCA requirements were not considered.
	1.3.3	Where changes are made to the support of individual service users there is evidence that the service user and /or appropriate others are included in the decision making process.	3	Clearly Meets	We found changes were identified and made to support the service users and there was evidence that the service user was included in the decision making process. We found, 'Discussion Details' forms completed every three months. These detailed how the service user felt they were doing at the day service and also comments from care staff as to how the service user was progressing.
Total Score			**Clearly Meets**		

Recommendations	
1.3.1	None required.
1.3.2	Ensure that where service users may lack capacity for taking their medication considerations to the MCA 2005 are made.
1.3.3	None required.

STANDARD TWO: The Lived Experience of people receiving a service.
People are supported by staff whom are respectful and dignifed, and professional in their dealings. People are supported to maintain their independence and individual routines. The support setting is suitable, safe and homely.   For those people who lack capacity to make specific decisions, the service acts in the person's best interests. People have access to suitable equipment, essential utilities and the support to maintain these.

			Findings		Comments
2.1 Where the service user lacks capacity to make decisions, the requirements of the Mental Capacity Act 2005 are met. Where the service user is subject to Deprivation of Liberty Safeguards, the requirements are met.	2.1.1	Staff are confident, respectful and sensitive when supporting service users.	3	Clearly Meets	We found confident, caring, respectful and sensitive staff when supporting the service users.
	2.1.2	Managers and staff are able to indicate and recognise where a DoLS is necessary and to know where they need to apply.	3	Clearly Meets	We spoke with the registered manager who was able to indicate and recognise where a DoL would be necessary and would know where they would need to apply.
	2.1.3	Where service users have a DoLS in place the provider is compliant with specified conditions and legislative requirements.	3	Clearly Meets	We spoke with the registered manager who told us that currently they do not have any service users subject to a DoL.
		Total Score	Clearly Meets		

Required Actions	
2.1.1	None required.
2.1.2	None required.
2.1.3	None required.

STANDARD TWO: The Lived Experience of people receiving a service.
People are supported by staff whom are respectful and dignifed, and professional in their dealings. People are supported to maintain their independence and individual routines. The support setting is suitable, safe and homely.   For those people who lack capacity to make specific decisions, the service acts in the person's best interests. People have access to suitable equipment, essential utilities and the support to maintain these.

				Findings	Comments
2.2 Service users are support with dignity through individual stages of life, by staff respecting their choices and preferences.	2.2.1	Consideration is given in support / care plans to sexuality, religious and cultural needs.	3	Clearly Meets	We found consideration given to sexuality, religion and cultural needs on care plans.
	2.2.2	Support / care plans include detailed information, consider individual choices and preference and individual stages of life.	3	Clearly Meets	Care plans included information and considered choices and preferences for the individual stages of life.
	2.2.3	Options and choices included in the support / care plan are relevant to the individual and the MCA assessments been completed on a decision specific basis	3	Clearly Meets	We found options and choices included in the care plans were relevant to the service user and MCA assessments had been completed on a decision specific basis.
		Total Score	**Clearly Meets**		

Required Actions	
2.2.1	None required.
2.2.2	None required.
2.2.3	None required.

STANDARD TWO: The Lived Experience of people receiving a service.
People are supported by staff whom are respectful and dignifed, and professional in their dealings. People are supported to maintain their independence and individual routines. The support setting is suitable, safe and homely.   For those people who lack capacity to make specific decisions, the service acts in the person's best interests. People have access to suitable equipment, essential utilities and the support to maintain these.

				Findings	Comments
2.3 A live record of significant events in the life of each person is maintained, including a refusal of an aspect of the service. Staff recognise and maintain confidentiality in respect of information about service users. Accurate records relating to service users are completed in a timely way and stored in a safe place.	2.3.1	There is a live record of significant events in the life of each person which is maintained for the health, wellbeing and needs for each service user.	3	Clearly Meets	We found a live record of significant events in the life of each service user which is maintained for health, wellbeing and the needs of the service users. We saw , 'Daily Activity Log' sheets completed for all service users. Each log sheet detailed the activities the service user had taken part in and any significant events that had taken place. For example, incidents regarding behaviours.
	2.3.2	Care records include information where service is refused and what action were taken to ensure appropriate support.	3	Clearly Meets	We found care plans included information where a service user had refused an activity and action taken to ensure appropriate support. For example, one service user had refused to take part in an activity, we found alternatives offered. We spoke with a member of staff regarding a service user refusing a service and what actions they would take. We were told, "I would try and encourage them to take part in the activity but if they didn't want to I would offer alternatives".
	2.3.3	Staff have a formal handover process, have access to support / care plans and are aware of changes in care needs.	3	Clearly Meets	We found communication with the staff very good. There was a communication diary that listed the service users attending the service for that day, what staff would be working with which service users and what activities would be taking place. We spoke with a member of staff regarding how they got to know of changes in the needs of service users. They told us, "[Day services registered manager' name] would review and update the care plan and would let us know this had been completed. We would then sign to say we have read and understood the changes". We saw this process in place.
	2.3.4	The handwriting / writing in support / care documentation is clear and legible. Suppport / care documentation is stored safely.	3	Clearly Meets	We found handwriting in care plans was clear and legible. Care plans are locked away in a cabinet when not in use.
		Total Score	**Clearly Meets**		
Required Actions					

STANDARD TWO: The Lived Experience of people receiving a service.	
People are supported by staff whom are respectful and dignifed, and professional in their dealings. People are supported to maintain their independence and individual routines. The support setting is suitable, safe and homely. For those people who lack capacity to make specific decisions, the service acts in the person's best interests. People have access to suitable equipment, essential utilities and the support to maintain these.	
2.3.1	None required.
2.3.2	None required.
2.3.3	None required.
2.3.4	None required.

STANDARD TWO: The Lived Experience of people receiving a service.
People are supported by staff whom are respectful and dignifed, and professional in their dealings. People are supported to maintain their independence and individual routines. The support setting is suitable, safe and homely.   For those people who lack capacity to make specific decisions, the service acts in the person's best interests. People have access to suitable equipment, essential utilities and the support to maintain these.

			Findings		Comments
2.4 People are supported with meals and/or drinks and have sufficient amounts for their needs.	2.4.1	Are people supported to access hot and cold drinks and suitable snacks are available throughout the day. Are people appropriately supported with making drinks and supported to cook a meal	3	Clearly Meets	We found service users are supported to access hot and cold drinks and suitable snacks were available throughout the day. We found each service user has a hot meal provided for them each day and are appropriately supported.
	2.4.2	How do staff identify people at risk of poor nutrition, dehydration or have swallowing difficulties and what action is taken to mitigate this.	3	Clearly Meets	We spoke with a member of staff regarding identifying service users at risk of poor nutrition and dehydration and what action they would take to mitigate this. We were told, "If I thought someone was at risk I would firstly report it to the manager, and then would try and encourage them to eat or drink. Family and or the GP would be informed if we needed to". We looked at the support plan for one service user who was identified at risk of choking. The care plan stated their food was to be cut into small pieces. We observed this practice at lunch time.
	2.4.3	Are people supported to eat their food and drink as independently as possible which meets their physical needs.	3	Clearly Meets	We found service users are supported to eat their food and drink as independently as possible which meets their physical needs.
		Total Score	**Clearly Meets**		

Required Actions	
2.4.1	None required.
2.4.2	None required.
2.4.3	None required.

STANDARD TWO: The Lived Experience of people receiving a service.
People are supported by staff whom are respectful and dignifed, and professional in their dealings. People are supported to maintain their independence and individual routines. The support setting is suitable, safe and homely.   For those people who lack capacity to make specific decisions, the service acts in the person's best interests. People have access to suitable equipment, essential utilities and the support to maintain these.

			Findings		Comments
2.5 The accommodation is safe, comfortable , and suitable for the service delivery and promotes wellbeing.	2.5.1	The premises is secure and maintained to a good standard throughout. Where appropriate, a routine maintenance programme is in place	3	Clearly Meets	We spoke with the day service registered manager about the maintenance of the building. They told us the landlord is very good and any issues are dealt with immediately. We found the premises are secure and are maintained to a good standard througout.
	2.5.2	Is Assistive Technology and equipment used in accordance with assessed needs, suitable for its purpose, suitably cleaned and maintained and used correctly	3	Clearly Meets	We found service users brought their own equipment to the day service such as walking sticks and wheel chairs. We found any equipment supplied by the day service was maintained, used and cleaned appropriately.
	2.5.3	There are suitable processes in place to ensure the safety and wellbeing of service users during an emergency.	3	Clearly Meets	We found there are suitable processes in place to ensure the safety and wellbeing of service users during an emergency. For example, we found a, 'Hospital Transfer Sheet' completed for all service users that was up to date and reviewed every three months. We also looked at the, 'Business Continuity Plan' and found this was up to date and reviewed annually.
	2.5.4	Service users have access to a safe environment including any communal and outdoor space/ areas.	3	Clearly Meets	We found the service users have access to a safe environment.
Total Score			**Clearly Meets**		

STANDARD TWO: The Lived Experience of people receiving a service.	
People are supported by staff whom are respectful and dignifed, and professional in their dealings. People are supported to maintain their independence and individual routines. The support setting is suitable, safe and homely. For those people who lack capacity to make specific decisions, the service acts in the person's best interests. People have access to suitable equipment, essential utilities and the support to maintain these.	
Required Actions	
2.5.1	None required.
2.5.2	None required.
2.5.3	None required.
2.5.4	None required.

STANDARD THREE: People are Protected from Harm.
People are protected from abuse or the risk of abuse.   People are supported with the safe handling and storing of their medication.

			Findings		Comments
3.1 Service users are protected from abuse or risk of abuse and their human rights upheld through the effective operation of safeguarding arrangements, which identify and prevent abuse, respond appropriately if suspected and report in line with local and national requirements.	3.1.1	Staff are able to demonstrate an understanding of safeguarding procedures and can recognise and describe abuse	3	Clearly Meets	We spoke with a member of staff who was able to demonstrate an understanding of safeguarding and could recognise and describe abuse.
	3.1.2	Staff are aware of national and local reporting requirements and know how, and where, to report safeguarding incidents	3	Clearly Meets	Staff were able to describe local reporting requirements and knew who and where to report safeguarding incidents. We found all staff up to date with their safeguarding training.
	3.1.3	There is ongoing reviews of the effectiveness of safeguarding and protection from abuse, policies and procedures and their implementation.	3	Clearly Meets	We found the safeguarding policy and procedures were up to date having been reviewed in April 2017.
	3.1.4	The provider keeps clear records of safeguarding referrals and statutory notifications are completed.	3	Clearly Meets	We found the provider keeps a clear record of safeguarding referrals and statutory notifications are completed.
		Total Score	**Clearly Meets**		

Required Actions	
3.1.1	None required.
3.1.2	None required.
3.1.3	None required.
3.1.4	None required.

STANDARD THREE: People are Protected from Harm.
People are protected from abuse or the risk of abuse.   People are supported with the safe handling and storing of their medication.

			Findings		Comments
3.2 Service users are protected from financial abuse.	3.2.1	There is a suitable and robust system in place to protect service users from financial abuse.	3	Clearly Meets	We found suitable and robust system in place to protect service users from financial abuse. We spoke with the day service registered manager about service user' monies. We were told that they do not look after money for the service users, they will bring in their lunch money to which a receipt is given. We saw this process in place.
	3.2.2	All records relating to service users' finances are clear and understandable and are audited regularly.	3	Clearly Meets	We found the 'dinner money' transactions clear and understandable and audited regularly.
	3.2.3	Service users have access to their money and supported to make appropriate choices regarding their finances	3	Clearly Meets	We found service users have access to their money and are supported to make appropriate choices regarding their finances.
	3.2.4	Capacity assessments are in place relating to service users' finances for those that do not have capacity.	3	Clearly Meets	We looked at the care plan for one service user where there was a two stage test and best interests decision in place for the day service staff to ensure large amounts of money, that are brought to the day service, are safely stored away. This means that capacity assessments are in place for those who do not have capacity for finances.
		Total Score	Clearly Meets		

Required Actions	
3.2.1	None required.
3.2.2	None required.
3.2.3	None required.
3.2.4	None required.

STANDARD THREE: People are Protected from Harm.
People are protected from abuse or the risk of abuse.   People are supported with the safe handling and storing of their medication.

				Findings	Comments
3.3 There are systems in place to ensure medication is obtained, stored, and administered, reviewed documented and disposed of effectively and safely.	3.3.1	The provider has suitable and up to date medication policies and procedures in place that include administration of homely remedies and covert medication.	3	Clearly Meets	We looked at the medication policy and found it was reviewed in April 2017. The policy included procedures for the administration of homely remedies and covert medication.
	3.3.2	Support / care plans and risk assessments include appropriate documentation with regards to PRN and covert medication and changes in medication are updated accordingly.	3	Clearly Meets	We looked at five care plans and found risk assessments included appropriate documentation with regards to PRN and covert medications. Any changes in medication for the service users are updated accordingly.
	3.3.3	Staff know what actions to take if there has been a medication administration error.	3	Clearly Meets	We spoke with staff regarding medication errors. We found their description of actions they would take indicated they knew what to do if there had been a medication error.
	3.3.4	There is a suitable system in place for ordering medication. Medication is stored safely, this includes controlled drugs.	3	Clearly Meets	We spoke with the day service registered manager about the ordering of drugs. They told us they do not order drugs the service users will bring them in with them on the day they attend, they are then booked in and onto a MAR chart. We saw this process in place with two members of staff signing the drugs in. We found one service user was currently having controlled drugs administered at lunch time. We found appropriate storage and records kept.
	3.3.5	MAR charts are completed consistently, appropriately and processes for auditing are in place.	3	Clearly Meets	We found MAR charts completed consistently, appropriately and processes for auditing taking place every month.
		Total Score	**Clearly Meets**		

STANDARD THREE: People are Protected from Harm.
People are protected from abuse or the risk of abuse.   People are supported with the safe handling and storing of their medication.

Required Actions	
3.3.1	None required.
3.3.2	None required.
3.3.3	None required.
3.3.4	None required.
3.3.5	None required.

STANDARD FOUR: People who use services are supported by competent staff
People are supported and cared for by sufficient numbers of staff who are suitably recruited and sufficiently inducted and trained to provide them with the knowledge, skills and experience to be competent and professional.

			Findings		Comments
4.1 Staff have been recruited using robust processes to ensure the safety of people and ability to meet their needs.	4.1.1	Staff are suitably recruited in line with recruitment processes.	3	Clearly Meets	We looked at the records of two recently recruited members of staff. We found they have been suitably recruited in line with recruitment procedures. The recruitment policy was up to date having been reviewed in April 2017.
	4.1.2	Staff have up to date statutory and mandatory training.	3	Clearly Meets	We looked at the training matrix and found staff were up to date with all statutory and mandatory training.
	4.1.3	All recruitment documentation is kept on file.	3	Clearly Meets	We found all recruitment documentation is kept on file.
		Total Score	**Clearly Meets**		

Required Actions	
4.1.1	None required.
4.1.2	None required.
4.1.3	None required.

STANDARD FOUR: People who use services are supported by competent staff
People are supported and cared for by sufficient numbers of staff who are suitably recruited and sufficiently inducted and trained to provide them with the knowledge, skills and experience to be competent and professional.

				Findings	Comments
4.2 Staff have the knowledge, experience, qualifications and skills to support the people. Staff are supported to deliver safe and effective care / support to people.	4.2.1	All staff receive regular supervision from a designated supervisor.	3	Clearly Meets	We found all staff receive regular supervisions and on the spot checks for checking competency. Supervisions take place with the day service registered manager every six months with monthly spot checks feeding into them. We also found each staff member received a yearly appraisal.
	4.2.2	Discussions with staff identify supervision sessions include training specific to people's needs, professional development and updates on practice.	3	Clearly Meets	We looked at the supervisions taking place and found they included discussions around achievements, any problems, key work objectives, training and any further general comments. We spoke with staff regarding supervisions who described this process to us and told us they felt the supervisions were worth while.
	4.2.3	Regular staff/team meetings are held and minuted.	3	Clearly Meets	We found regular staff team meetings were being held. They took place every month and were minuted.
		Total Score	**Clearly Meets**		

Required Actions

4.2.1	None required.
4.2.2	None required.
4.2.3	None required.

STANDARD FOUR: People who use services are supported by competent staff
People are supported and cared for by sufficient numbers of staff who are suitably recruited and sufficiently inducted and trained to provide them with the knowledge, skills and experience to be competent and professional.

				Findings	Comments
4.3 Staffing levels for the service are determined and deployed according to people's assessed needs.	4.3.1	Staffing levels are determined based on the needs of the people supported.	3	Clearly Meets	We spoke with the day service registered manager regarding staffing. They told us they are currently fully staffed with no vacancies. They went on to tell us they would work the staffing ratio on the needs of the service users.
	4.3.2	People are supported at preferred times and do staff feel they can spend time talking to people.	3	Clearly Meets	We found sufficient staff to support service users at their preferred time and that staff were able to spend time talking with them.
	4.3.3	There are sufficient staff to support individuals with social inclusion.	3	Clearly Meets	We found there was sufficient staff to support service users with social inclusion. We looked at the activities planner and found several activities around social inclusion.
		Total Score	**Clearly Meets**		
Required Actions					
4.3.1	None required.				
4.3.2	None required.				
4.3.3	None required.				

STANDARD FIVE: Services are managed effectively
People receive high quality support / care through an effective and professionally managed service. The provider/manager takes responsibility, is appropriately registered and accountable for their actions, and has an effective system for identifying, assessing and monitoring complaints and the quality of the service provision.

				Findings	Comments
5.1 The service is managed by an experienced and suitably qualified manager.	5.1.1	The service manager has the qualifications, skills and experience to manage the service.	3	Clearly Meets	We spoke with the day service registered manager regarding their qualifications. They told us they have a level 3 NVQ in Health and Social Care. We spoke with members of staff who told us they felt very supported by their manager.
	5.1.2	The service manager is registered with Care Quality Commission (CQC).	3	Clearly Meets	N/A for Day Services.
	5.1.3	The manager ensures that the vision for the service and the philosophy of care are understood and embedded in staff practice.	3	Clearly Meets	We spoke with the day service registered manager regarding ensuring the vision and philosophy of the service is embedded in staff practice. They told us that all staff are passionate about their duties, they are fully inducted and work as a team. They went on to say I like to think I lead by example. We spoke with staff regarding their manager, they told us, "She [Day services registered manager] is brilliant, so approachable and supportive".
		Total Score	**Clearly Meets**		

Required Actions	
5.1.1	None required.
5.1.2	None required.
5.1.3	None required.

STANDARD FIVE: Services are managed effectively
People receive high quality support / care through an effective and professionally managed service. The provider/manager takes responsibility, is appropriately registered and accountable for their actions, and has an effective system for identifying, assessing and monitoring complaints and the quality of the service provision.

			Findings		Comments
5.2 There is an effective system for identifying, receiving, handling and responding to, and learning from, complaints.	5.2.1	Service users/relatives know how, and to whom, they would make a complaint or raise a concern.	3	Clearly Meets	We saw displayed in the main room of the day service the complaints procedure, which was also available in an easy read version.
	5.2.2	There is a suitable complaints and safeguarding procedure in place and this is accessible to service users/relatives.	3	Clearly Meets	We found the provider had suitable complaints and safeguarding procedures in place that was easily accessible to service users and family members. We found both the procedures reviewed regularly and up to date and displayed within the service.
	5.2.3	There are robust records of complaints and safeguardings which include actions taken and how outcomes are relayed back to the complainant.	3	Clearly Meets	We found the provider had not recevied any complaints this year. We found one safeguarding referral that had been made, that is still under investigation. We found actions taken had been recorded accordingly.
	5.2.4	Complaints are viewed as positive and the outcomes of investigations are seen as a way of improving or making changes to the service.	3	Clearly Meets	We spoke with the day service registered manager about how they view complaints. They told us they take them very seriously and that if there were any investigations to be made they would follow their proceures and make changes to the service if needed.
		Total Score	Clearly Meets		

STANDARD FIVE: Services are managed effectively
People receive high quality support / care through an effective and professionally managed service. The provider/manager takes responsibility, is appropriately registered and accountable for their actions, and has an effective system for identifying, assessing and monitoring complaints and the quality of the service provision.

Required Actions	
5.2.1	None required.
5.2.2	None required.
5.2.3	None required.
5.2.4	None required.

STANDARD FIVE: Services are managed effectively
People receive high quality support / care through an effective and professionally managed service. The provider/manager takes responsibility, is appropriately registered and accountable for their actions, and has an effective system for identifying, assessing and monitoring complaints and the quality of the service provision.

				Findings	Comments
5.3 There is an effective system for identifying, assessing and monitoring the quality of the service and risks to health, welfare and safety of service users.	5.3.1	Concerns raised by service users/relatives are acted upon and actions taken are fedback to the service user/relatives.	3	Clearly Meets	Whilst there haven't been any complaints made this year we looked at a recent customer satisfaction survey that had taken place. We found feedback given to service users and family members where suggestions for improvements to the service had been made. For example, a service user was notified when they suggested more board games be added to the activities. We found more board games had been added to the activity planner, and on the day of our visit board games were being
	5.3.2	There is a robust quality assurance system in place, this may include daily, weekly or monthly audits with an overarching annual review of the quality of the service which informs the business planning.	3	Clearly Meets	We spoke with the day service registered manager regarding their quality assurance systems in place. They told us they audit care plans, risk assessments and the MAR charts every month with any results being actioned immediately. They went on to tell us that they don't put an action plan in place as they would rectify the problem straight away with it being a relatively small service. We looked at the auditing process and found this to be true. We also found auditing taking place for the kitchen and for health and safety with any identified problems being dealt with straight away.
	5.3.3	Findings from the audits are used to form an action plan with measurable outcomes, realistic timescales and a lead person to drive the changes. The action plan is reviewed regularly.	3	Clearly Meets	The day service registered manager told us that they don't put together an action plan, as the service is relatively small there aren't many actions that come as a result of the audits. They went on to tell us that, if lots of problems were identified, they would put an action plan together with an identified lead to drive the changes, but at the moment that is not necessary.
		Total Score	**Clearly Meets**		

Required Actions	
5.3.1	None required.
5.3.2	None required.
5.3 3	None required.

Glossary of Terms

The following standard abbreviations and terms are used within our quality audits.

Term	Explanation
2-stage test / mental capacity test	The Mental Capacity Act 2005 introduced a 2-stage functional test to assess whether a person has the mental capacity to make a particular decision. This is based upon the first underpinning principle of this Act, which instructs us to assume that a person has the mental capacity to make a decision until proven otherwise.
Appointeeship	An Appointee is a person who has been appointed by the Department of Work & Pensions (DWP) or a local authority to receive welfare benefits on behalf of someone who is unable to manage their affairs.
best interest decision	The Mental Capacity Act 2005 states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests. Principle 4 of the Act.
controlled drugs	Some prescription medicines are controlled to prevent them from being misused, obtained illegally or causing harm. These are called controlled drugs and are protected by the Misuse of Drugs Act 1971.
COSHH	Control of Substances Hazardous to Health (COSHH) is the law that requires employers to control substances that are hazardous to health.
covert medication	Where people lack the mental capacity, medication necessary for sustaining life can be administered covertly or hidden in food or drink in their best interests.

Term	Explanation
CQC	The Care Quality Commission is the health and social care regulator for England.
DBS	The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
DoLS	The Mental Capacity Act 2005 allows restraint and restrictions to be used, but only if they are in a person's best interests. The Deprivation of Liberty safeguards introduce extra safeguards, if the restrictions and restraint used will deprive a person of their liberty.
Intermediate care	Intermediate care enables a person to return home safely after a stay in hospital.
LOLER	Lifting Operations and Lifting Equipment Regulations 1998 are a set of regulations created under the Health and Safety at Work Act 1974. The LOLER regulations require that all lifting operations involving lifting equipment must be properly planned by a competent person, appropriately supervised and carried out in a safe manner. It also requires that all equipment used for lifting is fit for purpose, appropriate for the task and suitably marked, with suitable maintenance recorded and defects reported.
LPA	A Lasting Power of Attorney is a legal document that lets a person appoint another person (known as 'attorneys') to make decisions on their behalf. It could be used when the person loses the mental capacity to make their own decisions. There are two types of LPA, health and welfare, and property and financial affairs.

Term	Explanation
MAR	The Medication Administration Record is the report that serves as a legal record of the drugs administered to a person. The MAR is a part of a person's permanent record on their medical chart. The care or nurse staff signs off on the record at the time that the drug or device is administered.
MCA	The Mental Capacity Act 2005 provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.
MUST	The Malnutrition Universal Screening Tool is a five-step screening tool to identify adults who are malnourished or at risk of malnutrition.
NVQ	An NVQ is a National Vocational Qualification. It is a work-based qualification designed to measure competence in a professional role. This has been superseded by the Qualifications and Credit Framework (QCF).
PBS	Positive Behavioural Support is a way of supporting people who display, or are at risk, of displaying behaviour which challenges services/other people
PPE	Personal Protective Equipment is equipment that protects care and nursing staff against health or safety risks at work. It can include items such as gloves, aprons and eye protection.
PRN	Medication that is not required by people on a regular basis, is sometimes referred to as a "when required" or PRN medication.

Term	Explanation
SALT team	The Speech and Language Therapy team provide a service for people with communication, cognitive, voice, or swallowing difficulties due to stroke, brain injury, progressive neurological diseases and other medical conditions.
SMART	The Specific, Measurable, Achievable, Relevant, Time-bound criteria are used to support the setting of objectives in business, for example with action planning.
SOVA	Safeguarding of Vulnerable Adults is a concept and training designed to help care and nursing staff properly protect the people in their care.
Whistleblowing	Whistleblowing is when a staff member reports suspected wrongdoing at work.