Affinity Trust

Affinity Trust - Domiciliary Care Agency - North

Inspection report

8 Springwell Court
Holbeck
Leeds
West Yorkshire
LS12 1AL

Tel: 01132421388
Website: www.affinitytrust.org

Date of inspection visit:
16 August 2016
17 August 2016
22 August 2016

Date of publication:
13 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We inspected Affinity Trust – Domiciliary Care Agency – North on 16, 17 and 22 August 2016. This was an announced inspection because we wanted to ensure someone would be present at the service on the days of the inspection to provide us with the information we needed.

The service is registered to provide personal care to people living in their own homes and to people who required support to access the community. At the time of our visit the service provided personal care to 27 people with learning disabilities and/or autistic spectrum disorder across the city of Leeds.

The service had an operations manager in post who had applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place for the safe management of medicines so people received their medicines safely. Some improvement was needed around the consistent use of 'as and when 'required protocols and those for creams and lotions.

The medication audit was not fully effective as it had not identified medication errors we found. However, the registered provider had already identified this and taken appropriate action.

There were systems in place to monitor and improve the quality of the service provided. Staff told us the service had an open, inclusive and positive culture.

Assessments were undertaken to identify people's support needs. Support plans reviewed contained information about the person's likes, dislikes and personal choices and preferences.

There were risk assessments in place for people who used the service. The risk assessments and support plans had been reviewed and updated on a regular basis. Risk assessments covered areas such as mobility, medicines and independent access to the community. This meant staff had the written guidance they needed to help people to remain safe.

There were enough staff employed to provide support and ensure people's needs were met. The rota system was flexible to ensure people could access activities of their choice at different times of the day.

Staff told us the managers were supportive. Staff received regular supervision sessions and an annual appraisal. The majority of staff were up to date with training and the registered provider had a system to monitor compliance in this area. Staff told us they had received training which had provided them with relevant knowledge and skills to provide care and support.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice.

Effective recruitment and selection procedures were in place and we saw appropriate checks had been undertaken before staff began work.

The operations manager and staff we spoke with had an understanding of the principles and responsibilities in accordance with the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

People and their families told us staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people. People told us they were supported to access a wide range of activities which helped them to build and maintain relationships.

People were provided with their choice of food and drinks which helped to ensure their nutritional needs were met. Staff at the service worked with other healthcare professionals to support people's health and wellbeing.

The registered provider had a system in place for responding to people's concerns and complaints. The procedure was available in an accessible format to support people to understand better. People told us they knew how to complain and felt confident staff would respond and take appropriate action.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Systems were in place for the safe management and administration of medicines. However some improvement was needed in respect of the auditing of the system to ensure it was continually safe.

Staff were knowledgeable in recognising signs of potential abuse and said they would report any concerns regarding the safety of people to the registered manager.

There were sufficient staff employed to meet people's needs. Safe recruitment procedures were in place.

Is the service effective?

Good

The service was effective

Staff had received regular supervision and appraisal which they said they found supportive. Staff also had up to date training to enable them to perform their role.

Where people lacked the capacity to make their own decisions, the service had recorded the decisions made in people's best interests.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Is the service caring?

Good

This service was caring.

People told us they were well cared for. People were treated in a kind and compassionate way.

People were treated with respect and their independence, privacy and dignity were promoted.

People were included in making decisions about their care. The

staff were knowledgeable about the support people required and how they wanted their care to be provided.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and person centred support plans were in place.

People had access to a wide range of social activities which they told us they enjoyed.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good

The service was well led.

Staff told us the registered provider and manager's created an open and transparent culture which they felt was positive.

There were effective systems in place to monitor and improve the quality of the service provided.

Affinity Trust - Domiciliary Care Agency - North

Detailed findings

Background to this inspection

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

We inspected Affinity Trust on 16, 17 and 22 August 2016. This was an announced inspection to ensure someone would be at the registered provider's office to provide us with the information we needed.

The inspection team consisted of two adult social care inspector and an expert by experience who had personal experience of using or caring for someone who uses this type of care service. One adult social care inspector visited the provider's office and visited people in their own homes. The expert by experience and the second adult social care inspector made telephone calls to people who used the service, their family members and staff to find out their views of the service.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to find out their views of the service. They did not report any concerns.

During the inspection we spoke with one person who used the service and seven family members/ representatives. We also visited an additional seven people in their home. We spoke with the operations manager, divisional director, the administrator, two service managers and 17 support staff. We looked at five people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Requires Improvement

Is the service safe?

Our findings

We looked at the systems in place to manage people's medicine. We saw each person had a medication administration record (MAR) with instructions for staff on each medicine prescribed. Staff signed this document each time they administered a medicine to a person. We saw the majority of MAR's were completed appropriately and we saw regular informal checks had picked up incidents in the past where errors had been made.

We saw the registered provider logged all medicine errors staff members had reported. The operations manager told us this helped to understand where staff competence needed to be checked or systems required changing.

We saw the audit system needed to be more robust to ensure all issues around the medicines procedure were identified and not just gaps on the MAR's. The divisional director showed us plans they had to implement an audit of the medicines system so they could pick up any patterns and trends, then adapt process where needed.

We saw some people had protocols in place to support staff to understand when to administer 'as and when required' (PRN) medicines. However the use of these was not consistent across all of the service. The operations manager told us this system would also be extended to topical medicines such as creams and lotions.

We spoke with people who used the service who needed help from staff to administer their medicines. People did not report any problems and advised support staff were reliable. We saw records to confirm staff had received training and been assessed as competent to administer medicines.

We asked people who used the service if they felt safe. People told us the support staff helped them stay safe. One family member told us, "I feel my relatives support is safe."

We asked staff about their understanding of protecting people who used the service. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. The operations manager was aware of local safeguarding protocols. Staff told us they had received training in respect of abuse and safeguarding of vulnerable adults and records we saw confirmed this.

People who used the service and the family members we spoke with were aware of who to speak with should they need to raise a safeguarding concern. The operations manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

Most of the people the service supported lived in houses they shared. The registered provider made sure a minimum number of staff were on shift to meet the needs of people who lived together. However in addition ,each person had personal hours of support which they could use to access the community and activities they chose to.

The registered provider also worked with people so they could 'bank hours' over the year and this meant they could go on holiday with staff support or on outings for the day. People told us this system worked well.

Staff were able to tell us the minimum number of staff required to keep people safe. However, the registered provider had not documented this on a risk assessment which was something the operations manager and divisional director told us they would do following the inspection.

We discussed how staff sickness and shortages were managed and support staff said the out of hour's on-call supported the teams to cover in an emergency and staff in each team supported each other where they could. A family member told us shortages did not happen often.

The registered provider worked alongside housing associations to ensure the properties people lived in were safe. We saw safety checks had been completed by the registered provider where they were responsible, such as equipment and electrical appliances.

We saw some parts of people's properties were showing signs they needed refurbishment which had started to pose an infection control risk where flooring was old and bath sides had become rotten. The support staff we spoke with told us they regularly spoke to the housing provider and reported repairs, although people had to wait a long time for larger works to be completed at times. We discussed this with the operations manager who agreed to liaise with the housing providers to see how repairs and refurbishment could be organised better for people.

There were risk assessments in place for people who used the service. Risk assessments covered areas such as independent travel, medicines and mobility. Support plans also described how to keep people safe for example one person was supported to prepare and cook foods, which meant they needed safety peelers and specific support to use the hob. This meant staff were provided with the information needed to keep people safe.

We saw the registered provider had a robust incident management system which involved staff initially recording the accident or incident locally and the service managers then recording their investigations and actions to prevent a reoccurrence.

We saw the electronic record system rated any incidents for severity and risk which meant more senior people in the organisation were made aware any serious issues. The data on patterns and trends was collated and shared with the divisional director to action where required. We saw examples of the system working well to ensure people had received appropriate support following an incident. We saw one example where a person's behavioural patterns had been analysed and resulted in a new plan of support to try and prevent a reoccurrence. We saw this had been successful.

We looked at the records of six newly recruited staff to check the registered provider's recruitment procedure was effective and safe. Evidence was available to confirm appropriate Disclosure and Barring Service (DBS) checks had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

The divisional director told us DBS checks on all staff were renewed every three years. This meant the registered person continued to make checks on staff to make sure they were safe to work with vulnerable adults throughout their employment.

Employment references had been obtained and where possible one of which was from the last employer. The registered manager told us any gaps in candidate's employment history were discussed at interview to determine their suitability to work in the service. We saw staff responsible for interviewing did not always record the reason or the gaps the discussed. The divisional director told us they would action improving records in this area.

Good

Is the service effective?

Our findings

One family member felt staff at times did not act as they had been trained and said staff lacked common sense. However, all other people we spoke with told us they were confident staff had the skills and knowledge to support people with their specific needs. One person said, "Staff are doing a good job." Family member's told us, "The majority of the staff are very good and know how to deal with [name of relative's] behaviour" and "Staff have Makaton training. I have never witnessed any issues with members of staff. They have a support plan to get people out of the house."

We saw staff training information which was very organised and detailed all the training staff had received. The system was able to identify where training was out of date, due for renewal and booked training. We saw 95% of staff training was up to date in July 2016.

Staff we spoke with told us on the commencement of their employment they undertook a full induction. This included reading policies and procedures and shadowing other experienced staff whilst they provided support to people. This helped to ensure people were supported by skilled and experienced staff. A family member told us, "There is a lot of support for the new ones from experienced staff by doing shadowing." A staff member who had recently started employment told us, "I had two weeks shadowing, and I did all my training with the care certificate, which was five days training."

The operations manager told us new staff were completing the care certificate which sets out learning outcomes, competences and standards of care that are expected.
Staff confirmed the quality of the training was good and provided them with the skills and knowledge to do their job. One staff member told us, "I have had training in the mental capacity act, moving and handling and all my mandatory training is up to date."

Staff also received training they needed based on their role and the people they supported. For example, staff who dealt with behaviours that may challenge had specific training on how to deal with those situations. Some staff told us they felt they would like more training around people's specific needs. We observed the operations manager discussing this with staff in so they could work to provide what was needed.

Staff told us they felt well supported and they had received regular supervision and an annual appraisal. Records we looked at showed a majority of staff were up to date and where people had an overdue supervision the electronic system told the line manager this and also the operations manager. The system was managed well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. The application procedures for this is called Deprivations of Liberty Safeguards (DoLS).

We saw staff had received training in this area and they were able to explain to us how they worked with people to empower them to make their own decisions where possible. One person the service supported told us, "They make sure that I agree."

When we visited people we saw many examples of staff working with people to help promote people's understanding of how to make safe decisions for themselves. For example, we saw one person discussing their tenancy and finances with a staff member. The staff member explained how the tenancy worked and what was expected of the person to ensure the person met the requirements of their tenancy. The conversation provided the person with information to enable them to balance the consequences of their behaviour and make a positive choice.

One staff member told us, "MCA is where as far as possible people make their own decisions. If they lack capacity a best interest's decision is made for them. It should all be recorded in their file." When we looked at peoples support plans decisions made in peoples best interests were recorded well in the majority of instances. We saw one support plan for a person who used the community outreach service where this was not clearly recorded. .

We saw good examples of decision specific MCA assessments and best interest decision making for people. For example; one person required new curtains and a decision was made to spend the persons money in their best interest. Another example we saw documented the reason a person was restricted from accessing their own kitchen because they would be in danger if not supported by staff.

We saw the service had recognised they supported some people who did not have capacity to understand safety in the community should they leave their home and therefore restrictions were in place to prevent people leaving alone. The service knew this meant people were potentially deprived of their liberty and they had made appropriate applications to have this authorised. They were awaiting the outcome of these applications at the time of our inspection.

The service provided support to people at meal times. Those people, who were able, were encouraged to be independent in meal preparation. We saw one person preparing butternut squash soup for lunch with staff support. We saw in another person's home they had worked out a rota for who would go each day to buy essentials such as milk and bread. All of the people we spoke with and staff told us menus were developed weekly to include people's preferences and each week people were supported to their food shopping. One person told us, "I go to Bramley shops on the bus and pick my own food."

Support plans contained information about peoples likes and dislikes, one person told us, "I like making bacon and eggs my speciality." We saw the flexibility people had in their own home to access food and drink. Although people had shared menus, it was apparent this was subject to change and people could decide what they wanted and when. For example, one person who had been to Leeds city centre independently announced when they returned home they had been thinking about what was for tea whilst out and said, "I don't like quiche so I have bought myself a pork chop from town."

Where people required specialist diets because of health conditions or swallowing difficulties their support plan contained the correct information and risk assessments. A staff member told us, "We support one person who has a sugar free diet and we support them to maintain this, we discuss each week a healthy menu and talk about healthy issues."

Staff were aware of people's nutritional needs and where people required support to monitor intake or their weight this was recorded in their support plan.

Each person had a health action plan document which assessed the person health needs. Each area identified had a specific support plan to ensure the person maintained good health. The document contained details of all the professionals involved for specific health needs such as speech and language therapists, orthotic specialists, epilepsy nurses and GP involvement.

Family members we spoke with were happy with the health support their relatives received. One family member told us, "My relative has a monumental fear of medical people. We have all clubbed together to find the best possible plan for an operation they need." One person told us, "Staff take me to the doctors and dentist at the big health centre" and "They help me with my physiotherapy."

Staff recorded the appointments people had been to in the health action plan which enabled the staff team, the person and their families to know progress in each area. Staff told us the document did not provide enough space for these recordings where people were very complex and had lots of appointments.

The operations manager also listened as staff discussed this and they told us this was an area they would develop in the support plan so information was held together about each health need.

Good

Is the service caring?

Our findings

Most people and the family members we spoke with were complimentary about the care and service received. Family member's told us, "The majority of staff are very caring. The staff are nice" "They [staff members] are very caring. They have been there for my relative and listened. My relative is well loved and they are very supportive emotionally" and "They are 150% caring. They think about all the residents. It is the best I have ever seen. They are well looked after."

The operations manager and divisional director told us there was a person centred approach to the support people received. Being person centred means putting the person at the focus of their own support so they receive support how they want and need it. One staff member told us, "Person centred care is all about the person, what they like, what they don't like and knowing everyone is not the same. We did some training around that."

We saw staff empowered people to make decisions and choices, spend time in their own home how they wanted to and we saw staff interacted and responded in a kind and caring way. For example, one person who was not able to communicate verbally had been waiting in anticipation for a day service to collect them for an outing. Staff could see they were anxious and called to see where the service was. Unfortunately, the person was let down and the day service was cancelled. Staff reassured the person and explained they would take them out to compensate because they knew how much they liked to follow routine and this meant they were not left feeling let down.

Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. Staff used a variety of ways to communicate with people, this included using sign language such as Makaton and assistive technology. We saw one staff member working with a person to choose a new chair from the internet for their room. The person told the staff, "If I am getting a new chair I might decorate my room." This lead to a conversation about paint colours and a final agreement of when the decorating would happen. The empowerment we saw was very natural and people were leading and directing their own support.

It was clear from our discussions with staff and observations the values of dignity and respect underpinned the work they carried out with people. One person who used the service who could not hear had assistive technology to help promote their privacy; their family told us, "My relative has hearing aids. They have a light in their room which comes on when there is someone at the door. They can be in their room whenever they wish. The staff are very respectful of their personal space."

We saw staff working with the groups of people who lived together negotiating and explaining the principles of respecting each other, allowing each other space and privacy and also the boundaries to ensure each person felt at home. This helped people live harmoniously as a group and we saw this approach was successful. One family member told us, "Privacy is all part of my relatives care plan. If they want privacy they are given it."

During our visits to people's homes we saw how the staff members and people who used the service engaged in friendly banter which people clearly enjoyed and which made them laugh. A family member told us, "My relative has got a new life, my relative wanted to stay in their room at first but they come out now. They are a changed person and it has a lot do with the staff."

A family member told us, "They [staff members] laugh and joke and go along with my relative who is very mischievous and has a sense of humour." Staff showed warmth when they interacted with people and supported people to be themselves and relax in their own home.

People's diversity and human rights were respected. For example, a person who required specific cultural support had access to what they required. An external professional who supported that person told us, "They [staff members] deal with cultural differences in the correct way. I make sure they are aware of cultural celebrations and they go out of their way to make sure the person's cultural needs are met."

Staff told us of the importance of encouraging independence. They told us how they supported people to develop their skills all of the time and we saw in people's support plans goals were identified for some people to help with this. A family member told us, "My relative can shower themselves but they had to build up to it. At first they were assisted but bit by bit they became more independent. With prompts they can now get up, get a shower and get dressed."

Support plans contained information about people's life history and preferences. This gave important information about people's background and their likes and dislikes. For example, a family told us it was important for their relative to have a bath and this had been included in their support plan. The family members and people who were able all told us they were involved in developing their support plan. One person the service supported told us, "I set my goals." Family members also told us review meetings happened regularly and they were always invited to attend. Records we saw confirmed this.

Where people required support to make decisions they had access to advocacy services and we saw examples where the service had worked with advocates to find the best possible solutions for people. One example was supporting a person to find new housing.

Good

Is the service responsive?

Our findings

People and relatives we spoke with during the inspection told us staff knew them well and were responsive to their needs. One person said, "I like it here they look after me well, they help with my medications and they work hard." A family member said, "I feel the care and support is personalised, I am confident about that."

The support plans we saw contained person centred detail about how people like to be supported. For example; 'ensure sensitive soap is used, I like to hoover the lounge every day, I do not like a certain bus route and choose not to use it, it takes too long and I need support to put toothpaste on the toothbrush but I can brush my teeth myself and I like 50's and 60's music.'

Each support plan had a goal or outcome to achieve. This was sometimes a goal which would result in a person becoming more independent, to ensure a person maintained their level of independence or prevent deterioration. We saw an example of a goal where the person wanted to watch 'Songs of Praise' each week when it was on TV and sing with the staff to the hymns. Staff told us they did this when the programme was on. We saw another person had a goal to improve their road safety.

Each month the keyworker would review the goal of each support area and prepare an evaluation document. A keyworker is a staff member delegated to ensure they support a person with their goals and aspirations whilst ensuring support plans, health appointments and risk assessments are up to date. We saw the monthly evaluation helped the staff teams know what a person's health, social wellbeing and plans for the future were. We saw some very good examples where the whole staff team had signed to say they were up to date with each person's needs.

We saw staff responded to people's requests well to ensure they felt listened to and were empowered. For example, a person returned home asking staff to help them buy a new wallet. Staff worked to look where support was available ensure this happened for the person. The person was visibly pleased this had been organised for them and showed this with a thumbs up.

We saw 'one page profiles' in people's support plans. These documents identified the most important things to remember about a person's support and what the most important things are to the individual which must happen. We saw one person's one page profile it identified visiting their best friend was important. We spoke with staff who told us visits were regularly organised and the person confirmed this when asked by smiling and saying their friend's name.

We discussed with staff how living together in a group, sharing the responsibility for the cleaning of the home and managing the tenancy worked for people. We saw this was highlighted in peoples support plans. Staff were keen to ensure people completed tasks independently where they could and staff told us they would clean where needed if people could not do this. In two of the houses we visited the list of cleaning duties staff were required to complete was not clearly structured. This was something the operations manager agreed to implement to ensure people were supported to have clean homes and the environment

was homely.

People and staff told us about the wide range of activities people took part in. These ranged from holidays, day trips, to visits at local places of interest. Staff ensured people maintained contact with friends and family. They also supported people to attend local clubs and groups they enjoyed. Everyday activities such as shopping and attending appointments also happened. We saw one person on their return from the hairdressers. Another person was on their way out to visit the local gym when we arrived and staff told us they attended the gym regularly.

A family member told us, "At care planning meetings we come up with lots of ideas. My relative gets one to one support. They go on holiday to Butlin's as well." A staff member told us, "We always offer choice; we show pictures and explain things so people can choose, for example meals, what activities they want to do or to stay in their room and relax." One person was showed us a picture of them when they were on a cruise ship holiday recently. Staff had supported them to have the photograph framed and they were pleased with this.

We looked at records of people's activities and saw people had been to club nights, the Royal Armouries Christmas ball and a rock and roll night. Staff told us the rota was flexible to enable people to stay up late and access activities of their choice.

The registered provider had a robust complaints procedure, we looked at two complaints received in the past 12 months and saw they had been responded to appropriately. The complaints procedure was also available in an accessible format to support people supported with a learning disability to understand the process.
People told us they knew how to raise concerns and they said the staff would listen. A family member said "They [registered provider] do address concerns, for example, if my relative is not happy with new staff; they accommodate their needs so my relative feels safe. My relative is not an outsider, they are always involved."

Good

Is the service well-led?

Our findings

At the time of our visit an operations manager was in post who had applied to be the registered manager. Since our inspection the operations manager attended an interview with the CQC to become registered.

People who used the service and family members spoke highly of the operations manager, registered provider, divisional director and service managers. They told us they thought the service was well led. Family members told us, "I can only speak very highly for all of the attention my relative receives. I am very happy. My relative has been with Affinity Trust for nine years, I put all my faith in Affinity Trust" "On the whole they are very good. They seem to be very forward thinking. I would recommend them" and "I trust their integrity regarding my relative's money and health. My relative is the happiest they have ever been in their life since having care."

We found there was a culture of openness and support for all staff member's involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision. A staff member we spoke with said, "My manager is very supportive, one of the best. You can go to them with any problem at any time, they always listen and they do what they say they will." Another staff member said, "I think the company is open and honest, the director has attended meetings with us and talked about things. It is a good company to work for they get things done." A third staff member commented, "I think it is excellent how the place is run. Everything is kept up to date. I really enjoy working here."

Staff told us they were kept up to date with matters which affected them. We saw records to confirm staff meetings took place regularly for all levels of staff. We saw minutes contained details about people's needs, new policies and good practice guidance around capacity for example. A staff member told us, "We have staff meetings every three months and discuss everything. I think it's a very good company putting clients first."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems help providers to assess the safety and quality of their services. We saw a range of audits including support plans, finances and health and safety were carried out. We saw the electronic monitoring system tracked each area the organisation had decided required monitoring to ensure quality and safety. This provided the operations manager and divisional director with a real time 'dashboard' so they could see where services needed additional support. The system also allowed actions to be tracked so the operations manager knew when action plans they had set were completed.

The operations manager and divisional director were very knowledgeable about each person they supported and the staff teams who worked in people's homes. They also completed monthly quality checks at each person's home and checked the electronic monitoring system remotely. They told us this helped them have oversight of the quality of the service.

The service managers also had their own personal 'dashboard' to help them plan their workload and stay

ahead. This system meant a slight dip in quality or performance could be seen and we saw the operations manager had responded quickly where they had noticed areas which required improvement. Any areas we found during inspection had already been identified through the quality assurance system and the operations manager was working with the service managers to improve.
The quality assurance system also included an element of peer audit from the registered provider's team of staff who worked in various departments and roles. We were told by the divisional director this helped audits stay transparent and it also brought good practice into the service as they shared ideas.

The operations manager was new in post and told us they had been welcomed by the registered provider and supported in their role and they were appreciative of this. We saw the divisional director and operations manager had a good and open relationship and both displayed a real motivation to improve and develop the service. Areas such as goal planning and medicines were discussed as areas for improvement.

The service also used data and feedback to analyse patterns and trends, learn lessons and continuously improve, for example; we saw on the accidents analysis a section for lessons learnt was always completed and identified where, for example, support plans required changes.

Feedback the registered provider received from annual surveys was also used to create improvement plans. The most recent survey completed by people the service supported and their families saw 39.5% of surveys returned. People were overall happy with the service and reported on what was not working well such as, 'Finding different things for me to do' and on what was working well, 'Listening to me and what I would like to do, encouraging my independence' and 'Arranging holidays and keeping up to date with health appointments and keeping in touch with my brother'.