

Healey Care Limited

Healey Care Limited

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an announced inspection of Healey Care Limited on the 15 & 16 December 2015.

Healey Care Limited provides a supported living service for people living in their own homes who have a learning disability or autistic spectrum disorder. At the time of the inspection the service was providing support to nine people in four houses.

At the previous inspection on 17 September 2013 we found the service was meeting all the standards assessed.

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

People spoken with including their relatives were complimentary about the care and support provided and about the staff team. Relatives said, "(Family member) has consistently received excellent care and support from

Summary of findings

a small team of very caring people” and “We are delighted with the service; really pleased.” People using the service said, “The staff are kind; I get on with them” and “I trust them.”

There were good systems and processes in place to keep people safe. Risks to people had been identified, assessed and managed safely. Staff had a good understanding of safeguarding and protection matters and expressed confidence in reporting concerns. There were sufficient numbers of staff deployed to meet people’s needs and the service followed safe recruitment practices. People’s medicines were managed safely and were administered by staff who were trained and competent.

Staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. This helped to ensure the staff team had a good balance of skills and knowledge to meet the needs of people using the service. Staff were well supported by the management team and received regular supervision.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people’s rights were protected where they were unable to make decisions for themselves.

People’s nutritional needs were met and they were involved in the development of the menu, shopping for food and basic food preparation.

People’s individual needs were assessed and support plans were developed to identify what care and support they required. People were consulted about their care to ensure their wishes and preferences were met and their independence was promoted. Staff worked with healthcare professionals to obtain specialist advice about people’s care and treatment.

Staff were knowledgeable about people’s individual needs, backgrounds and personalities. People told us they were given privacy when they wanted. One person

said, “If I want to be on my own I can go to my room.” Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives.

People were involved in making choices and decisions about their daily lives and about how the service was run. People were involved in the recruitment and selection process, developing policies and procedures and participated in staff training.

People were supported to participate in a range of appropriate activities and to pursue their hobbies and interests. Activities were tailored to the individual and included cook and eat sessions, exercise classes, shopping, cycling, swimming and attendance at local clubs, pubs, hairdressers and colleges.

People knew who to speak to if they were unhappy and were confident they would be listened to. People told us, “I am happy to tell staff if I was unhappy” and “I know about making complaints. Staff talk to me if I am feeling sad or unhappy about things.” A relative said, “I can broach any issues and they are dealt with. Communication is very open.”

There were systems in place to monitor the quality of the service. There was evidence these systems had identified shortfalls and that improvements had been made. The registered manager regularly visited each of the houses. This helped her to monitor staff practice, review the quality of information in people’s records and to obtain people’s feedback about the service provided.

People did not express any concerns about the management and leadership arrangements. They said, “Excellent service” and “Excellently run.” People were confident management and staff were open and transparent. One relative said, “I trust them as they involve me and recognise that collaboration is the best approach.”

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training and checks on their practice had been undertaken.

There were sufficient numbers of staff to provide support flexibly.

The risks to people's health, safety and welfare had been considered, recorded and kept under review.

Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. People told us they were happy with the approach taken by staff.

Good



Is the service effective?

The service was effective.

People were happy with the support they received and were encouraged and supported to make their own choices and decisions.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People were supported as appropriate to eat and drink. People's health and wellbeing was monitored and responded to as necessary.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

Good



Is the service caring?

The service was caring.

People made positive comments about the staff team. They told us their privacy and dignity was respected.

People were supported and cared for in a way which promoted their safety, choices and independence. Staff were aware of people's individual needs, personalities and preferences.

People were involved in making decisions about how the service was run. They attending staff training and were involved in the development of policies and procedures and the recruitment and selection of new staff.

Good



Is the service responsive?

The service was responsive.

People told us they were involved with the planning and review of their or their relatives support.

People said the service was flexible and responsive to their changing needs and preferences. People were supported to participate in a range of activities, hobbies and interests.

Processes were in place to manage and respond to complaints and concerns. People were aware of who to speak to and were confident they would be listened to.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service had a registered manager who provided clear leadership and was committed to the continuous improvement and development of the service.

People did not express any concerns about the management and leadership arrangements and made complimentary comments about the way in which the service was provided. There was a positive and open atmosphere.

There were effective systems in place to consult with people on their experiences of the service and to monitor and develop the quality of the service provided.

Good



Healey Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 16 December 2015 and was announced. The registered manager was given short notice of our intention to visit because the service was small and the registered manager was often out supporting staff or providing care. We needed to be sure that someone would be available for the inspection. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. The provider sent us 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 also contacted a number of health and social care professionals for their views about the service.

We used a number of different methods to help us understand the experiences of people who used the service. We visited three people in their own homes and observed interaction between people using the service and support workers. We spoke with three people on the telephone and received feedback from three family members. We also spoke with two support workers, two team leaders and the registered manager.

We looked at a sample of records including three people's care plans and other associated documentation, four staff recruitment records, induction and supervision records, minutes from meetings, complaints and compliments records, medication and financial records, policies and procedures and audits. We looked at the results from a recent customer satisfaction survey. We also looked at the posters and photographs from the recent service forum day which had been attended by people using the service and staff.

Is the service safe?

Our findings

People spoken with did not express any concerns about the way they were treated or supported. People told us, “The staff are kind; I get on with them” and “I trust them.” Relatives said, “I feel (family member) is safe and looked after” and “They keep him safe.” During the inspection visits we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable and relaxed around staff. We observed that staff interaction with people was friendly, encouraging and caring.

The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Staff had a good understanding of safeguarding and protection matters and expressed confidence in reporting concerns. They were clear about what action they would take if they witnessed or suspected any abusive practice and records showed they had received training and guidance on safeguarding and protection matters. One member of staff said, “If things are not right, I will speak up.”

The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies. Our information showed management and staff had followed local safeguarding protocols and had responded promptly and appropriately to a reported incident. There were arrangements in place to help protect people from financial abuse and to provide accountable and safe support with their money. Easy to read guidance, in pictures and words, was available informing people about abuse and who to inform. We also noted people living in the home were able to meet every year with the local police to help raise their awareness of personal safety.

We looked at how the service managed risk. We found individual risks were assessed, discussed and recorded in people’s support plans and reflected people’s specific needs, behaviours and preferences. There were detailed management strategies to provide staff with guidance on how to consistently and safely manage risks and also to ensure people’s independence, rights and lifestyle choices were respected. Risk assessments were reviewed on a regular basis with the person concerned, their relative and their keyworker.

There were individual assessments to help identify any behaviour that challenged the service. We found detailed information in the support plans to help staff recognise any changes in people’s behaviour; this helped them to intervene before a person’s behaviour escalated to crisis level. Staff received regular training and support to respond to behaviour that challenged the service and we were told staff would only use restraint when it was safe and appropriate to do so. Any incidents or use of interventions were recorded and reviewed to ensure people were safe.

We looked at how the service managed people’s medicines and found the arrangements were safe. The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Policies and procedures were available for staff to refer to. Staff had received training to help them to safely administer medication and checks on their practice were undertaken to ensure they were competent.

We visited one house and found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines. We noted people’s medicines were checked in and out of the home when they left the house to enjoy their activities or for when they stayed with family members. We saw the medication system was regularly audited and action plans had been developed in the event of any shortfalls. This helped ensure people’s medicines were managed safely. Recommendations from a recent community pharmacy check had been acted on.

We found a safe and fair recruitment process had been followed. Appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, and an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Face to face interviews had been held and a record of the interview and the applicant’s responses had been maintained. This helped to show a fair selection process had been used.

Is the service safe?

People using the service had been involved in the recruitment process. They had been able to meet and greet applicants or had participated in the interview process to satisfy themselves that any new staff were capable of supporting them.

We looked at how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. Staff were allocated to each of the houses and to the people living there. There were enough staff available to flexibly provide the level of support people needed and to keep them safe. The registered manager also provided support when needed. The registered manager told us new staff were being recruited to provide greater flexibility within the team.

Staff considered there were sufficient numbers of staff to provide support. We were told there had been recent short notice sickness/absence but any shortfalls had been

covered by existing or bank staff. This ensured people were supported by staff who knew them. We were told new staff had been recruited to maintain flexible staffing in line with people's needs, preferences and individual contractual arrangements. There was an on-call system in place which meant a member of the management team could always be contacted for support and advice.

People told us they were happy with their support workers and said there were enough staff to support them when they needed. One person said, "There are enough staff; they are lovely". A relative said, "Staff love working there and many have been employed for a long time; that says a lot about the service." Staff told us, "We have a stable team of staff and we support each other. There are enough staff but sometimes people call in sick which causes problems" and "There are enough staff. We have a low turnover which gives us a stable team."

Is the service effective?

Our findings

People told us they were happy with the service they received from Healey Care Limited. One person said, “I am very happy; they (the staff) are good.” Comments from relatives included, “We are delighted with the service; really pleased” and “My relative has a very, very good life.” A healthcare professional said, “The staff are very highly trained and provide a very good standard of support.”

We looked at how the service trained and supported their staff. Records showed staff had completed induction training when they started work. This included an initial induction on the organisation’s policies and procedures and working with experienced staff to learn from them and gain an understanding of their role.

We found all staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), moving and handling, fire safety, first aid, health and safety, food safety and infection control. Staff were also trained in specialist subjects such as autism, learning disabilities, epilepsy, positive response training, managing behaviour that challenges, respect and dignity. Most staff had achieved a recognised qualification in health and social care.

There were effective systems in place to ensure training was completed in a timely manner. Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance. This helped to identify any shortfalls in staff practice and identify the need for any additional training and support. Staff told us, “The training is very good” and “I have the best team leader who is very supportive.”

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 the 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 are called the Deprivation of Liberty Safeguards (DoLS). The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The registered manager and staff indicated an awareness of MCA 2005 including how they would uphold people’s rights and monitor their capacity to make their own decisions. The registered manager would liaise with families and the local authority if they had any concerns regarding a person’s ability to make a decision. There was clear evidence to support appropriate action had been taken to apply for DoLS and authorisation by local authorities in accordance with the MCA code of practice.

During the inspection, we saw staff speaking to people clearly and waiting for responses before providing care. People were given choices in the way they wanted to be cared for. One person said, “They ask me what I want to do; if I don’t want to do something then I say so. Staff are okay with that.” Staff were aware of people’s ability to make choices and decisions about their lives and their preferences were clearly recorded. This ensured restrictions on their freedom were no more than was necessary.

People were supported to access food and drink of their choice. The support people received varied depending on their individual circumstances. People were involved in planning weekly menus, shopping for food and basic food preparation and were consulted about the food provided. This helped ensure people’s dietary preferences and needs were considered. We saw people were given flexible support as needed with their food and drink. One person told us they helped the support worker with basic food preparation but told us they were aware of the risks relating to the use of kitchen appliances.

People told us they enjoyed their meals and also enjoyed take away meals and trips out to local cafes. Care records included information about people’s likes and dislikes, any specialised equipment needed and any risks associated with their nutritional needs. Where people were identified as being at risk of malnutrition or dehydration, staff recorded and monitored their food and fluid intake. People’s weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. We saw that healthy eating was considered as part of the menu planning and preparation of meals. A relative said, “(Family member) has control over what he eats, but staff do try to encourage him to eat healthier and offer him other choices.”

Is the service effective?

We looked at how people were supported with their health. People's healthcare needs were considered during the initial planning process and as part of ongoing reviews. Each person had a Health Action Plan which showed people using the service or their relatives, were involved in discussions and decisions about their health and lifestyles.

People's records included contact details of relevant health care professionals, including their GP, so the staff could

contact them if they had concerns about a person's health. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A health care professional said, "They will always seek further advice around client issues if they need it." A relative told us their family member found it difficult to go to appointments and staff had arranged for home visits.

Is the service caring?

Our findings

People spoken with made positive comments about the management and staff and about the service they received. They told us, “I am happy with the staff; they are good” and “Staff are lovely.” Relatives were also happy with the staff team and said, “(Family member) has consistently received excellent care and support from a small team of very caring people”, “Staff are exemplary” and “The support workers are fabulous.” A member of staff told us, “It is very hard not to care about people. They are part of the family.”

We spoke with people about their privacy needs. They told us staff gave them privacy when they wanted. One person said, “If I want to be on my own I can go to my room.” We observed staff responding to people in a way that respected their dignity. We observed staff communicating kindly and effectively with people, giving them the information and choices they needed and giving them time to make a decision and respond.

People told us they were supported to maintain and build their independence skills both within their own home and as appropriate, in the community. One person told us, “Some days I go shopping. I’m not good with money so staff help me with that.” Another person said, “I can make up my own mind about things but staff will talk things through with me.”

Staff told us they gave people choices and offered care and support in a way which promoted their involvement and independence. Staff were familiar with the content of people’s support plans. This helped them to meet people’s needs in an individual way. We were told new staff were introduced gradually to ensure they had time to understand people’s needs.

During our visit to one of the houses we observed good relationships between people. We observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people’s choices and opinions. There was a relaxed, homely atmosphere in the house. All the staff spoken with had a good knowledge of the people they supported. Staff were nominated ‘key workers’ for named people. A key worker is a member of staff who with the person’s consent and agreement takes a

key role in the planning and delivery of their care. One person told us they were very happy with the staff who supported them. They said, “I couldn’t get out and about without my carer” and “I get on with my key worker.”

Relatives were complimentary about the service. One said, “We are delighted with the service.” They told us there were no restrictions on visiting and they were able to visit at any time. One relative said, “I just pop in when I’m passing.” They also told us they were involved in discussions about care and support.

It was clear from our discussions, observations and from looking at records that people were encouraged to be involved in making choices and decisions about their daily lives and about how the service was run. Examples of this included decisions and choices about how they spent their day, the meals they ate, room décor, choice of key workers and involvement in household chores. People told us they had been involved in their support planning and with ongoing decisions about their care. People said, “They talk to me about what I want; they respect what I have to say” and “They listen to me.”

We noted people had been involved in various ways with the recruitment and selection of new staff. People had helped to develop written questions for new applicants to help them determine ‘What do you want from your staff’ and what qualities staff needed. Other people had been involved in the selection process by meeting and greeting new applicants and having a chat and a cup of tea.”

People were consulted about how the service was run and were involved in annual service user forums. Each year a subject was chosen and people would be involved in the development of service user friendly policies and procedures. In previous years people had been involved in improving how the service helped people to manage and understand their money and raising awareness of safeguarding issues and dignity and empowerment. In October 2015 people using the service and staff met as a group in the local day centre to review the compliments and complaints procedures. People participated in role play and discussions and were asked how the situations made them feel and how this could be improved. Copies of photographs and material from the day had been made available to each of the houses. The policies and procedures were currently being produced using the information from the forum.

Is the service caring?

Some people using the service had been able to attend regular training with staff. Training included fire safety, health and safety and safeguarding training. This would help to improve their awareness of good and poor practice.

There were opportunities for people to express their views about the service through regular meetings, care reviews and during day to day discussions with staff and

management. Regular satisfaction surveys had been sent to people using the service, their relatives and to staff to determine their views on the service. The results had been analysed and action had been taken to respond to any suggestions. This showed the service listened to people and that people's opinions were important and were used to develop the service.

Is the service responsive?

Our findings

People told us they received a service that they were happy with. A relative said, “We consider ourselves very happy to have them. Staff put (family member) interests first and make his life as happy as it can be.”

We looked at the way the service assessed and planned for people’s needs, choices and abilities. Before a person moved into one of the houses the registered manager carried out a detailed assessment of their needs and gathered information from a variety of sources such as social workers, health professionals, and family and also from the individual. People were able to visit the house and spend time with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live there.

Each person had a support plan that was personal to them. The support plans were easy to follow and contained information about people’s routines, likes and dislikes as well as their care and support needs. There were details about when and how they wished their support to be delivered. We saw they contained information about how people communicated any risks to their well-being and their ability to make safe decisions about their care and support. Staff told us they found the support plans to be useful; the registered manager regularly checked the support plans and developed an action plan where any shortfalls had been identified. Support plans were kept under review in discussion with the person using the service and with their family if appropriate to do so.

Detailed daily records were kept of the care and support delivered including what went well, how people were feeling, meals taken and activities participated in. This helped staff to monitor and respond to people’s wellbeing. We looked at a sample of the records and noted people were referred to in a respectful way.

We found reviews of people’s needs and levels of support were regularly being carried out. People confirmed they had been involved in discussions about their care and with the review process. Some people were aware of their support plans and told us they had been involved with

them. They said, “My parents come to meetings with me” and “They listen to what say; I feel I am involved.” One relative said, “I trust them as they involve me and recognise that collaboration is the best approach.”

Staff told us the support plans were useful and said they referred to them during the course of their work. Staff confirmed there were systems in place to alert the management team of any changes in people’s needs. This meant people’s needs would be responded to in a timely manner

From our discussions and from looking at records it was clear people were encouraged to participate in a range of varied activities and to pursue their hobbies and interests. Activities were tailored to the individual and included cook and eat sessions, exercise classes, shopping, cycling, swimming and attendance at local clubs, pubs, hairdressers and colleges. Where necessary staff supported and encouraged people to access and participate in the local community. This helped to improve their confidence.

People attended ‘The Chill Mill’ which was run by a service user committee with some staff support. This enabled people from the wider service to meet with each other, family and friends and with people from the local community. One relative said, “They work hard to encourage (family member) to access activities.” Another said, “My (family member) has a very, very good life.”

People told us they were able to maintain relationships with friends and family. Records showed people stayed with their families for periods at a time. One relative told us they were always made to feel welcome when they visited the house.

We looked at the way the service managed and responded to concerns and complaints. The compliments and complaints procedure was given to people at the time of admission and was available in each of the houses. The procedure included the action to be taken when raising concerns and expected time-scales for the investigation and response. Reference was made to other agencies that may provide people with support with their complaints. The procedure was available in easy read and pictorial formats which would help more people to understand the process. Complaints were monitored and the information was used to improve the service.

People, and their relatives, told us they were able to discuss any concerns during review meetings and house

Is the service responsive?

meetings, in day to day discussions with staff and management, and also as part of the annual customer satisfaction survey. Information from the recent satisfaction survey indicated people knew who to complain to if they were unhappy about any aspect of their care. People said, "I am happy to tell staff if I was unhappy" and "I know about

making complaints. Staff talk to me if I am feeling sad or unhappy about things." A relative said, "I can broach any issues and they are dealt with. Communication is very open." A member of staff said, "If things are not right I will say."

Is the service well-led?

Our findings

People told us they did not have any concerns about the management and leadership arrangements. There was a registered manager in day to day charge of the service and team leaders were in charge at each of the houses. People told us the registered manager provided clear leadership and was committed to the improvement of the service. They described her as 'approachable' and 'supportive'.

The service worked in partnership with other agencies to support the provision of good care and support. We received very positive comments from health and social care professionals that visited the service. They said, "We are happy with the services they provide. They support some clients with high support needs and have had positive outcomes", "Excellent service", "Excellently run" and "We have a positive relationship with this provider."

The registered manager had developed links with other useful organisations and networks to help keep up to date with good practice such as the local provider forum, the local authority and Skills for Care. The registered manager was able to meet with other managers within the wider service where up to date best practice issues were discussed and evaluated.

The registered manager held monthly team leader meetings providing them with support and development and the opportunity for them to keep up to date and to share best practice with each other. Recent topics for discussion and learning included Health watch, Care Certificate, Care Act 2014, DoLS, safeguarding and incidents, the service user forum, support plans and medicine management. Team leaders attended provider forums in their own locality. A team leader told us the information and any learning would be shared with staff in each of the houses and with the registered manager.

From our discussions and observations we found the registered manager had a good knowledge of the people who used the service and of the staff team. The registered manager was committed to ongoing improvement of the service and was able to describe the key challenges.

Healey Care Limited was a small organisation and as such the registered manager regularly visited and worked regular shifts in each of the houses. This helped her to

monitor staff practice, review the quality of information in people's records and to obtain people's feedback about the service provided. We observed good relationships between the registered manager and people using the service.

People told us there was a positive and open atmosphere and that the registered manager was available to discuss any concerns they may have. Relatives said, "I can approach the manager at any time", "There is open communication", "The staff work with us and are open to suggestion. We have learnt a lot from them", "There is good communication. They keep me up to date and also tell me when things go wrong, which is reassuring as I would rather know."

The registered manager had notified the commission of any notifiable incidents in the home in line with the current regulations. Systems were in place for monitoring any accidents and incidents and checking they were recorded; outcomes were clearly defined, to prevent or minimise any re-occurrence.

There were effective systems in place to regularly assess and monitor the quality of the service. They included checks of the medication systems, support plans, management of people's money, access to activities, staff training and standard of the environment. There was evidence these systems identified any shortfalls and that improvements had been made. For example we found a medicine error had been properly reported, investigated and followed up with additional training and supervision for the staff member concerned. This process would help to protect people from poor care standards.

People and their families were involved in developing the service and helping to make improvements that were important to them. There were effective systems in place to seek people's views and opinions about the running of the service and regular meetings were held with people. People using the service, their relatives and staff were asked to complete customer satisfaction surveys. The surveys were available in an easy read format. People were also asked their opinion of the staff who supported and cared for them. This enabled the service to monitor people's satisfaction, listen to their views and to make changes as necessary. The results from the recent survey were very positive and any negative feedback had been followed up on an individual basis.

Is the service well-led?

There were clear lines of accountability and responsibility within the organisational structure and staff were aware of the provider's vision, values and philosophy. The registered manager told us the staff team were expected to share the same vision and values and that this was monitored during regular supervision and appraisal. Team leaders had recently attended disciplinary and grievance training. This ensured they could take swift, appropriate and appropriate action to respond to any whistle blowing, complaints or safeguarding.

Staff told us they received regular feedback on their work performance through the supervision and appraisal systems and enjoyed working for the service. They had been provided with job descriptions, staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care.

Records showed that regular house meetings had been arranged. Staff were able to meet with the management

team and discuss the care and support of the individuals living there and to raise any issues for discussion. Staff told us, "We have house meetings and have a chance to speak up", "We can raise our concerns and are supported to report poor practice" and "We are listened to."

Staff confirmed the registered manager, was readily contactable for advice and support. Staff members spoken with told us communication throughout the team, including with the registered manager, was good and they felt supported to raise any concerns or discuss people's care at any time. A member of staff told us the service had a very good whistleblowing policy. The staff told us they had a stable team with very few changes. This ensured people received care and support from staff who knew them.

The organisation had been re-recognised in March 2015 for the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management and development.