

Standwalk Ltd

Spectrum Care Services

Inspection report

Suite 5, Parkway 5, Emerson Business Centre
300 Princess Road
Manchester
Greater Manchester
M14 7HR
Tel: 01612563519

Date of inspection visit:
20 September 2016
21 September 2016

Date of publication:
01 November 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 20 and 21 September 2016 and was announced. At the last inspection in June 2013, we found the provider was meeting all the regulations we inspected.

Spectrum Care Services provides support with personal care to people with learning disabilities in their own homes. People who use the service live in a range of shared houses and flats staffed by unit managers and care workers. This is sometimes called "supported living."

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

People made decisions about what they wanted to do day to day and legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met. People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. Risk assessments were in place for people living in the locations.

We found that medicines were well managed and people's health was monitored and they attended health care appointments. People's nutritional needs were met.

Staff received appropriate training or on-going or periodic supervision to make sure competence was maintained and all new staff completed an induction programme. Recruitment practices were safe as background checks were carried out. The service managers, staff and people who used the service told us there were enough staff.

Interactions between staff and people were friendly and knew how to respect people's privacy and dignity. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People engaged in a range of activities, both at home and in the community.

People were supported by members of staff to raise any complaints or concerns if they wished. The registered person had effective systems in place to monitor the overall quality of service delivery and provided support to the service managers at the locations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. Individual risks had been assessed and identified as part of the support and care planning process.

We found that medicines were well managed and staff had received appropriate medication training.

We saw when people needed support or assistance from staff there was always a member of staff available to give this support. Recruitment processes were followed to ensure the safety and suitability of staff employed.

Is the service effective?

Good ●

The service was effective in meeting people's needs.

People made decisions about what they wanted to do day to day and legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Staff were supported to complete an induction and on-going training. Staff received regular supervisions and appraisals.

People's nutritional needs were met and people had regular access to healthcare professionals and appointments.

Is the service caring?

Good ●

The service was caring.

Care was provided by staff who knew the people they were supporting and was delivered in a kind, friendly and respectful manner.

People were supported to be as independent as possible and staff were able to demonstrate the different ways in which they helped to protect people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive to people needs.

People's needs were assessed and care plans were personalised and detailed in how people liked to be supported. Staff knew people well.

People had a programme of activity in accordance with their needs and preferences.

Complaints were responded to appropriately and people were support to raise a complaint if they wished.

Is the service well-led?

Good ●

The service was well-led.

The management team were visible, available and regularly present at the locations. The registered manager was very supportive and well respected.

The provider had effective and comprehensive systems in place to monitor the quality of the service provided.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

Spectrum Care Services

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 20 and 21 September 2016 and was announced. The provider was given notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of two adult social care inspectors.

At the time of this inspection there were 25 people who received personal care. We spoke with eight people who used the service, one advocate, 10 members of staff, two service managers, a health professional and the registered manager. We visited the main office of the service and spent some time looking at documents that related to the management of the service. We also visited five of the provider's locations and looked at records relating to people's care and support. We looked at five people's care and support records.

Before the inspection, the provider had 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 sent out surveys to 17 people who used the service and 17 relatives and friends; three from people who used the service and none from relatives and friends were returned. We have included their responses in the inspection report. We sent out surveys to 72 members of staff and eight were returned. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. The local Authority stated they did not have any concerns. Healthwatch responded to say they did not have any information regarding the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Before our inspection we asked people and their relatives to complete a survey. Most people who used the service told us they felt 'safe from abuse and/or harm from their care workers'.

People we spoke with told us they felt safe with the staff who supported them. One person told us, "I feel safe."

Staff we spoke with had a good understanding of safeguarding and were able to describe what they would do should they suspect abuse was occurring. Staff had received training in safeguarding adults and we saw safeguarding and whistleblowing policies were available. In our survey, staff told us they would know what to do if they suspected one of the people they supported was being abused or was at risk of harm. They also said people who used the service were safe from abuse and/or harm from the staff of this service. One staff member said, "People are safe." Another staff member said, "It is safe without a doubt. If I did not feel people were safe I would not be here." A third staff member said, "People are 100% safe." Staff said they were able to raise any concerns with the service manager or registered manager knowing they would be taken seriously. These measures meant the likelihood of abuse going unnoticed were reduced.

In our survey, health professionals told us people who used the service were safe from harm from the staff of this service.

Risk assessments were completed for each person, which identified risks to themselves and others. Risks to people were appropriately assessed, managed and reviewed. These included road safety, care and welfare and economic well-being. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw relevant risk assessments had been carried out to minimise the risk of harm to people who used the service. For example, one person's medication risk assessment stated, 'All but two of my tablets have now been changed to liquid form due to me finding it difficult to swallow'.

We saw detailed fire risk assessments and fire evaluation plans were in place for each of the 10 supported living locations. One staff member told us, "People are safe, we do regular fire drills and everyone is aware of the fires exists." Another staff member said, "Fire alarm is tested weekly."

The registered manager told us they had a strong working relationship with the landlord which meant they were able to authorise expenditure on repairs and general maintenance within people's tenancies. We observed people's homes were clean and well maintained. Staff we spoke with confirmed where maintenance issues were identified the landlord responded to ensure repairs were carried out in a timely manner.

We looked at the administration and recording of medicines and found this process was safe. One person we spoke with told us, "They never forget my medication, it is always on time." Adequate stocks of medicines were maintained to allow continuity of treatment.

We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. We saw people had medication support plans, which contained a picture of the person to help staff identify who the medicines were for; clear guidance for staff to follow around the types of medicine people had been prescribed and what they were for, along with possible side effects and an image of what each tablet looked like. One medication support plan for a person assessed as at risk of choking stated, 'Offer the tablet on a spoonful of thickened drink/yoghurt/mousse'. We found the information recorded in medication support plans matched the information on people's medication administration records (MAR's). This meant people received their medicines as prescribed and they were supported by staff who were competent in the administration of medicines. We found medicines were securely stored and MAR charts we looked at were fully completed.

One member of staff told us, "Medication is managed safely. The MAR's are reviewed daily as part of our handover and monthly checks are done." Another staff member told us, "The medication process is safe and people have their own locked cabinet. We know what people take and what the medicine is for." A third staff member told us, "Medication is definitely a safe process and there is lots of training."

Where people had been prescribed creams and lotions we saw body maps were in use which showed staff where these should be applied. Protocols were in place where people had been prescribed 'as and when required' (PRN) medicines. This meant staff were given relevant guidance on the circumstances when it would be appropriate to offer these medicines. Where medicines were not used, they were safely disposed of at the end of every medication cycle.

Once staff had passed their probation period, they were able to attend medication training which was followed by a medication competency check. The records we looked at confirmed this had been carried out. One staff member told us, "Medication competency checks are completed, staff shadow more experienced staff members and observations are carried out."

In our survey, most people who used the service felt they received care and support from familiar, consistent care workers, their care workers arrived on time and stayed for the agreed length of time. In our survey, when we asked people if they were introduced to their care workers before they provided care or support, two of the three people disagreed.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the locations. We spoke with the registered manager who told us staffing levels were determined by the number of people and their care and support needs. People we spoke with said there was always a member of staff if they needed any help or support.

Staff we spoke with told us, "We have enough staff, which are flexible", "We cover sick and have a very good team, we have enough staff" and "I am happy with the shift. People are safe because there are plenty of staff."

We looked at the procedures for the recruitment of staff and found these were safe. We looked at four recruitment files and found evidence of application forms, a detailed record of interview and checks to confirm the identity of the candidate. We also found references had been taken and a check with the

disclosure and barring service (DBS) had been carried out. The registered manager showed us their system for monitoring when existing staff members DBS check was due for renewal. The DBS is a national agency that holds information about criminal records. This helped to ensure people who used services were protected from individuals identified as unsuitable to work with vulnerable people. Where a candidate had a disclosure on their DBS, we found the registered provider carried out an effective risk assessment to ensure people were supported by staff who had been assessed as safe to work with them. In the PIR the provider stated, 'Standwalk are going to introduce new recruitment/retention monitoring in 2016'.

Is the service effective?

Our findings

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 so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. (The application procedures for this in supported living settings are called the Deprivation of Liberty Safeguards (DoLS)).

In our survey, all staff told us they received training in and understood their responsibilities under the Mental Capacity Act (2005). Health professionals agreed the managers and staff understood their responsibilities under the Mental Capacity Act (2005).

Staff were clear when people had the mental capacity to make their own decisions, and this would be respected. One staff member told us, "People are offered choice." We saw staff offering people choice with what they wanted to eat and drink. One staff member asked, "What shall we watch? Do you want to choose something?" We overheard another staff member asking one person, "Are you ready to get out of bed [name of person]?"

The registered manager and service managers were able to tell us when a person's capacity should be assessed and the processes to follow if they believed a person lacked capacity to make a decision. Care plans contained detailed information about people's decision making. For example, one section covered, 'What we need to know about how [name of person] makes decisions'. One care plan for 'positive contribution' stated, 'It is important that [name of person] is supported to make her own choices and that [name of person] is included in the decision making process with regards to all events that affect her life'. We saw some people who used the service had a communication plan to help with decision making. We also saw in people's care plans a document which provided guidance for staff on how people were able to make decisions and what support they needed.

Following our inspection the registered manager confirmed they had not submitted DoLS application's for people who used the service. The local authority had formally requested all providers within the Manchester area completed a form, which related to 'continuous supervisions and control' and were not for specific DoLS referrals based on what was considered to be deprivations following on from any form of official mental capacity assessment.

The registered manager stated DoLS forms had been confused with each other and they confirmed they, alongside the service managers had a full understanding of the DoLS process and how to make an appropriate application. Unfortunately, the process within supported living had not yet been established within the local authority at the time of our inspection.

The registered manager stated the capacity assessments had taken place within Spectrum Care Services,

and were completed by social workers or care managers when their services raised concerns regarding an individual's mental capacity.

We received surveys from people who used the service and most people agreed the care workers had the skills and knowledge to provide the care they needed.

In response to our survey, staff told us the training they received enabled them to meet people's needs and preferences. They said they had completed lots of training, which included moving and handling. One staff member said, "We have had a lot of training and this has been helpful." Another staff member said, "Training is good but there are a lot of DVD's. The training supports me to do my job." A third staff member told us, "If we ask for additional training, we get it." One service manager told us they were in the process of completing the level 5 National Vocational Qualification, which included management training modules and they said, "Training is managed well."

In the PIR the provider stated, 'Review effectiveness of the Care Certificate within all Standwalk services started in 2015. Used to identify standards and to improve understanding and knowledge of employee's roles and responsibilities and accountability'.

We looked at staff training records which showed staff had completed a range of training sessions, which were conducted face to face or by DVD. These included food hygiene, fire safety, infection control and medication. We saw staff also completed specific training which helped support people living at the locations. These included behaviours that may challenge, diversion techniques and epilepsy awareness.

The registered manager said they had a mechanism for monitoring training. We saw a monthly management report was completed by the service manager, which included information about staff training and what future training was needed. This ensured people continued to be cared for by staff who had maintained their skills.

In our survey, 100% of staff agreed they received regular supervision and appraisal which enhanced their skills and learning.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received individual regular supervision along with an annual appraisal.

In our survey, staff said they completed an induction which prepared them fully for their role before they worked unsupervised. Staff told us they were satisfied the induction they received. We were told by the registered manager staff completed an induction programme which included policies and procedure and training. We looked at staff files and were able to see information relating to the completion of induction, which included the completion of an induction workbook.

In our survey health professionals told us staff were competent to provide the care and support required by people who used the service.

People were supported to have enough to eat and drink and to choose their meals. People received support from staff to plan menus, to go into out for food shopping and to prepare meals. We observed at one location people who used the service prepared tea for the other people living at the location. One person told us, "I do baking and cooking. I am cooking fish for everyone on Thursday. I do food shopping with a list."

Each of the supported living buildings we visited had fresh fruit available for people. People we spoke with confirmed they were part of discussions about planning menus on a weekly basis. One person told us, "I go out and do my own shopping." Where people had been identified as needing their food and drink intake monitoring, we saw food and fluid charts had been regularly completed. These records confirmed people received sufficient amounts to eat and drink. People's care plans detailed the foods they liked and disliked and what support they required with eating their meals.

One person whose care plans showed they were diabetic and enjoyed sweet foods had been supported by staff who purchased diabetic chocolate for them. The service manager told us this person had been supported to have access to healthy foods which they were encouraged to eat. We found this person's care reflected their special dietary requirements with detailed information for staff to follow.

The staff we spoke with told us some people who used the service helped with the weekly food shopping. They said they encouraged people to join in with making meals and preparing shopping lists for the week ahead. Staff confirmed people were given a choice and were involved in decisions about their meals. One staff member told us, "People have a lot of healthy choices." Another staff member said, "People have a very balanced diet, they have fruit and a selection of meats for tea."

One person's advocate we spoke with told us, "[Name of person] eats well and they know what she likes."

We found people who used the service or sometimes their relatives dealt with people's healthcare appointments, although staff told us they did arrange GP, dental or optician's appointments for people when needed. Staff members told us if people became unwell then they would call either a GP or an ambulance.

During our inspection we saw one person being supported by a staff member to attend a chiropodist appointment. We also found where staff had concerns about a person's rash; they had contacted the GP and arranged an appointment which they supported the person to attend. Staff confirmed the antibiotics prescribed for this person had been delivered on the same day as the appointment. One person told us, "I go to be doctors if I need to." Another person said, "I have been to the doctors for a flu jab."

One staff member told us, "People attend the dentist and if people say they are unwell we will make an appointment at the GP." Another member of staff said, "If people are not well we will contact the GP and get an emergency appointment if needed."

Care plans showed people had been referred to a number of health professionals including physios, opticians, psychologists, dentists and speech and language therapists. One health professional we spoke with told us, "This is a really good service; they get in touch quickly if there are any problems. Staff are good at passing messages on and they follow the advice given. I feel like staff know the people and the vibe is caring. It is one of the best homes I go to; staff try their best for people."

We also saw care plans contained a 'hospital passport' which would accompany the person if they were admitted to hospital. We also saw communication passports for hospital staff to refer to. This meant in the event of a hospital admission people were able to receive treatment and support which was appropriate to their needs.

Is the service caring?

Our findings

In our survey most people told us they were happy with the care and support they received, and felt care workers always treated them with respect and dignity. People told us care workers were caring and kind.

People we spoke with told us they liked the staff who supported them. Comments from people included, "I like everything. Staff are ok", "It is very nice, it is good", "I like it here", "It's lovely. You can do what you want to here", "They're all lovely", "There's one staff member called [name of staff member]. He puts a smile on my face" and "They're very helpful, all staff." Further comments from our survey included, "I love my support workers and we love our manager. We all get on and it is a nice environment."

On person's advocate we spoke with told us, "Excellent care, no concerns what so ever. Excellent support and person centred for [name of person]'s needs. She is happy and staff understand her. This is her home."

Staff we spoke with demonstrated they knew the people they supported and how to respond to their needs and were confident people received good care and support. One staff member told us, "People get good and person centred care. We do not have fixed structure." Another staff member said, "The care is impressive, everyone is treated like I would want a family member to be treated, nothing is regimented." A third staff member said, "Everyone is well looked after." A fourth staff member said, "This is a home and everybody's room is different. It is very homely."

Other comments from our survey included, "I feel Spectrum services offer service users support that is person centred and one that promotes their abilities rather than disabilities. Service users are given choices at every opportunity and the approach is one of enabling and empowering rather than doing everything for the service user."

Staff were respectful, attentive and treated people in a caring and friendly way. We saw people being offered choice with regard to where and how they wanted to spend their time. For example, some people went out for the day and some choose to stay at home. Staff spent time chatting with people and it was evident from the discussions they clearly knew people's needs and how they wished to be cared for. For example, one staff member told us a person who enjoyed cheese sandwiches and recognised the need to cut them into small pieces to ensure the person was not at risk of choking. Staff we spoke with confirmed they asked people what they wanted to do and would use different communication methods to support people to make a choice. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information.

The locations provided a person centred service and ensured the care and support people received was tailored to meet their individual preferences and needs. People looked well cared for. People were encouraged to do as much for themselves as possible. We saw one person making their bed whilst being supported by a member of staff and one person made us a hot drink during our visit.

We observed positive interactions between people of different ages. One person told us, "It's peaceful here."

There was a family atmosphere within each of the locations we visited. People lived in a homely environment which they had been able to personalise according to their own tastes. We saw rooms had been decorated based on people's interests and hobbies. For example, one person's bedroom furniture was pink as this was a colour they liked. One person told us they had been supported by staff to purchase a television for their room.

In our survey most people told us they were involved in decision making about their care and support needs. We noted people who used the service signed their care plan and were involved in the monthly review of their care with their keyworker.

In our survey, staff told us they were always introduced to people who used the service before working unsupervised with them. Health professionals told us staff were kind and caring towards the people who used the service.

In our survey, 100% of staff and all professionals agreed care and support provided helped people who used the service to be as independent as they could be. 100% of staff also agreed people who used the service were always treated with respect and dignity by staff.

Staff confirmed they would respect people's dignity and privacy by closing doors, knocking before entering the person's room and informing people what they were going to do before supporting them with personal care or other support tasks. One staff member told us, "We support people with day to day life and respect each and everyone's dignity. I treat people how I would like to be treated." Another staff member said, "Curtains are always closed and dressing gowns are used." One staff member told us they assisted a person to have a shower and made sure they were covered with a towel as much as possible.

Other comments from our survey included, "They complied with dignity and respect with staff and service user" and "I am thoroughly satisfied that myself and the staff team ensure each individual is treated with the dignity and respect they deserve."

Is the service responsive?

Our findings

People had their needs assessed before they moved into a service. This ensured the service was able to meet the needs of people they were planning to support. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care and support.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the care and support planning process was continuous. They also liaised with family members and other professionals when required.

We found people had been involved in designing their own care plans as they contained images of the person. For example, where moving and handling transfers were required, care plans contained step by step guidance along with pictures of the person. We noted all the care plans were in pictorial format, which allowed further involvement from people who used the service.

People had individual care plans which contained a number of care plan plans; such as, economic well-being, being healthy, staying safe, routines and enjoy and active. Care plans were in place for people who received personal care and included people's life histories, likes, dislikes, their interests and hobbies and how they would like their support. For example, one person's care plan detailed how the person liked others to communicate with them. One staff member told us, "The care plans are very good and very detailed. You would be able to support a person from their care plan." Another staff member said, "The care plans are all quite different, they are individualised."

Communication care plans identified how and when it would be most appropriate to communicate with people. For example, one care plan stated, '[Name of person] likes to have information given to her verbally without medical terminology, long words or jargon. You should also give [name of person] eye contact'. This meant the information contained in the care plan was personalised to the individual needs of the person.

Staff told us they had an opportunity to read people's care plans before they started working with them. One staff member told us, "You've got an idea of the person before you support them." On the first day of our inspection, one person's watched had stopped working and we saw staff had put plans in place to obtain a new battery for them.

We saw care plans were regularly reviewed with the involvement of people and their relatives. Staff knew people well and could provide examples of what personal care support people required.

One person's advocate we spoke with told us, "The care plans reflects [name of person]'s care needs. I have no issues."

The care plans we looked at showed people were supported to access their local community and take part in activities such as college, day centres, going to the cinema and social clubs. People we spoke with

confirmed this happened. On the first day of our inspection, a number of people from one service had gone to Blackpool for a day trip. One person said, "I do computers at college and go to the garden centre. I do sewing. I am going to Gateway." Another person told us, "I go shopping on a Saturday."

One staff member told us, "People go to the cinema, social clubs, trips out and wheelchair dancing." Another staff member commented, "You get to take people out into the community." One staff member told us they were helping one person with reading and writing which they had agreed with the management team. One staff member told us they had arranged for a group of people to go to the pub to watch football. This meant people were supported to be part of their local community and participate in activities they enjoyed.

Our survey responses from people who used the service told us most knew how to make a complaint about the care agency and felt care workers responded well to any complaints or concerns they raised.

Staff told us people were given support to make a comment or complaint where they needed assistance. There were effective systems in place to manage complaints. Staff we spoke with were able to explain the correct complaints procedure to us. We saw the last complaint was dated May 2016 and was responded to within the appropriate timeframe with a satisfactory outcome. We noted the service received a very low number of complaints.

In our survey, 100% of health professionals agreed the managers were accessible and approachable and dealt effectively with any concerns raised.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people who used the service and were clearly known to them. The service also had service managers in post for each location who were responsible for the day to day running of the location. Some service managers were responsible for more than one location.

Our survey responses from people who used the service told us most people would recommend the service to others. One person told us, "They listen to me." One person's advocate we spoke with told us, "They have always had brilliant managers at this home."

Through our observations and discussions with staff and service managers, it was evident they had a good knowledge of people who used the service, their families and their individual care and support needs. We found staff in the locations had a relaxed and friendly relationship with the service managers.

In our survey, staff and professionals said they would recommend the service to a family member. 100% of staff told us managers asked them what they think about the service and take their views into account. Health professional agreed the service was well managed.

There was a clear ethos of enabling people to live as independently as possible and giving people choice. Staff were very positive about the management team and complimentary about how each individual location was managed. Staff said they felt well supported in their role. One staff member said, "Good staff team. It is the best management team I have worked for." Another staff member said, "I have no complaints, we work as a team. I am happy." A third member of staff said, "I really like working here, if I had any complaints, I would have left long ago." A fourth staff member said, "I absolutely love it, it is one of the best company's I have worked for, I always feel supported." Another staff member said, "I can't fault them. We've got a good team. We listen to each other and share ideas."

Other comments from our survey from staff and health professionals included, "I have worked for the company for 18 months and I can honestly say it is a great company to work for. Each service is person centred and client's needs are always put first. I am listened too and my ideas are shared and trialled. The service has a great atmosphere and overall staff and clients are extremely happy", "I am thoroughly satisfied that myself and the staff team ensure each individual is treated with the dignity and respect they deserve. My management team are fully supportive of myself and my colleagues and are there to guide us should we need it. I have gained a lot of positive experience whilst working for this company and if anybody I knew needed a service like this I would not hesitate to recommend them" and "I am aware that this service has a number of properties. I am only able to complete this assessment based on the houses and people I have worked with. This company are open to feedback and act within a timely manner to ensure the service users' needs are met appropriately."

The registered provider had set business objectives for 2016-17. We saw this included improving quality

management systems, improving communication with people, relatives and professionals who came into contact with the service. In their business objectives the registered provider identified 'We have stated that we do not wish to be the biggest, but strive to be the best'.

The registered manager told us they monitored the quality of the service by a range of management audits and checks and talking with people, relatives and staff. We saw there were a number of audits, which included environment, finance, fire, health and safety, medication and care plans and handover. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon in a timely manner.

We saw a monthly report completed by the service manager which included staffing, complaints, supervisions, safeguarding, training and accident and incidents. The registered manager told us from the information provided by the service managers they produced a 'dashboard' of information, which provided a visual picture for each location and an overview of the service provided. This process included audits undertaken to ensure services were Safe, Effective, Caring, Responsive and Well-led. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

In the PIR the provider stated, 'The new dashboard was implemented in 2016 to show all Standwalk services management data on one screen, effectively giving you several options to review peaks and trends across services to include data such as hours delivered, required or contracted, safeguarding and reviews completed. We look to further develop the effectiveness of this process'.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

Staff told us they had daily handover meetings, were able to discuss any issues with the registered manager at any time and had no difficulty in raising any concerns they might have. Each of the service managers met with managers of other services operated by the registered provider on a monthly basis. The registered manager told us they would be separating these meetings to ensure more time was dedicated to discussing supported living services. We saw staff meeting minutes for June and August 2016 and discussions included staffing, training, rotas, accident and incidents, support plans and building repairs. One staff member said, "Senior managers meeting each month work quite well."

The registered manager told us they held weekly 'drop-in' days for staff members to be able to approach them with any concerns or suggestions. One staff member who described the management team confirmed, "They're approachable." We saw evidence of regular staff spot checks in records we looked at. This meant staff practice was assessed to ensure people received safe, effective and compassionate care.

In the PIR the provider stated, 'We now hold a joint meeting to share everyone's experience across the company. We are looking to further develop this in the future to ensure all good practice is followed throughout all services.'

People who used the service had individual and location meetings called 'tenants participation'. Discussions were held with regards to house rules, new things for the home and outings.

We looked at the resident and relative survey results for 2015. We saw the majority of responses from the resident's survey were positive. The registered manager told us they discussed any feedback from the surveys at staff meetings. They also told us they received little feedback from relatives and was in the

process of looking at different ways of gathering information that would be more effective.