HF Trust Limited

HF Trust - Newcastle DCA

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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the HF Trust - Newcastle DCA office on 16 and 18 May 2018. The inspection was announced, as we gave the provider eight days notice to arrange for us to meet with people. During our inspection visit on 18 May 2018, we visited people in their homes. Following the visits we requested additional information from the provider, this inspection activity concluded on 25 May 2018.

This was the first time we inspected the service, which was registered with CQC in April 2017.

HF Trust - Newcastle DCA provides care and support to people with learning disabilities living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection, the service provided personal care to 45 people.

People using the service lived in ordinary flats and houses across Newcastle and North Tyneside either by themselves or with other people in houses with shared toilet, bathroom or kitchen facilities.

HF Trust - Newcastle DCA was developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Four registered managers were in place. 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.

The service was exceptionally individualised and person-centred. People were supported to live full and enriched lives. The provider supported people to be active members of their local community. People and their skills were valued. The provider employed people who used the service in a paid capacity. People were supported to secure employment and volunteer roles within the community. Staff had helped people to find roles which matched their interests. Staff celebrated people's achievements and displayed passion when talking about the goals people had worked towards.

Staff went 'the extra mile' to enable people to live fulfilling lives. Staff had shown initiative and dedication in arranging for dance classes to be held in one person's town so they could enjoy their hobby more

frequently. Staff had applied to the provider's fundraising department for a grant to purchase an innovative communication system for one person, and a bicycle for staff to enable another person to pursue their passion for cycling.

People were as independent as they could be. A positive approach to risks enabled people to live more fulfilled lives. The reduction of staff input to people's individual care was carefully planned. Accidents and incidents had been monitored and measures put in place to reduce the likelihood of them reoccurring.

People told us they liked the staff. Relatives told us the service was safe. During our observations we saw people looked comfortable with staff. Staff understood their responsibilities in safeguarding people from abuse.

Some people who used the service, at times, displayed behaviours which could pose a risk to themselves or others. Support plans communicated known triggers, and how staff should support people to reduce the likelihood of people feeling anxious or agitated.

People's medicines were well managed.

There were enough staff to meet people's needs. Robust recruitment procedures had been followed. Staff had undertaken training in a range of subjects, related to care, safety and the values of the service to enable them to deliver care to the standard expected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs had been assessed. Records showed people's preferences were taken into consideration. People were involved in planning meals, grocery shopping and making their own food.

Staff were given clear and detailed information about how they should support people. Plans of care had been devised following assessments of people's needs.

Relatives told us staff were very caring. People were included in planning and reviewing their own care. Meetings were held so people could be involved in making decisions about how the service was run.

People, relatives and staff were encouraged to share their feedback. We saw very positive responses to a survey from October 2017.

Complaints had been well managed. Records showed concerns had been investigated and responded to in line with the provider's complaints policy.

Relatives, professionals and staff told us the service was managed very well. Registered managers told us the culture of the service was to develop people's independence and enable them to enjoy full lives. All of the staff we spoke with told us they agreed this culture was in place.

Staff told us they felt listened to and valued. Staff meetings were held regularly. A recognition scheme was in place to celebrate when staff had showed dedication and the values of the service.

A range of checks were carried out to monitor the quality of the service. Care records were maintained to a good standard and stored securely so they remained confidential.

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.

Risks had been appropriately assessed and steps were taken to minimise risks whilst encouraging people to live fulfilled, independent lives. Processes were in place to ensure medicines were managed appropriately.

Staff had information to safely support people where they displayed behaviour which could pose a risk to themselves or other people.

Staff understood their responsibility to keep people safe. Safe recruitment procedures were in place to minimise the risk of abuse.

Is the service effective?

Good

The service was effective.

Staff had received regular training and supervision. Training relevant to the needs of people who used the service had been provided and the organisation had communicated their core values to staff.

People's capacity had been considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

The provider worked jointly with healthcare professionals to ensure that people's needs were met.

People were supported with planning and making meals. People's preferences were documented in records.

Is the service caring?

Good

The service was caring.

Staff knew people and their needs well. We observed people were relaxed around staff, and interactions were positive.

People were encouraged to be independent and to work towards personal goals.

People were invited to attend meetings to share their views on the service and to meet up with other people in a social setting.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People lived full and active lives. The provider supported people to contribute and be valued members of their local community. People's skills were valued and they were supported to find volunteer and employment opportunities which matched their interests.

People took part in a wide range of activities.

Staff provided inclusive care designed around each person, through high quality detailed records,

Complaints had been well managed.

Is the service well-led?

Good ●

The service was well led.

Staff spoke positively about all the registered managers.

The provider had various quality assurance systems in place to monitor the quality of the service provided. The service worked in partnership with other agencies to ensure people's needs were met

The provider obtained feedback from people, relatives and staff. Their views were used to plan changes to the service.
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HF Trust - Newcastle DCA

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.

Inspection site visit activity started on 16 May 2018 and ended on 18 May 2018 and was announced. It included visits to people's homes. We visited the office location on 16 and 18 May 2018 to see the registered managers and office staff; and to review care records and policies and procedures. After the inspection we contacted relatives, staff and professionals by telephone. We also asked the provider to send us further information. We concluded these inspection activities on 25 May 2018.

The provider was given eight days' notice about the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also wanted to arrange to speak with people who used the service. The inspection was carried out by two inspectors.

Before the inspection the 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 also reviewed the evidence we already held about the service before the inspection including notifications the provider had sent us. A notification is information about important events which the service is required to send us by law.

We also contacted the safeguarding and commissioning teams from the three local authorities who worked with the provider to obtain their views about the service. We also contacted Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

During the inspection we spoke with the regional manager, four registered managers, and met six people who used the service in their homes. Not everyone who we met was able to verbally communicate with us, but with permission we observed the care people received. During our inspection visit we spoke with four support staff. Afterwards we contacted four other support staff by telephone. We telephoned two relatives

and spoke with them about their views of the service. We contacted four professionals who have worked with the service.

We reviewed six people's care records including risk assessments and care plans and four staff records including recruitment, training and supervision. We also looked at records relating to how the service was managed including policies and procedures, complaints and compliments and quality assurance documentation.

Good

Is the service safe?

Our findings

Relatives told us the care their family member received was safe. One relative said, "They have a lot of safety things in place; risk assessments and things like that. There will always be two carers with [my relative] so that keeps them safe. [My relative] always looks comfortable with the staff. They seem lovely." A healthcare professional said, "I have not had any concerns with the services, HFT (HF Trust - Newcastle DCA) continues to manage the services effectively and provide a safe environment for the clients."

Staff we spoke with had a good understanding of safeguarding procedures. They explained they had undertaken training in the different types of abuse and potential indicators. They told us they were confident if they needed to report any concerns they would be taken seriously.

Processes were in place to protect people from financial abuse. Assessments had been carried out to determine the level of support people required with their finances. Where purchases were made on people's behalf, such as buying groceries, staff made a record and retained receipts. Finance checks were carried out by senior staff to ensure monies had been handled appropriately.

Assessments had been carried out to identify any risks to people, such as risks of accessing the community or moving around their home. Clear instructions had been provided for staff about how to mitigate known risks.

The service promoted a culture of positive risk taking. This meant people were supported to take everyday risks to support them to build upon their independence skills and to enhance their lives. For example, one person was supported by two staff when they were in the community. Staff had worked together with the positive behaviour support team to reduce staff input. Staff had started to walk a distance away from the person to enable them to have personal space and more independence. The risk assessment plan was regularly reviewed and amended to reflect progression and monitor ongoing risks.

Due to their needs, some of the people who used the service displayed behaviour which could put themselves or others at risk. Care records regarding these needs were very specific. Information included known triggers, what people may be trying to express through these types of behaviour and strategies to both prevent and respond to any behaviours which may be challenging. A healthcare professional told us the service supported people well with these needs. They said, "In many ways the staff team have had to be both proactive and reactive to situations, dependent on the impulsivity and presentation of the client and report these changes." A relative told us, "Even when [my relative] has their off days they are there for reassurance. The carers handle it very professionally."

At the time of our inspection restraint was not practiced. One person's behaviour support plan, devised with input from healthcare professionals, detailed that restraint could be carried out as a last resort if they posed a significant risk. However, the registered managers explained there had been no instances of restraint within the previous year. Staff who supported this person were trained in restraint techniques and their competency in carrying out restraint was assessed. The regional manager told us that if restraint was

practiced, detailed records regarding the situation and staff response would be completed and reflected on to ensure it was being used appropriately.

Accidents and incidents were recorded and reviewed to identify lessons learned and to reduce any future risks. They were analysed monthly to determine any trends and this information was shared with the provider for oversight.

There were enough staff to meet people's needs. The support people required had been assessed to determine their package of care. Most people had staff support in their home for 24 hours a day, but some people were visited by staff for shorter periods of time to carry out specific tasks. Staffing levels were appropriate to the number of people using the service at the time of our inspection. The registered managers told us that any unexpected staff shortage would be covered by other staff from the service.

Robust recruitment procedures had been followed. Candidates had completed application forms and attended interviews before job offers had been made. Prospective staff had been asked questions designed to highlight candidates caring attitudes and enthusiasm for working with people with learning disabilities, in addition to finding out about their previous experience. References had been sought from previous employers to confirm staff were of good character and had the necessary experiences to carry out their role. Disclosure and Barring Service (DBS) checks had been carried out to ensure staff working for the service had not been subject to any actions that would bar them from working with vulnerable people.

Staff had received training in the safe handling of medicines and undertook annual competency assessments to ensure their skills and knowledge were up to date. Staff were provided with information about the medicines people were prescribed, the purpose and any potential side effects from medicines. Medicines records were well completed, so we could see people had been given their medicines as prescribed. We saw in some instances where staff had handwritten people's prescribed medicines onto records they had not followed the medicines policy. Handwritten instructions should be checked and signed for by two members of staff, however we saw entries were sometimes not signed at all. We fed this back to the registered managers who advised us they would reiterate expectations to staff.

Where people were prescribed 'as required' medicines staff knew what the medicines were for and the circumstances in which they should be given. The use of 'as required' medicines which effected people's mood or behaviours was monitored. Staff were required to contact registered managers to discuss people's presentation and the situation before it could be administered.

Regular checks to assure the safety of the premises were carried out in each home. Where possible staff supported people to carry out checks, such as testing the fire alarm, themselves. Staff told us they had access to a range of equipment, such as gloves or aprons, to manage infection control risks. The homes we visited were clean. Cleaning schedules were in place and staff had undertaken training in infection control.

Good

Is the service effective?

Our findings

The service was effective. One person said, "I love it here, I like going out with [name of staff]. I'm happy." Relatives told us that staff were skilled to meet the needs of their family member. One relative said, "Honestly they look after [my relative] very well. The carers are fantastic."

The provider had an identified training schedule for what they considered mandatory for support staff to be able to fulfil their roles. This included key areas such as safeguarding. Training was delivered to communicate the provider's core values of the service, such as providing person-centred care.

In addition, staff received training determined by the needs of individuals they supported. One staff member said, "[Name of person] has learning disabilities and epilepsy and [name of person] has dementia and we were given specific training for dementia and epilepsy to help meet these people's needs". Staff told us they thought the training they received was effective. Training was discussed as part of supervision and appraisal sessions and systems were in place for the provider to identify and arrange refresher training when it was due.

Supervision records showed that staff had regular opportunities to meet for one to one discussions with their line manager. Staff reported that supervision was held regularly and helpful to them. One staff told us, "We receive feedback in supervision for areas of improvement or compliments." A development pathway was available for staff to progress their careers. Staff could register their interest for this development programme and managers identified staff who they thought had the skills and qualities to advance within HF Trust.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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.

Some people who used the service required constant support to keep them safe. In these cases applications had been made to the Court of Protection. At the time of our inspection applications were in the process of being considered. The Court of Protection has jurisdiction to appoint deputies over the property, financial affairs and personal welfare of people who do not have the mental capacity to make decisions for themselves.

Staff we spoke with had knowledge of the MCA and told us how decisions were reached for people who lacked capacity. One staff member told us, "There is dialogue and discussion if a person does not have capacity to do something, so that it's in their best interests." We saw evidence throughout records of MCA assessments, and that any decision made on people's behalf were well considered. Assessments we viewed related to decisions around managing house keys, eating and drinking, sharing information and physical health tests.

Consent and choice was demonstrated throughout care records and was observed through interactions between people and staff.

People's health needs were met, and people were supported to access health appointments. The provider had good links with a range of healthcare professionals including physiotherapists, speech & language therapists, care managers and psychiatrists.

A professional we spoke with told us they valued the input provided and the strong partnership they had built in delivering care. They said, "The staff have helped me develop care plans." They continued, "I am invited and attend monthly staff team meetings to reflect and make alterations to care plans and routines. I am always alerted to any issues or incidents in an extremely timely manner and always have confidence that the staff can manage difficult situations."

People's physical, mental and emotional needs had been assessed, using a range of assessment tools. Care plans were linked to assessments and contained detailed information about the needs of the person. Advice and input from health and social care professionals had been incorporated into people's care plans. For example, we saw a physiotherapy care plan that used photographs to demonstrate the correct way to support the person. Some care plans had been developed in an easy read format to help people understand the content.

Staff provided assistance to people in the preparation of food and drinks as detailed in their care plan. Clear guidelines were in place where people had specific diet requirements and care plans documented people's food preferences. People were involved in meal planning and shopping for groceries.

People had been supported to choose decoration for their homes and one staff member told us they were conscious that decoration was age appropriate. One person told us "I like my house and my bedroom. I'm happy here."

Good

Is the service caring?

Our findings

People told us they liked staff. One person said, "The staff are nice." Relatives told us staff were very caring. One relative said, "They are such lovely people. They have [my relative's] best interests at heart."

Relatives told us their family members were very happy with the support they received from the service. One relative said, "When you go in you can tell from the atmosphere they are all happy. If there was something wrong you could tell straight away."

Professionals we spoke with all told us staff were caring. One professional said, "Their care staff are caring and respond well in meeting their clients' needs." Another professional described the staff as, "Extremely engaged and caring staff team who are driven to provide a safe but enjoyable lifestyle for the client."

People were encouraged to be independent. Care records included information about what tasks people could carry out themselves and the prompts staff should use to encourage this. We saw this approach was used both to set goals to work towards, and during everyday tasks. For example, staff supported one person to access the bus independently by helping them to check bus routes, initially accompanying them on any new journeys before reducing their input until the person was confident to go alone. For another person who had complex needs, staff supported them to be independent wherever they were able. Their morning care plan detailed the ways in which staff could enable people to be independent. It stated, "Staff support [name] by applying toothpaste to the toothbrush. They then hand the toothbrush to [name]. And, "[Name] will sometimes take the flannel if it is placed in their hand."

Staff knew people well. Care was delivered by small teams of staff, who knew people's personalities and how they communicated. One relative said, "I know exactly who everyone (meaning staff) is. Some of them have been there since [my relative] started getting care. I count them all as family now, they've been through so much with us. They are amazing." Another relative said, "We'll usually know the staff. Occasionally there will be a new face we don't recognise but the staff team are generally very consistent."

People were involved in making decisions about their care, whenever possible. People or their relatives were involved in recruiting their staff team. One of the registered managers explained the process. They said, "It varies, but people can be involved from the start. Other times we will do initial interview, then people and their relatives can meet new staff before a decision is made whether they'll work with that person." They continued, "Yesterday we did an interview, and [person using the service] brought a list of questions they wanted to ask. They have a real interest in trains so we'd written that in the job description as that's an important part of the support that person needs."

The service held monthly meetings where people were invited to discuss their views on the service and work on projects for new developments. The local group, known as 'Voices to be Heard', fed their views into regional and national meetings. This process enabled people to contribute to discussions about how the provider organisation should be run and how people should be supported. Recent projects the group had been involved with included; reducing the risk of isolation for people who received a limited amount of staff

support, and updating the provider's policy on smoking.

Staff respected people's equality, diversity and human rights. People were supported to explore their faith where they wished to do so. One person was interested in a particular church. Staff had supported them to view videos of the church services online and had arranged to attend a local service.

People's privacy was respected and they were treated with dignity. Information within care records described the steps staff should take to uphold people's dignity when they were receiving personal care. Staff contacted people in advance to check whether they would be happy to talk with us before arrangements were made for us to visit them at their homes. Staff had discussed with people about the information they would like them to share with their relatives, on topics such as health and finances. Records were stored securely.

No one was accessing formal advocacy services at the time of our inspection, but people were given information about the purpose of advocates and staff were aware of how to access this service should the need arise. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

People had been given information about what they should expect from the service, how they could make a complaint, and details about the roles of other agencies such as the Care Quality Commission and Healthwatch. Information had been presented in a way to meet people's communication needs, including using photographs and images to aid people's understanding.

Outstanding ☆

Is the service responsive?

Our findings

The service was exceptionally person-centred and responsive to people's needs. Relatives told us people lived full and active lives. One relative said, "[My relative] has an excellent social life. They can do much more with HFT (HF Trust – Newcastle DCA) than when they lived with us, as we are getting on a bit now. It's wonderful to see how happy [my relative] is." Another relative said, "[My relative] is always on the go, they go to the gym, go swimming every week, go to their drama group, they are always doing something."

Professionals told us the service was focussed on people as individuals and responsive to their needs. One professional said, "Staff worked in a person-centred way always putting the person at the centre." Another professional said, "The service was responsive in meeting the needs of the person and would change shifts and rotas to accommodate any activities or social events that were planned."

Employment and voluntary roles had been sought which matched people's interests and skills. One person enjoyed socialising with people in their local community. Staff supported them to apply for a job in a café in the village where they lived, and helped them to prepare for the interview. They were successful, and took great pride and enjoyment from their work. Another person had been disappointed when the charity shop they volunteered for closed. Staff supported them to find and secure a position for another charity. One person who loved animals was about to start volunteering at a nature reserve.

The service valued people for the skills and attributes they had to offer. HF Trust – Newcastle DCA provided paid employment to two people who used the service. People were also supported to access education and attended various colleges.

People were supported to be an active part in their local community. One person had been using the service for less than two years. Initially they expressed social anxiety and were very nervous about leaving their home. Staff worked with the person to set achievable goals, such as a walk around the block, then progressing to travelling on buses. The person's confidence had grown. At the time of the inspection they were enjoying a new volunteering role which involved working with people in the community.

The provider strived to enable people to build bonds and maintain links with their loved ones. The provider ran a group called 'Luv 2 Meet U' which hosted social events and could support people who were looking for romantic relationships by acting as a dating agency, or for those looking for friendships. The registered managers had made referrals to a service called Josephine & Jack. This service is run by and for people with learning disabilities. It aimed to support people with relationships and sex education. Josephine and Jack use anatomically correct cloth people as a learning resource in workshops that explore health, sexual health and wellbeing.

Relatives told us they appreciated the ways in which staff facilitated activities and events. One relative said, "The carers go out of their way to work around you. They will bring [my relative] to me if I can't get to [my relative]. They try to involve my kids with [my relative]. They'll suggest different activities that they know everyone will enjoy. We are making plans for the six week holidays at the moment." When one person's

relative had gone into hospital staff had supported the person to video chat with them daily to maintain contact.

Staff went out of their way to enable people to enjoy full and active lives. One person loved to dance, and travelled on a weekly basis to attend a class. Staff knew they would like to attend more often, but were unable to due to cost of travelling. They spoke with the dance teacher, found and booked a venue in the person's local town, and advertised the class so there were enough attendees to enable the class to run. The person now went to dance classes twice a week.

The provider offered grants through their fundraising department called 'Funds for the Future'. One person enjoyed riding their bicycle, but because they needed staff support could only take part in this activity when staff brought their personal bikes. One staff member applied to 'Funds for the Future' and received a grant to buy a staff bicycle so the person could ride their bike whenever they wanted.

Staff were proactive in finding and using communication methods which enabled people to express themselves to the best of their ability. Staff had applied to 'Funds for the Future' to purchase an innovative communication package which they had heard about at a conference they had attended. Known as 'Eye-Gaze' it enabled people who had limited movement to communicate their choices.

The registered managers told us they were proud of how staff had helped to improve one person's life who was registered blind and unable to communicate. Staff worked closely with the speech and language team to devise a modified version of Makaton where staff signed onto the person's body so they could feel them and enable them to understand. Staff described the huge impact this had on the person's quality of life. Since communicating with the person in this way, the frequency that they displayed behaviours which challenge had reduced dramatically. Staff told us they believed this was because the person was now better able to express their needs and wishes.

The provider evidenced a commitment to person-centred care. This means when people's individual needs, choices and personalities are at the heart of all decisions and people are considered equal partners. Staff all attended training in person-centred care, and received regular observations to ensure they understood and were applying the principles. These assessments focused on how well staff involved people in their care. Staff received feedback on observed interactions, and recorded their reflections on the experience to further develop their practice.

Complaints information had been given to people in a format which met their needs. Complaints were well managed. Records included the original communication, details of any investigations which had been carried out and evidence the person who had complained had been kept up to date with the progress and any outcomes.

Good

Is the service well-led?

Our findings

Relatives told us service was well organised. One relative said, "This morning I met [names of two registered managers], what lovely people. They seem to be running it really well. They said anytime I need to speak to them I can."

A professional we spoke with told us they were very happy with how the service had supported their client. They stated, "I feel this is down to excellent management and close links with the nursing team."

There were four registered managers in post. There was a defined structure in place, with each registered manager covering a specific location or specialist need. The registered managers were all experienced within adult social care and learning disabilities. The registered managers worked closely with senior support workers to monitor the care people received. A professional told us, "When there was established team leader in the service there was a clear direction and support for staff."

The service had established aims in enabling people's independence. Staff we spoke with were clear on the service's values and were passionate about promoting them. One staff told us "Independence is promoted to help people to attain their goals. A consistent team and consistent approach works well in the service. I think I am part of that process working with a team." The culture of the service was evident throughout discussions with all staff. One staff told us, "The people I support have a lovely social life and I'm proud of that. I'm proud that they feel valued." Another said "Morale is good, we are very supportive of each other within the team. We try to address work life balance". Staff reported that managers went out of their way to help, and were supportive.

Systems were in place to monitor and review the quality of the service. Registered managers visited each of the properties where care was delivered at least once a month to speak with staff, observe staff and review records. Audits included ensuring daily care notes had been completed, assessments were up to date, and medicines administration records had been filled in appropriately.

Monthly assessments were organised into the five key questions used by the Care Quality Commission, is the service; safe, effective, caring, responsive and well-led. The regional manager reviewed these audits to ensure they were driving improvements. The provider also undertook regular audits to assess the service people received. Any area identified in the audits resulted in an action plan for improvement.

Records were well kept and a detailed account of the care people received. There was a large amount of information kept about each person, spanning a number of care files. We saw some information was years old, which meant it might be difficult to find the most up to date information quickly if it was needed. We discussed this with the registered managers who told us that further development was ongoing in reviewing people's care files. HF Trust – Newcastle DCA had been created when two other services had had merged. The regional manager told us work was ongoing to implement consistent documentation for each person.

Staff were valued and their hard work was recognised. The provider hosted the Fusion Awards, which was an

awards evening held to recognise the achievements of people and staff. Staff could be nominated for a Fusion Award by people, relatives, their team mates or supervisors. Staff views were sought through regular staff meetings and annual surveys. Support was provided for staff's health needs through occupational health and access to a confidential telephone helpline. Registered managers gave us examples of reasonable adjustments in place to support staff. This included staff being able to work reduced hours when returning to work after a period of sickness.

People and their relatives had been asked to share their views on the service. The most recent survey results, from October 2017, were very positive about the quality of the service. The regional manager had written to everyone to thank them for their feedback and to detail the changes they had implemented in response to the survey results. People and relatives were regularly sent newsletters which shared details of events, best practice, and celebrated achievements.

The provider had built strong links with the local community and with stakeholders. Upcoming events planned by the 'Luv to meet u' social group were shared with other adult social care services, as any person with a learning disability was welcomed to the group. The provider had hosted volunteer opportunities when local businesses had arranged away days for their staff. Feedback from all of the professionals we spoke with was positive about how well the service worked in partnership with other agencies.