

Your Lifestyle Nationwide Limited

Your Lifestyle Nationwide Limited - Bristol Office

Inspection report

2440 The Quadrant, Offices 29 and 30
Aztec West, Almondsbury
Bristol
Avon
BS32 4AQ

Tel: 01179660155

Website: www.yourlifestyle.uk.com

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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 ●

Summary of findings

Overall summary

This inspection took place on 26 and 28 September 2018. This was the service's first inspection since they had registered with the CQC.

Your Lifestyle Nationwide Limited - Bristol Office provides personal care to people living in their own homes across a number of houses. At the time of our inspection there were two people receiving the regulated service of personal care. Six other people were supported by the service but were not receiving personal care.

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 told us they felt safe when using this service. Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns. Risks to people's wellbeing were assessed and action taken to reduce these. The service focused on keeping people safe whilst promoting their independence.

People were provided with safe care by adequate numbers of appropriately skilled staff being made available. Staff recruitment procedures were safe and the employment files contained all the relevant information to help ensure only appropriate people were employed to work at the service.

Medicine Administration Records (MAR) were signed to indicate people's prescribed medicine had been given.

Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005. Staff had a good understanding of people's needs and supported them effectively.

People could access a range of health and social care professionals in the community for advice, treatment and support.

People's achievements were celebrated and their views were sought and acted on. People were supported by staff who were compassionate and treated them with dignity and respect.

People had assessments of their needs and care was planned and delivered in a person-centred way. The service had creative ways of ensuring people led fulfilling lives and they were supported to make choices and have control of their lives.

People were actively encouraged to provide feedback. Any complaints were investigated and action taken to address concerns when needed. People and their relatives told us they had no complaints.

Staff were motivated and reflected pride in their work. They talked about people in a way which demonstrated they wanted to support them as much as possible and provide the best standards of care.

The service was well led and the management promoted a positive culture that was open and transparent. The registered manager demonstrated good visible leadership and understood their responsibilities. Quality assurance practices were robust and used to make improvements.

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.

Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

People felt supported with medicines.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff undertook regular training and were supported with one to one supervision meetings and staff meetings.

Staff supported people to make decisions about their care, the principles of the Mental Capacity Act 2005 (MCA) had been complied with.

Staff had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good ●

The service was caring.

People were supported to be independent by kind and caring staff.

People were treated with dignity and respect.

People said they were very happy with the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned in line with the needs of individuals.

People received the care and support they needed and this was adjusted in line with any changes in their needs.

People told us they had been involved in planning the care provided.

People knew how to make a complaint if they were unhappy. A clear complaints procedure was in place.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in place. Staff told us they found the registered manager to be approachable and open.

People knew the management structure of the service and who to contact.

Staff felt well supported by the management team and they were asked for their views.

The service had various quality assurance and monitoring systems in place.

Your Lifestyle Nationwide Limited - Bristol Office

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.

The inspection took place on 26 and 28 September 2018 and was announced. We gave notice of our inspection to ensure key people would be available at the service when we visited. The inspection team consisted of one inspector. This was the service's first inspection since they had been registered with the CQC.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide

We looked at the care records of two people, the recruitment and personnel records of three staff, staff schedules, training records and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, mental capacity and complaints.

The registered manager asked people if they were willing to speak to us prior to our visit. During the inspection we met and spoke with one person about the service they received. We spoke with staff about the other person the service supported. We spoke with three support staff, training manager, registered manager, service manager and the area manager.

Five health and social care professionals were contacted in order to gain their views about the service. Two

of them provided feedback about the service and this has been included in the main body of the report.

Is the service safe?

Our findings

The staff we spoke with were knowledgeable about what they would do if they suspected abuse. We saw detailed safeguarding policies and procedures were in place. The registered manager and area manager were the service's safeguarding leads. At the time of our inspection no safeguarding alerts had been raised in relation to the two people the service supported with personal care. The service had raised safeguarding concerns for people that did not received a regulated activity. Records confirmed the service had liaised with local authority safeguarding teams and provided staff with support and guidance on safeguarding issues.

Staff told us if they had any concerns with people's safety they would speak to one of the managers and would follow agreed procedures which were in place. One person we spoke with told us they would speak to the staff if they felt they were not safe.

Staff were encouraged to speak up if they felt people were not being cared for appropriately. The provider had launched a speak up campaign. They were able to talk with a 'speak up champion' if they felt people were at risk or to report wrong doing and malpractice.

The registered manager told us that when one person they supported had entered into a relationship with their girlfriend. The service had privately commissioned training for them which was called "Building Circles". This was around identifying abuse including sexual, physical, financial and on-line abuse. This explained to the person what to do and how to deal with these situations. The person provided feedback about the positive impact this has had on them as they felt empowered. They understood what abuse was and what to do if they felt at risk of harm. The registered manager told us as result, when the person's girlfriend visits, the person feels confident to have own private time together.

People's needs were assessed to enable the service to support people with an identified risk to their safety or wellbeing. These included risks associated with people's conditions, and their needs. Where risks had been identified risk assessments were put into place. They contained information about each risk and how this was managed. Where people were at risk of behaviours that challenged, risk assessments included the signs, triggers, and strategies to manage them. For example, one person become agitated when they travelled in a car. To help ease the person's anxiety staff told us that they would sing to the person who would join in. To minimise the risks the person sat in the back of the car with a safety screen behind the driver. This was used as a prevention encase the person's behaviour became challenging.

The service had in place detailed risk assessments which were completed before any care was delivered. They covered an extensive range of risk areas so that the issues relevant to each person were captured and used to inform their support plan. This approach highlighted how people were supported to take an active role in managing their own long- term health conditions and care needs.

An effective recruitment and selection procedure was in place. The provider carried out the relevant security and identification checks when they employed new staff to ensure they were suitable to work with

vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults. People were actively involved when possible in recruiting staff to care for them and had the final say on who was employed.

There were sufficient numbers of staff to keep people safe. Both people lived in separate accommodation with one person being supported by a member of staff throughout the day and overnight. The other person had dedicated care hours. The staff member slept in at their service users during the night. This level of support allowed people to follow their own routines and pursue their own interests. Senior staff and management provided an on-call cover outside office hours on a rota basis. They were able to guide staff with advice, cover staff sickness or deal with any emergency that may occur.

Staff expressed a high level of confidence in their respective staff teams. Staff confirmed that they worked together to cover any absences within the people's preferred team to ensure that staff continuity and consistency was maintained. Staff told us staffing levels were sufficient to carry out their roles. The registered manager told us, and we were able to confirm, that staffing levels were assessed according to the individual needs and dependencies of people who used the service. One staff member told us they had reported concerns that one person now required two to one care when going out into the community. The registered manager told us they were in the process of reviewing the person's needs.

People received support from staff with their medicines to ensure they were managed safely. Staff and relatives confirmed there were suitable facilities in place for the safekeeping of medicines. We were told medicines were kept in a locked cabinet so people could not access them directly. Each medicine was listed on a Medicine Administration Record (MAR) and staff signed when medicines had been administered. When medicines had not been administered for specific reasons, the reason why was clearly recorded. We found the records were accurate and the system for recording protected people who relied on staff to help them with their medicines.

Incidents and accidents were monitored on an on-going basis. This ensured people who used the service were kept safe from harm and that actions were taken to ensure recurrences of these were minimised where this was possible. Accident and incident forms were maintained to enable events to be analysed by the registered manager and senior staff. Accidents and incidents were investigated and sometimes linked to triggers of people's behaviour which had escalated. An example being was one person had run away from staff when out in the community. This was investigated and linked to a recent bereavement.

Is the service effective?

Our findings

One person told us the staff supported them well. Comments they made included, "The staff support me very well. They seem well trained". The staff we spoke with all felt supported by the service comments included, "They are such a supportive company to work for. I have done so much training", "I meet with my line manager regularly for supervision and I discuss my job, and my development".

Staff confirmed the induction programme was robust and they received the support they needed to feel confident in their role. An induction checklist was in place for each staff member which listed the support and areas to be covered during the induction period. Alongside the induction checklist staff completed shadowing shifts alongside a senior staff member. Staff told us during their induction they got to know the people who they were going to support. Before staff were able to work independently medicines training and competency assessments were carried out. Staff that were new to care also completed the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This ensured that new staff were given all the help and guidance they needed for them to do their job to the required standard.

The registered provider had promoted continuous learning within the work place. We were told by staff they were getting the right balance of making training interesting, focused and supportive to their role. This resulted in developing a culture where staff viewed training as a positive part of their development which they were proud of. Staff had completed a range of training which included, MCA, DoLS, medicines, food safety, infection control, first aid, health and safety, fluid and nutrition, moving and handling, safeguarding and person-centred planning. Some training was completed that was specific to people's individual needs. An example included training sessions in relation to epilepsy and visual impairment. We were told by the training manager that this had helped to improve staff competence and embedded further knowledge and best practice.

Staff spoke positively about the standard of training and support they received. They told us training was frequently undertaken and wherever possible involved the people who used the service. This meant that staff training was not only up to date but highly relevant to their roles and the individuals who they supported. One of the two people the service supported had also undertaken some training through the service. The training manager told us they looked to provide further training for people in the future in relation to the use of public transport, safeguarding, safe use of the internet and in relation to sexual relationships.

Staff told us they felt well supported by the management team to carry out their roles and there were procedures for staff to share their views and opinions of the service. Staff told us they had regular staff meetings, one to one meetings with their line manager and their practice was observed to ensure they continued to support people in a safe way. Staff knew who to report concerns to and told us the management team were always available if they needed to speak with them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Discussions with the registered manager and care records seen showed that they had a good understanding. Staff were able to demonstrate that they understood the principles of the MCA.

People told us their consent was sought before any care and treatment was provided and staff acted on their wishes. Staff we spoke with told us they promoted choice, and sought people's consent before they supported/carried out a task, and acted on people's wishes. One person told us, "They always ask. The staff ask me what I want help with. I let them know if I need anything".

People were supported to have their healthcare needs met. People had access to a range of healthcare professionals. Input from GPs, behaviour support teams, dentists, opticians and had been incorporated within care records. The service had worked closely with professionals from the hospital to discuss if an operation was required in a person's best interest. One person we spoke with told us staff attended their appointments with them. They told us they preferred staff to stay with them during any consultation.

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them. Staff spoke with respect and kindness about people. We met with one person who wanted to speak to us with the registered manager present. Their discussions were full of jokes and references to shared experiences. The person told us they liked the staff and described the staff as "The best" and "I like them because we have fun".

It was clear from speaking with staff and a person that the support was provided in a caring and fun way. For one person this had an impact regarding how the person engaged with staff. The staff told us the person had a good sense of humour and had given the staff team nicknames, which created endless amounts of laughs and smiles all round. Example of the nicknames used included, "Faye the lay", "Simon, Limon" and "Lexi, Bexi".

The registered manager told us that one person did not have the best start to 2018. This was because a close family member had passed away. The person was very close to their family member. The person also became worried they were going to lose their property following a recent housing benefit letter they had received. We were told the person was also informed they would need a major operation. The registered manager told us they became really unsettled, isolated, withdrawn and on one occasion they became absent whilst out in the community with staff. The area manager told us it was at this point they told staff they were struggling. We were told this was upsetting for the person as they were scared. This staff spent time with the person and reassured them that everything would be ok. With the person's consent the service arranged to meet with their close family to discuss the concerns. The service went out of their way to lessen the stress and looked at positive steps moving forward. The service looked into the housing benefit letter and came up with a way forward for them to continue to live in their home. The registered manager arranged for a best interest meeting with professionals in relation to the operation. They made the professionals aware of the person's heightened anxiety caused by the prospect of major surgery. The outcome from the meeting was that the operation was not necessary and would only need to be carried out if the condition became worse.

People received care from a regular team of staff. One person told us this helped them as staff had got to know them well. Staff understood their likes and preferences in how they wished to be supported. The registered manager told us that due to the nature of the support people received it was important people had staff they could get on with. For this reason, new staff were introduced to people before they supported people. The registered manager reviewed schedules regularly and made amendments as and when necessary. They showed there was a good level of consistency and little change in patterns of staff supporting people which ensured continuity of care.

People and staff gave examples that demonstrated staff were respectful of people's privacy and ensured their dignity was maintained. One person told us, "Yes the staff respect my privacy and dignity. I am given some space and private time when I request this". Staff we spoke with told us, "We are always very mindful to respect people. When we take one person to misfits (misfits is a social club run by a group of people with a learning disability) we give them space with their friends", "I always respect people's dignity and promote

independence. I would never enter a person's room without knocking first and I ensure people do as much as they can so they maintain their independence".

One professional had recently visited a person. They told us, "The person I visited looked cared for, was clean, well-dressed and had slippers on. The service user's home was clean, tidy and felt warm and safe. The service user was smiling and laughing at one point".

The registered manager told us the management team completed observation spot checks to ensure staff treated people with dignity and respect. The registered manager ensured that staff had the knowledge of dignity, privacy and independence by ensuring they attended training in dignity and respecting people. This ensured staff were able to respect people's privacy, dignity and independence.

The service provided care and support to people to enable them to live fulfilled and meaningful lives. Staff were skilled at ensuring people were safe whilst encouraging them to stretch their potential and achieve as much independence as possible. People were encouraged to keep their homes clean and tidy. Staff had good knowledge in how to motivate people. An example included that staff would always complete food shops with people and try and involve them with meal preparation. If people were not able to prepare a meal the staff would try and talk them through what they were doing. One person the service supported had their own mobility car. The staff were able to take the person out to promote their independence. The staff told us without this the person would be very restricted due to their poor mobility and visual impairment.

Is the service responsive?

Our findings

Staff provided people with the care and support that was responsive to meet their needs. One person told us, "The staff know me well. The staff help me to plan my day and week". A staff member described in detail the preferences and day to day routines of another person they supported. For example, the person had a morning routine and enjoyed going to their day centre during the week. We were told the person did not like to be told what to do by the staff. This meant the staff had to adapt their approach with the person using communication which was encouraging and empowering.

People's care plans were personalised and showed how the support would be suited to respond to the people's needs. People told us they had been consulted about their care and had every opportunity to make changes with regular reviews carried out. The service carried out monthly 'my meetings' to review people's support plans in person with people. A staff member shared with us how this meeting had a positive impact on one person in particular. We were told that during my meeting review a person mentioned to staff that they did not like going to bed when their support finished early evening. The registered manager was able to explain to the person that they did not need to go straight to bed and they could go to bed when they wished. The support was in place for the person to have assistance to get ready for bed but the person was able to take themselves to bed when they wished. This had a positive impact on the person as after the staff had finished their shift the person was able to stay up and watch the television. They were able to then put themselves to bed. Another person had mentioned to staff during their review that they wished to sit in on a staff interview. The registered manager had arranged for this to happen. One of the questions asked included, "How do you feel about taking me to misfits?"

People received person centred care that was individual to them. Staff understood people's specific needs. They had built up relationships with them and were familiar with their life histories and preferences. The staff supported people to overcome obstacles and challenging life events by setting small achievable goals.

Through the use of "my meetings", one person was asked how they wanted to be supported through their bereavement, it was agreed for them to be kept busy and to have a clear routine. The staff started off by setting short term goals as a focus, which included going out. The person had always wanted to go to a disco, so the service found a disco called Misfits. This became the new goal to attend. It became apparent that the disco was 20:00hrs to 22:00hrs and their support ended at 20:00hrs. From the staff speaking to the person it was immediately arranged for their hours to be made flexible so that they could choose how these hours were used, which meant they were able to go to the disco regularly. It was identified through the 'my meeting' that they were interested in meeting a girlfriend. The staff and the person set a goal which was whilst supported at the disco they were to be to socialise with others. It was at the disco that they met a girl who they became very fond of. A further new goal was set with the person as they wanted to go on holiday. Through regular meetings and conversations this was arranged. In September 2018 the person went away for the weekend with staff. Through the hard work of staff and liaising with another service the staff made it possible for them to go away with their girlfriend. The staff told us the person had loved every second of it. We were told their smile was infectious from ear to ear.

People received information in a format to meet their needs. One person the service supported was registered blind and could present with behaviours that challenged. When the service reviewed the person's support plan, they spoke with them and asked what format they wanted their support plan to be in. The person had a particularly good relationship with the deputy manager, who was a male. The person made a request that the deputy manager made an audio of their support plan in easy read with the bits that were important to them included. The staff told us this had a positive impact as when the staff encouraged parts of the person's routine, it proved to be more successful when hearing the audio. This helped the person engage with staff as they were aware of why the support was needed.

Staff worked in a flexible way that ensured people received care and support that was responsive to their needs. Staff understood the importance of promoting equality and diversity; and respecting people's personal preferences. We were told people helped with household chores where possible. People were supported to maintain contact with family and friends. People were encouraged to maintain social interests and hobbies. An example being included walks, trips to the cinema and hippodrome, discos and activity's carried out in people's own homes.

People knew who to speak with if they were unhappy about any aspect of their care. One person told us, "I would talk to the staff if I was unhappy. Once I did speak up about my menus and this got sorted". Staff told us they knew people well and they had got to know if people were unhappy. This included changes noticed in people's behaviours. A formal complaint process was used to respond to complaints. Records showed that no formal complaints had been raised.

Is the service well-led?

Our findings

Staff told us they were involved in developing and running the service. Their views were sought out and acted upon. The views of people and their family members were also sought. Staff told us they felt able to approach the management team with ideas and suggestions and were confident they would be listened to. An example being was that the staff had spoken to the registered manager about changes in a person's care needs.

The registered manager and staff were proud of the work they had achieved and the positive impact their support had on the lives of people. Staff were committed to the people who used the service and the organisation. We were told the management and training team worked hard to ensure that the staff were supported and valued.

We received positive feedback from staff and people about how well-led the service was. We received mixed feedback from professionals regarding the service. One professional told us they had mixed experiences of working with the service. Their comments included, "From my experience it is mainly staff related. Support staff that are good and experienced that can use their initiatives make the company work well. They will attend meetings and do their best to execute action plans. The failing appears to come from uninformed staff, agency workers, inexperience and those who lack confidence". Another professional told us, "I was impressed to see that the two service users I visited lately were supported by staff who have been with the company for some years".

The registered manager told us of the value of having other manager's around them as a support network. Every Tuesday the registered manager and service manager from the service attended a peer support meeting in Gloucestershire. Here they met with other managers from the provider's other service's. They also processed payroll and looked at rotas to ensure they were covered. They shared ideas with other managers and also helped to problem solve if anyone required support. The registered manager told us this had been a benefit to them as they noticed a smoking risk assessment was of poor quality and required further information. Other colleagues were able to help and shared information about what the risk assessment should contain. The registered manager was able to put together a new version. We were told this meeting was nicknamed "Chicken Tuesday". This was because during the meeting those that attended had a takeaway from the local chicken shop. They brought this back to the office and ate lunch together where they networked. "Buffett Fridays" were held monthly at the Bristol service and food was brought in to share with the staff team. The registered manager told us it was the small things which meant a lot and this really boosted morale.

The provider had a clearly defined management structure in place. They told us they supported the service with their wider management structure. The registered manager had an allocated area manager to support them in their role. The area manager visited and met with them weekly and therefore they had a good understanding of the service. The area manager was further supported by the operations manager who had a regular presence at the service. An example of this is that the operations manager recently completed an internal quality audit of the service. The operations manager was supported by the supported living director.

We were told they had visited the service weekly for a period of two months when this was required. The supported living director reported to the Chief Executive Officer. The Chief Executive Officer had visited people at the service with the area manager recently to complete an audit and check on the quality within the service. The clear structure supported a safe delivery of service to people despite any unforeseen absence of any member of the team.

Three senior managers we spoke with were able to tell us how they had worked for the provider for many years. They had worked their way up within the service and had started as support staff. Each registered manager within the provider's services had a deputy manager who were able to cover for their absence such as annual leave or sickness. We were told that often within the provider's service's the deputy managers then moved on to other management roles via internal promotions. An example of this is the previous deputy manager of the service was promoted within the last 12 months to become a service manager at one of the provider's other services.

On a monthly basis the registered manager completed a quality audit in each supported living house. This involved speaking to people and the staff on shift to receive regular feedback on the service delivery. An example being was an audit completed on 4 September 2018 at one of the houses. This focussed on medicines, finances and checking people's daily records. Each month the area manager met with the registered manager to complete a "month end/supervision" to audit the service. The September audit highlighted actions the registered manager was required to complete. An example being to scan finance sheets for some people into the system. We were told as part of auditing the quality within the service, the area manager spot checked the service each month when they visited people. Each month they received feedback on the quality of the service delivery from family and professionals. The area manager then had a "month end/ supervision" with the operations manager where each of the services under the area manager were audited and a report was produced, which was sent to the director. We were told the Director then had a monthly review with the Chief Executive Officer on a monthly basis. This clearly evidenced that the quality of the service was monitored by the provider.

There was a positive, inclusive and open culture, which centred on improving the service it provided for people. The management team had developed and embedded a positive culture and had a clear vision and set of values which ensured that people were at the heart of the service. Staff were valued by the management team who spoke positively about the hard work and commitment shown by staff. The area manager was able to tell us several examples of where they felt proud of the staff for going out of their way to provide support to people who were ???. An example being was one staff member supported a person with a planned pregnancy. The member of staff supported the person through their pregnancy, were with them when they gave birth and supported them after. The staff we spoke with were committed to providing high quality care. The registered manager told us that they expected a high standard from applicants at interview and expected staff to work at high standards. This approach ensured that prospective staff knew what was expected and matched the values and culture of the service.

The provider worked in partnership with staff and people to celebrate success. They facilitated an annual 'driving quality day'. This celebrated the personal achievements and the hard work of staff. Staff were nominated by others for their hard work. The registered manager had been nominated by their team for going above and beyond the call of duty. This related to a fire in one of the supported living houses which the registered manager had helped to deal with. They worked hard during the fire to ensure people were safe, received the appropriate care and worked with other professionals to coordinate people's care in an emergency situation. The registered manager told us how proud they were to have won the award. They attended the awards ceremony with some of the people they supported to share the success. The registered manager told us how this had been a huge morale boost to the service. We were told the staff involved in

dealing with the fire received recognition where they were given a voucher.

The service participated in employee of the month awards. The registered manager told us that staff and people nominated employees because of their hard work. We were told that one person's keyworker went above and beyond in supporting a person to arrange their holiday. To show a small token of appreciation towards the staff they received employee of the month. The hard work and dedication of the staff member evidenced the positive impact this has had on the person.

The registered manager appropriately notified the CQC of incidents and events which occurred within the service which they were legally obliged to inform us about. Notifications enable us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.