

# Adult Placement Services Limited

# Avalon West Yorkshire

# Services

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 30 May 2017 and was announced. The service had previously been inspected on 18 January 2016 and had breaches of legal requirements in relation to consent and good governance. We found improvements had been made to meet the relevant requirements.

The service is registered to provide personal care for people with a range of varying needs including dementia and learning disabilities who live in their own homes, or within supported living schemes. Supported living schemes help people to live independently in the community. People are responsible for their own tenancies, and receive an agreed level of caring and housing related support to meet their needs.

The service supported 68 people at the time of our inspection with 25 people received support with personal care.

There was a registered manager in post during our inspection who had been registered since February 2016. 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.

Staff had received training in how to keep people safe. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

Risks were managed at the service and there were systems and processes in place to ensure environmental risks were minimised. The service used a positive risk approach which balanced the necessary levels of protection with preserving reasonable levels of choice and control for the person.

Recruitment checks were in place. These checks were carried out to make sure staff were suitable to work with vulnerable people and to ensure staff were recruited with the right experience and behaviours for their role. Staff received regular training to ensure they developed skills and knowledge to perform in their role. Staff had regular supervision and appraisals to support their development.

Staff had been trained and had their competencies checked where they supported people to manage their medicines. Six people using the service required support with their medicines and required a prompt or check to ensure they had taken them. We found gaps in their records where staff had not provided this support, with no reason for the omissions. We have therefore made a recommendation about the management of some medicines.

The registered manager understood their responsibilities under the Mental Capacity Act 2005. Staff had an

understanding of the principles of the Act and how to support people if they lacked capacity.

Staff enabled and maximised people's independence to live fulfilled lives. People using the service confirmed this approach in encouraging independence.

Support plans were detailed and person centred and people were supported by staff who had been chosen for their compatibility with the people they supported. This enabled staff to enhance people's well-being and life skills. People were involved in their support planning and reviews to identify goals and staff worked with people to achieve their desired outcomes.

Complaints were handled appropriately and the service had a complaints policy in place. The service kept a record of compliments received and used these to motivate and encourage staff.

The service was well-led with a positive culture within the service. There were clear values and a vision to develop the service. Staff spoke highly of the registered manager and the management team and the support they provided. Quality audits had been undertaken and there were good systems in place to monitor the effectiveness of the service provided apart from the medication audit which although it was a small part of the service provision, required a more rigorous approach.

## 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.

Systems were in place for recording and managing risk, safeguarding concerns, whistleblowing and incidents and accidents.

The service used positive risk management to ensure risk was assessed and managed without overly restricting people's freedom.

Records showed recruitment checks were carried out to ensure suitable staff were recruited to work with vulnerable people.

We have made recommendations in relation to the management of medicines to ensure the service is working to current best practice.

### Is the service effective?

Good ●

The service was effective

Staff had received appropriate induction and training to enable them to provide effective care and support to people.

The registered manager understood their responsibilities under the Mental Capacity Act 2005. Staff had an understanding of the principles of the Act and how to support people if they lacked capacity.

Staff supported and encouraged people to maintain a healthy lifestyle including healthy eating.

### Is the service caring?

Good ●

The service was caring

Staff knew how to ensure privacy, dignity and confidentiality were protected at all times.

Staff used enablement to maximise people's independence to support them to live fulfilled lives.

Advocacy services were utilised where the person using the service required this support.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Support plans were detailed and person centred. People were supported by staff who knew them well and were compatible with them.

Staff enhanced people's well-being and quality of life.

People were involved in their support planning and reviews to set their own goals and work towards achieving the desired outcomes.

### **Is the service well-led?**

**Good** ●

The service was well-led

Systems and processes were in place to monitor the service and drive forward improvements.

The feedback from people who used the service, professionals and staff was very positive about how the agency was managed and organised.

The registered provider offered support and guidance to the registered manager to support their development and the service.

# Avalon West Yorkshire 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 30 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service.

The membership of the inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we had received from the provider such as statutory notifications. We also contacted Healthwatch to see if they had received any information about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted the local authority commissioning and monitoring team and reviewed all the safeguarding information regarding the service. The registered 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 used a number of different methods to help us understand the experiences of people who used the service. We spoke with the registered manager, a service manager and two members of staff and the office administrator. We also spoke with seven people supported by Avalon (West Yorkshire) and following the inspection we spoke with a professional who had been involved with the service.

We reviewed six medicine administration records and three care and support plans and associated daily

communication records. We looked at the recruitment process for three members of staff. We reviewed the quality assurance systems and records in relation to the management of the service.

# Is the service safe?

## Our findings

We asked people using the service whether they were safe. One person said, "I feel safe. The staff help me with cooking. They help me with my meds and put it on a chart. My stuff's safe in my room". Another person said, "I've had the same carers for three years. I like consistency. They help me use my equipment."

The registered provider had developed and trained their staff to understand and use appropriate policies and procedures in relation to the safeguarding of the people they supported. The registered manager told us all staff had their training refreshed every two years and safeguarding was discussed at every team meeting and during staff supervision. We found the staff we spoke with were able to identify abuse and signs they would look for which could indicate a person was being harmed such as bruising, not eating, missing appointments, injuries and missing money. They were confident the management team would take appropriate action if they reported abuse and showed an understanding of the whistleblowing procedure. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. One member of staff said, "Staff are encouraged to report concerns in every meeting."

We looked at how the service managed risks to the people using the service. We reviewed the individual risk assessment in place for the three people supported with personal care. Each person had a generic risk assessment called a customer risk assessment in their file which contained general risks such as slips, trips and falls, burns and scalds, medication, behaviours, eating and drinking and infection control. Where a person had an identified risk which required a detailed risk assessment and risk reduction plan in place these had been completed and we found these in the care files. For example, there was an epilepsy risk assessment with detailed information on how to administer emergency medication, plus other information on how to keep the person safe during activities such as whilst showering. Staff also recorded information about the type of seizure a person had and how long this lasted in order to inform future clinical decisions.

We saw minutes of the Customer Committee meeting for people using the service held in May 2017. These minutes evidenced the registered provider was promoting people's safety by discussing hate and mate crime, where people made friends with vulnerable people and then abuse them. They also planned to organise a police officer to talk to the group about 'Safe Havens', places where people can go if they feel threatened and there were plans in place to make the office building a 'Safe Haven'.

We spoke with the member of staff in the office responsible for the electronic roster. They showed us how they used the system to record people's appointments with GP's, clinics and dentists, and how this time was locked to ensure staff were always available to support the person to attend appointments. They told us people using the service received a copy of their rota once a month. If changes had to be made to this they would ring the person to let them know and the support worker would change the rota when at the person's house. We asked about missed calls and the registered manager showed us a report which evidenced there had been none the previous three months. The registered manager told us, "A missed call would be a call that hadn't been completed." They said if staff arrived late for a call, they would still be expected to stay for the full duration of the scheduled call. We spoke with a member of staff who told us if a call could not be covered by a support worker; either the registered manager or a service manager would go out to ensure



this was covered themselves. Staff told us communication of any changes to people's scheduled visits were routinely communicated to them by the service managers.

Staff knew how to respond to an emergency and said if needed, they would contact the emergency services, report the events to the management team and complete an accident and incident form. At our previous inspection we found the outcome of accident investigations had not been recorded. At this inspection we found improvements had been made. We looked at the records of accidents and incidents which were individually recorded. These included details of the accident or incident and scored the severity of the incident. Details of the action taken were also recorded. We looked at one incident which took place in June 2016 where staff had been praised for their actions in providing first aid, but the investigation lacked detail in whether the incident could have been prevented in the first place. We raised this with the registered manager who agreed to ensure this happened. In addition, training had been planned in June 2017 for staff in relation to record keeping and part of this included how they recorded accidents and incidents. The registered provider's manager development programme also contained a section on the recording and investigation of accidents and incidents to ensure lessons were learnt and standards raised. This demonstrated they were putting in measures to raise standards in relation to the safety of the people using the service.

Staff told us there were enough staff to meet people's needs. One staff member commented, "As soon as there's a shortfall, we recruit." We looked at the recruitment process for three members of staff and found this was safe. The registered manager told us they were part of a scheme with the local authority who sent through information on people interested in the caring profession. They also used social media to attract people into the social care profession. The registered provider had followed safe recruitment practices and had taken relevant references, including the last employer, and carried out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. The identity of staff members had been verified using appropriate records and staff only commenced employment once these checks had been completed. This helped to ensure people were protected from individuals who had been identified as unsuitable to work with vulnerable people. At our previous inspection we had concerns in relation to the disciplinary process when staff had fallen below the standards expected. We checked at this inspection for improvements. The registered manager had taken a staff member through the process, which involved taking the person through set stages, a panel, a full investigation including taking statements and a report. This demonstrated the registered provider had a process for ensuring only people with the necessary skills and behaviours worked with vulnerable people at the service.

We asked to see the latest versions of any safety certificates which related to the office where the service was based. The registered provider was only responsible for the portable appliance testing (PAT), as the building was maintained by a third party. We saw evidence this testing had been carried out in April 2017.

We checked to see how the registered provider supported people to manage their medicines safely. Most people using the service did not need any help with medicines and only six people required 'prompting' to take their medications. This meant people managed their own medicines in their homes and only required care staff to remind them when their medication was due to be taken during planned visits. Staff had been trained to support people with their medicines and the registered manager told us each of the six people who required assistance had a safe in their home to keep medicines secure. We reviewed the medicines administration records for six people. We found gaps in the records, and when we discussed this with the registered manager, we were told this was because at this time family members might have assisted the person with their medication or creams. We discussed with the registered manager that this needed to be recorded on the MAR sheet as it was not clear whether staff had omitted to assist with medicines nor that

this had been given by a third party.

People using the registered provider's supported living service had moved in April 2017 to one national pharmacist who provided the medication administration records, and who would be conducting their own audit when the system had been in place for six months. We saw service managers regularly audited medicines, but we found these audits had not been completed thoroughly and had not been signed off by the registered manager. Although medicine support was only a very small part of the registered provider's overall support, we recommend that the service consider current guidance on managing medicines for adults receiving social care in the community and take action to update their practice accordingly.

# Is the service effective?

## Our findings

At our previous inspection we found the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulations) 2014 as we did not find evidence people had consented to their care. At this inspection we checked and found improvements had been made.. A new form had been designed and rolled out across the organisation making it easier to evidence consent had been sought. We saw evidence people had consented to their care in the care files we reviewed, which demonstrated the registered provider had made the required improvements. The registered manager had been involved in designing a pictorial consent to care form which provided visual cues to enable people to consent to care delivery, sharing information, finances, medication, moving and handling and photographs and videos being taken. This was to be trialled in another of the registered provider's services but demonstrated they were looking at ways to support people to consent to their care and treatment.

People on the whole told us communication with the office was good. One person said, "They are good at letting me know things I need to know." Another said, "If carers are going to be late the office ring me so communication is good." One person we spoke with told us there were inconsistencies with communication between staff and the office and said, "There are still problems with communication between the office and the staff. I always remind them to put [an appointment] on the rota but communication is not that good."

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 that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In supported living arrangements applications must be made to the Court of Protection. No one at the service was subject to authorisations to deprive them of their liberty. The registered manager was aware of their responsibility should a person they supported be under continuous supervision and control, combined with lack of freedom to leave, indicating a deprivation of liberty. They knew who to contact and the process to follow to ensure they were acting within the legal framework.

We asked staff about their understanding of mental capacity and their replies demonstrated they understood their role with people who might lack capacity. One member of staff said it was, "To support people to make decisions." Another member of staff told us they usually arranged for an external assessment of capacity, although if this was not possible, they carried out their own assessment. They told us they could contact their 'complex needs lead' for advice on carrying out an assessment of capacity.

Staff told us they gave people choice. One member of staff said, "Down to personal care, I'll ask someone what kind of coloured socks they want on." Another staff member told us they had supported one person to redecorate and refurbish their home. The person they supported told us the staff member had helped them

look through magazines and obtained carpet and wallpaper samples, so they could choose the style they wanted. One person said, "We get choice."

Staff told us they received an induction over six days when they commenced employment with the service, which included training in; first aid, safeguarding, fire awareness, food safety and nutrition, moving and handling and medication. Where staff supported people with more complex health needs, we saw they received training in areas such as; the administration of specific medicines, the use of restraint and responding to compulsive behaviour. One staff member told us, "This is the best induction I've ever had." People receiving this service took part in staff inductions through role play and asking staff questions. The registered manager told us new staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw evidence of this in the staff files we looked at.

The registered manager showed us the registered provider's learning and development directory. This contained a range of learning and development opportunities in addition to mandatory and vocational training. Specialist, role specific and complex needs training was offered including training on Non abusive psychological and physical interventions (NAPPI). The registered manager told us no one they supported required physical restraint. The registered manager had identified staff needed specific training to support one person with autism, and had arranged to meet a trainer to discuss the staff training requirements. One member of staff told us, "We have an award winning training department." And "It's the first company I've worked for that has given me so much opportunities."

We found staff received ongoing support from the management team through a programme of regular supervisions and appraisals. One staff member said, "I get regular supervision every few weeks. We look at problems that might be occurring." Another staff member commented, "They're more often than we've ever had them before. In your communication you can say what you want." Supervision records looked at staff wellbeing, training and development, performance issues, 'customer' issues and reflected on what went well and what could have been better. The supervision records we reviewed evidenced staff received this support on a quarterly basis. In addition, staff received an annual appraisal which reviewed key achievements, the staff member's strengths, challenges they faced, training needs and objectives for the following 12 months.

We saw evidence to show healthy eating was promoted and the registered manager told us about one person they had supported to lose weight by creating a picture map of foods they should be eating and those which they should avoid. This person had lost a significant amount of weight as a result. One member of staff said people were supported by staff to go out shopping and buy meals of their choice. Whilst some people chose to purchase ready meals, one staff member told us they assisted another person to prepare meals such as lasagne and chilli which they made using fresh ingredients. We spoke to a person who confirmed this was the case and said their support worker regularly checked the 'use by' dates on items in their fridge which ensured they were unlikely to consume out-of-date foods.

People using the service were supported to attend health appointments to ensure their wellbeing if this was part of their care plan.

## Is the service caring?

### Our findings

We asked people using the service whether their care staff were kind and caring. One person said, "They are caring and considerate. I feel comfy with them. I had a last minute doctor's appointment and my carer was going off duty but she stayed that little bit extra so I could go. She went the extra mile." Another person we spoke with said, "Some are good, some are not so good." They told us some staff used their mobile phone whilst they were supposed to be helping them." A further person said, "All lovely. [Carer] makes me laugh; it's good having them they're good company".

A professional we spoke with following the inspection said, "The staff have got the best interests at heart. People using this service are well supported and respected. A wonderful team with nice management."

People told us staff treated them with dignity and respect. One person told us, "They keep me covered and respect my privacy and dignity." One member of staff told us they maintained a person's privacy and dignity whilst showering by, "Closing the door. We always put a towel around so [person] is not wandering around with no clothes on." We saw a compliment dated August 2016 which read, "Staff treat me with dignity and respect and enable me to be more independent. They show understanding of my conditions and needs." The registered manager told us staff were trained at induction to understand about privacy and dignity and they undertook spot checks on staff to ensure staff provided dignified care. As part of their induction, staff received training in equality and diversity and supervision records showed equality and diversity was a standing item to discuss.

Staff we spoke with were consistently able to describe people's care and support needs and knew about people's preferences and interests. We saw care files contained detailed information about the tastes and preferences of people who used the service which meant the registered provider staff a rounded picture of the person, their life and personal history to enable them to provide personalised care.

We found the registered provider used outcome focussed support plans which listed the goals people wanted to achieve and people's current abilities in activities of daily living were recorded.. Support plans had sections against each need which stated, 'What I want to achieve or maintain.' 'How I will achieve this.' 'Who will support me.' 'By when'. 'Review date' and whether 'achieved'. This split activities into whether the support was to maintain people's level of ability or increase their independence. Staff told us they supported people to achieve their goals by encouraging them to do as much as they could for themselves. One staff member told us they had helped one person develop new skills, including programming the appropriate cycle on their washing machine and checking their smoke detector was working correctly.

Staff were aware of how to access advocacy services for people if the need arose and people were using advocacy services to support them to make decisions. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

## Is the service responsive?

### Our findings

People we spoke with told us their service was responsive to their changing needs. One person said, "My care plan gets reviewed annually. We can have meetings sooner if something needs changing." Staff told us the service they provided was person centred and one said, "Everyone is an individual. We try to learn and improve on things we haven't got right. It's a continuous learning process."

The registered manager told us they involved families, social workers and advocates in determining care plans and in building up a picture of how best to support people who might not be able to communicate this. The registered manager told us they did not take on any care package which was less than an hour to enable them to provide person centred care. During the initial assessment people were asked what type of person they wanted to support them in terms of gender and interests so they could try and match staff who would be compatible with people using the service. The registered manager told us the provider was trialling one page profiles for staff to facilitate this process. People were asked at each review whether they would prefer an alternative carer. This meant the registered provider was enabling people to be supported by a compatible carer.

We reviewed the care records of three people receiving care and support. We found care records contained comprehensive information about people's health and social care needs. Plans were person centred, which meant they were individualised and relevant to the person. We found them to be very detailed and included information on who had supported the person to create their care plan including relatives, social workers, and staff. Each file had a one page profile detailing what was important to the person, how to support them and what people liked and admired about them. Information in this format encourages people to have choice and control over their lives and encourages person centred care.

There was a record of how each person communicated and how to support them. Visual cues were recorded to enable the member of staff to understand what the person's actions meant. In one file the following information was recorded, "Visual cues can be very important to me when making decisions. Visits, photographs and information from the internet might help." The registered manager told us about one person's communication passport which records they rubbed their 'belly' when hungry and screwed up their face when they require the toilet. This demonstrated the registered provider was assessing people's communication needs and ensuring support plans detailed information to enable staff to interpret non-verbal cues.

Care plans detailed peoples aspirations and objectives, and for one person this was to maintain their mobility and to use their walking frame at specific times of the day. We also found emergency support plans, such as for one person whose blood sugar levels were monitored, there was a protocol in place detailing the signs staff should look out for and what they needed to do to raise a person's blood sugar levels.

In contrast to the detailed information found within peoples care and support plans, the daily recording on communication sheets completed by staff whilst in people's home was limited to very short entries which did not reflect care had been carried out in line with people's support plans. Information was basic and task

focussed such as, "Support to bath, shave, wash hair." rather than recording person centred information about the person's day. The registered manager had recognised this and had arranged for a report writing training in June 2017 to specifically address this point.

One professional we spoke with after the inspection told us the service had been very responsive to a person's needs and worked flexible with the person and within the allocated time frame to ensure their preferences were met and allowing them to have the support provided in the way they wanted. This meant the registered provider was provided a service which met people's choices and preferences.

People we spoke with told us they were comfortable raising concerns. One said, "Any problems and I just ring the office I can talk to them". Another person said, "I know who to complain to." A further person said, "If I want to make a complaint I ring the office and talk to the manager. I complained about two carers who I didn't feel comfortable with. They changed them straight away." We looked at the record of concerns and complaints and found these were appropriately managed. Concerns from people, relatives and staff were all recorded. We saw details of the issue and the response provided was clearly recorded. The records we looked at demonstrated complaints were responded to within identified timescales. Although the majority of responses were verbal, we saw letters were also sent where a written response was needed.

## Is the service well-led?

### Our findings

At our previous inspection we found the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to poor record keeping. The daily care record of the visits to people in their own homes had not given a true and detailed picture of the care provided at each visit. At this inspection we checked for improvements and noted that there had been improvements and the system had been changed from the use of hard backed books to communication sheets to record the daily record of care provide, and these records were audited regularly by the senior staff. One service manager told us daily record keeping was "Always on the agenda at staff meetings. We encourage staff to record how they've engaged with customers. Have they met their outcomes. Not just writing the minimum." We found information in some of the communication sheets although improved was task focussed. The registered manager had recognised they needed to improve further. They aimed to ensure the information reflected the quality of the service that had been provided and to compliment the high standard of information in the person's care plan. They had planned two workshops in June 2017 on report writing for all staff to ensure this improved and they recognised that although this was covered at induction, staff did not always realise the importance of accurate record keeping. They showed us an exemplar record to support staff to improve. This demonstrated the registered manager had recognised where improvements were required and had a plan in place to achieve them.

There was a registered manager in post who had been registered since February 2016. They shared their vision for the service with us, "I want to make sure all customers have a fantastic person centred service." Staff we spoke with were positive about the registered provider. Comments included, "I think this is one of the best organisations I've worked for. I think we all get on really well." "I do personally think we are one of the better company's," and "You're more like a family." Staff also said they felt well supported by the registered manager and service managers. One staff member said, "She's one of the best managers we've had. She's passionate and caring." Another staff member said, "I'm very happy with the management. They probably are the best management team I've had since working with Avalon. If I've got any concerns, I'd just go in to see them. There's always someone there."

Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. We reviewed the minutes of meetings which had taken place including manager meetings with the registered provider, Customer Committed meetings, for people using the service and staff meetings. These evidenced the registered provider was seeking the views of people and staff to improve the quality of their service and were proactive in seeking new opportunities to develop. One staff member confirmed regular staff meetings took place. They told us, "You do get chance to voice your opinion." The registered manager told us those staff who were unable to attend the meeting were provided with the minutes with their payslips.

We saw that the registered manager analysed information about the quality and safety of the service and undertook a range of audits. We reviewed their audit of service user care files. This looked at the following documentation within the care plan; consent to care, needs assessment, support plan, reviews, risk assessments, local authority documentation and other paperwork. All the files had been reviewed and



where action was required this had been highlighted with details of who was required to carry out this action by a certain date. Actions that had been achieved were marked as completed although all actions did not have a completion date and an update for those actions not marked as completed. The care plans we reviewed were completed to a high standard. This demonstrated there was a systematic approach to auditing service user care files.

We saw records which showed spot checks were carried out on a monthly basis to ensure staff provided safe and effective care. These covered, for example, the administration of medicines, finances, cleanliness of the property and completing the daily diary.

The registered manager told us they were supported by the registered provider. They said the director of the organisation visited the office at least once a month and often twice a month. The chief executive also visited once every two months. The registered manager told us they attended regular meeting and training with other managers at the registered providers head office and the registered provider offered training for managers with separate modules on subjects such as setting on new care packages, setting up complex care packages, safeguarding for managers, the structure of the business, paperwork, accident and incident recording and health and safety issues. They told us this had enabled them to develop into their role.

We looked at the reporting of incidents notifiable to the Care Quality Commission. Although the registered provider had made us aware of the majority of reportable incidents, we discussed two incidents which the registered manager had not notified us about. This was a misunderstanding and they told us they would take immediate action to ensure all reportable events were communicated to us.

The registered manager completed a monthly report for the senior management team which looked at reasons for any missed calls and identified patterns of incidents, accidents and safeguarding concerns.

The registered manager told us two people using the service were on the registered provider's strategic customer committee 'Avalink'. The group met every three months at their head office to discuss current issues, decide on upcoming policy changes and to ensure best practice was being adhered to across the North of England. They told us they were in the process of setting up a more local committee for people in the area in addition to tenancy meetings with people they support in a supported living arrangement.

At the time of our inspection, the registered provider had sent out their annual satisfaction survey to people and staff. We looked at the feedback from the same surveys carried out in June 2016. We saw satisfactions levels were high, although there were some issues, for example, 29% of people disagreed with the statement 'my support always gets here on time'. The registered provider had created feedback sheets for both people and their relatives as well as staff. In response to this issue the feedback sheet read 'Some of you told us you have had instances of support not arriving on time; Any instance of late arrival will be discussed and reviewed at support and supervision meetings. When support is late, this will be discussed with you so that you are aware of the reason for a late attendance, and the resulting actions taken to reduce such incidences in the future'. One piece of feedback in response to the 2016 staff survey referred to staff asking for more supervision sessions. As a result, staff were encouraged to ask for additional support if they felt this was needed. We saw staff received regular supervision support. This meant the service was responsive to feedback it received through surveys.

The registered provider completed quarterly compliance reports which looked in turn at each of the five key areas used by the Care Quality Commission to assess the quality of care provided. We saw evidence of such audits in June, September, December 2016 and April 2017. In June 2016, 'safe' was audited and covered areas such as; changes in the staff team which it was found had been communicated to people receiving

this service and use of the out of hours system which people confirmed they were familiar with. This tool was used to identify a series of actions under 'summary of key findings'. Although timescales for completion were not recorded, we saw evidence of action taken in response to these findings.

The registered manager told us they kept up to date with good practice through local authority events and training. They were also supported by the registered provider to develop into their role and there were systems in place to ensure registered providers were given up to date information in relation to ensuring their service was working to best practice.

The previous inspection ratings were displayed on line and at the registered provider office location in Dewsbury. This showed the registered provider was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.