

South Essex Special Needs Housing Association Limited

Aveley House

Inspection report

Arcany Road
South Ockendon
Essex
RM15 5SX

Tel: 01708856444

Date of inspection visit:

04 October 2016

05 October 2016

17 October 2016

24 October 2016

26 October 2016

09 November 2016

Date of publication:

16 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Aveley House provides personal care and support to adults who live in their own homes in the geographical areas of Rochford, Rayleigh, Castle Point, Basildon, Harlow and surrounding areas. It is a large service and employs over 350 staff.

The service has a registered manager in post. 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.

We carried out an unannounced comprehensive inspection of this service on 28 September 2015. A breach of legal requirements was found as people who used the service were not protected by safe medication procedures and there were issues around the safe administration and recording of people's medication.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach and also improvements they were to make. We undertook a comprehensive inspection over a number of days and this included 4, 5, 17, 24 and 26 October and 9 November 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. During our visit we found that safer systems were in place to assist people with the management of their medication and to help ensure people received their medication as prescribed. Robust quality assurance systems had also been introduced to monitor people's medication and take appropriate action when needed.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe.

Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff told us that they felt well supported to carry out their work and had received regular supervision and training.

There were generally sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service, but this needed to be monitored continually.

Where needed people were supported to eat and drink sufficient amounts to help meet their nutritional needs and staff knew who to speak with if they had any concerns around people's nutrition. People were supported by staff to maintain good healthcare and were assisted to gain access to a range of healthcare providers, such as their GP, dentists, chiropodists and opticians.

People had agreed to their care and been asked how they would like this to be provided. People said they

had been treated with dignity and respect and that care staff provided their care in a kind and caring manner. Assessments had been carried out and care plans had where possible been developed around each individual's needs and preferences.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. The registered manager had a good understanding of MCA and mental capacity assessments had been requested from the appropriate government body where people were not able to make decisions for themselves.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received the assistance they needed when being supported with medication and the provider had systems in place to regularly audit this.

The provider had systems in place to manage risks which included safeguarding matters and this helped to ensure people's safety.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

Is the service effective?

Good ●

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and people's rights were protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

Is the service caring?

Good ●

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff had a good understanding of people's care needs. Staff were caring.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual health care needs were met.

Is the service well-led?

Good ●

This service was well-led.

The registered manager understood their responsibilities and demonstrated good management and leadership skills.

Staff understood their roles and were confident to question practice and report any concerns.

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

Aveley House

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 was unannounced and took place on the 4, 5, 17, 24 and 26 October and 9 November 2016.

The inspection team consisted of three inspectors and two Experts 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.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. The provider also 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 this information to plan what we were going to focus on during our inspection.

During our inspection we visited 12 people within their own homes. We also spoke with the registered manager and directors of the business. The Experts by Experience made 26 telephone calls to gain the views of people who received a service. Twelve relatives also provided feedback. As part of the inspection we contacted 17 staff to gain their views about working for the service and their comments and feedback have been added to the report where possible.

As part of the inspection we reviewed 23 people's care records and 12 care plan folders within people's own homes. This included their care plans and risk assessments. We also looked at the files of 11 staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

Is the service safe?

Our findings

At our comprehensive inspection of the service on the 28 September 2015, we found a breach in the regulations. This was due to the provider not having safe medication procedures in connection to the safe administration and recording of people's medication. An action plan was submitted by the provider to show how they were going to meet the breach in regulations. We found that improvements had been made and people were now receiving their medication safely and as prescribed.

During this inspection we found the provider had been proactive in ensuring the action plan had been fully implemented. Since our last inspection they had introduced a compulsory medication training course that all staff had to attend and this included an exam at the end. Once completed the staff member was required to be signed off as competent by the registered manager. From training records seen there had been a small number of staff who had been required to repeat the medication training two or three times until they had been deemed as competent. Records also showed that a very small number of staff had been unable to be signed off and had been stopped from undertaking any care and support that required medication assistance. The registered manager advised that reassessments for competency in medication would be completed by care staff every two years. Medication recording paperwork had also been changed since our last inspection and this was now easier to read and complete. Staff confirmed there had been changes in medication practice over the last 12 months and their comments included, "We have all had medication training and it is much clearer and safer for staff and service users" and, "We have had medication training to check that we were doing it properly. The medication sheets are now easy to follow and we check whether people have the mental capacity to manage their medication."

We found that the standard of medicines management in the service had improved since our last inspection and people were now receiving their medicines safely and as prescribed. Whilst reviewing care plan and medication record sheets within the office on this inspection we found a few errors, but the provider was proactive in ensuring swift action was taken to rectify these. The errors were also followed up during our visits to people within their own homes and we found each person would be able to advise what assistance they needed and that they had full capacity with regard to their medication. Due to our findings the provider introduced further systems and audits to ensure they provided a safer service and these would help highlight areas of concern that we found.

To assist with the monitoring of medication the provider had introduced a medication audit form which was completed on a four weekly cycle by an appointed medication audit officer. The purpose of the audits was to check for errors and omissions, so that such occurrences could be minimised and the data collected used for future staff training and development in medicines. Care staff were now encouraged to advise the office of any omission they may see as soon as possible, so that these can be rectified quickly and appropriate action taken. Senior care staff continue to monitor and audit care records during reviews and visits in people's homes.

People were positive with regard to assistance they received for medication and their comments included, "The carers are 95% perfect. They are regular as clockwork with my medication. They come on time so that I

get my tablets on time. They complete the red file properly so everyone knows what medication I have taken each day. They are very, very good indeed" and, "I can rely on the care assistants to give me my medication. I trust them completely. They meet the deadlines properly and record what I have taken in my file. I feel very safe in their hands. Staff know me really well and they respond to my wishes." A relative told us, "The last 12 months have worked out really well for us. We can now relax more because we know our mum is having her medication properly checked by the care assistants. We would certainly recommend this service to other families."

The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. Staff had received training around safeguarding vulnerable people as part of their initial induction when they first started working for the service, and had received regular updates. They knew how to protect people from abuse and avoidable harm and told us that this was regularly discussed as part of their supervision process. Staff were able to explain how they would recognise abuse and who they would report any concerns to. Care staff spoken with stated they would feel confident in raising any concerns they may have. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service.

People said they felt safe with the care staff who supported them. Many confirmed they felt the service was safe and their comments included, "I feel very safe," "They are all trustworthy and very good in what they do" and, "I know my husband is very safe in their hands and that is very important to me. It helps us to cope with our situation." We found that people did not feel insecure or anxious in relation to care staff attending their homes and many said how much they looked forward to the care staff arriving at their homes. Those people who had key safes advised that these could be accessed in a secure manner by the care staff. The service's own quality assurance questionnaire, which is regularly sent to people who receive a service asks whether people feel they are 'Safeguarded from the risk of abuse' and whether people's human rights are 'Respected and upheld'. This provided people an opportunity to report back to the office any concerns they may have. No concerns had been raised from those questionnaires returned.

Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. People stated they had been part of the risk assessment process. This documentation had been placed in each person's home with clear instructions to care staff on how risks were to be managed to help minimise the risk of harm from the environment and also where people had mobility needs. People who needed assistance with moving and handling confirmed that the care staff were very efficient and provided their care in a professional manner.

We found that the majority of people benefitted from seeing the same care staff on most days, except when their carers were on holiday or ill. Most people told us they felt there were enough staff and that they received the care and support they needed from the same small group of carers. However, two relatives stated they felt the weekend rota could be better as they felt their relatives saw too many 'new faces' and that this made their relatives feel anxious. Another stated that there could be better time keeping at the weekend and commented, "My mum gets anxious if the carers don't arrive on time. But apart from that we are very happy." A staff member confirmed that the weekends could be 'a bit hectic' due to doing extra calls. The registered manager advised that they are constantly recruiting new care staff to try and ensure there are sufficient people to provide the care required and not put care staff under pressure. The provider had looked at arranging for care staff to complete visits in geographical areas, which they found helped to reduce travelling time and assist with providing continuity of care for people. They had also recently reviewed staffing rosters to help identify whether they had sufficient resources available in the event of disruption due to staff absences.

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Barring (DBS) checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. We looked at 11 recruitment files and found that all appropriate checks had taken place before staff started work within the community. This had included written numeracy and literacy tests and a face to face interview at the service. Records had been kept of the interview questions and the candidates' responses to show that applicants were assessed on their knowledge of the role they had applied for. Staff told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe. The service had a small leaflet for staff which advised them of the process and care staff confirmed they were aware of the whistle blowing procedure and described who they would speak to if they had any concerns. Many were aware that they could also go to Social Services or CQC if they had concerns.

Staff received relevant training on the importance of infection control and people confirmed that staff took necessary precautions in terms of hand hygiene and wearing protective clothing, such as aprons and gloves when working with people.

Is the service effective?

Our findings

People were happy with the care they received and felt the care staff had the right skills and knowledge. Comments included, "They are so friendly and patient with me. Nothing is too much trouble and they always ask me how I like things being done. I feel much better with their help because everyone knows what to do. We chat through everything." Another person commented on the excellent understanding the care assistants had shown towards their relative's dementia. They added that they had discussed training with the care assistants and felt that it was very thorough and extensive.

The registered manager said that induction training for new staff usually took two and a half to three weeks to complete. The content of the induction is in line with the Care Certificate requirements, which is a recognised induction training course for people working within the care sector. All newly recruited staff had completed an induction training programme before they started working in the community and this included information and guidance on how to meet the needs of the people using the service. The service's provider information report stated, "Our three-week induction training is augmented by extensive shadowing, probation, mentoring and monitoring, all of which are second to none. Our aim is to have fully trained staff prior to starting work, thus maximising our ability to provide services that are safe." Staff spoken with were very complimentary about the induction training they had received and all confirmed that they had 'shadowed' an experienced member of staff until they felt competent. They added that this had helped them to have a better understanding of their role and the standards expected of them. Feedback included, "I did not go out until I was really confident and I shadowed another person for a while. It was good as I could talk through any problems" and, "Shadowing is essential and it is very different when you work in the community. They (the company) are very supportive and let you take as long as you need."

The provider had organised a yearly training plan and this included a range of training to be provided to care staff. Care staff were trained in infection control, dementia awareness, food hygiene, moving and handling, health and safety, safeguarding awareness, management of medication, privacy and dignity and record keeping. The provider did not have a formal system in place to monitor when care staff's refresher training was required and were presently having to use manual systems, but they were in the process of introducing an electronic system.

The service had over 350 staff working for them and out of this over 200 staff had completed a recognised qualification in care. Further training had been provided to some staff around meeting specific areas of need for people using the service, which included; Parkinson's, diabetes, epilepsy, stroke and cerebral palsy awareness. Care staff confirmed that they were regularly offered refresher training and one added, "I can't fault the training, the manager is really good and always gives you time." All the people we spoke with said the care staff seemed to be 'well trained' and that they had the appropriate knowledge and skills to meet their care needs. One person added, "The more experienced carers are excellent. I think they are well trained, respectful and professional."

Staff confirmed they received regular supervision and support and this consisted of one to one supervisions, team meetings, appraisals and regular postal questionnaires. They added they found the management to

be supportive and stated they had 'regular contact' with them. Staff had been given the opportunity to attend team meetings and records had been kept of observations or discussions with care staff with any agreed actions. One staff member stated that they found team meetings 'a good opportunity to discuss any problems,' and all staff stated they found the provider 'very supportive.'

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had received training in MCA as part of their induction training and were aware of how this helped to keep people safe and protected their rights. Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. People told us that they had agreed to the service providing their care and support and the service had been proactive in ensuring people had been part of the decision making process. Files contained a number of consent forms regarding care, the review of care and assessments. These had been completed by the person receiving the care or their relative. People had given consent for staff to assist with their medication.

Care plans in place helped to identify if assistance with nutrition was required and also identified any dietary requirements and how much support was needed. Food people received had either been prepared by family members or was fresh or frozen ready meals. Staff were required to reheat the food and ensure that the meals were accessible to people and that they met their dietary needs. Staff had received training in food safety as part of their induction and were aware of safe food handling practices. They told us that they ensured that people had access to their food and drink before they left the person's home. Feedback included, "They (care staff) help me to cope really well. They do my food just as I like it. I don't have to worry about tidying up because they do a really good job. I feel a lot calmer now I have got to know all the team. They know just what I like when getting my food ready."

People had been supported to maintain good health and had access to healthcare services and received on-going support. People told us that mostly their relatives would support them with their healthcare appointments however; they added that staff had supported them to access healthcare support if necessary. Staff had liaised with health and social care professionals and referrals had been made when needed and this showed that staff tried to maintain people's health. Feedback included, "They would call the doctors for me if I wasn't feeling well and won't leave until they were sure I am ok" and, "The team will alter my visiting time if I have an urgent medical appointment. With my permission they have also called in my GP when I was feeling poorly on one occasion." Another person told us of a situation when their partner had a fall just as the staff member arrived and they took over and called the paramedics. The person was given the option to go to hospital, but this was declined. The staff member then stayed longer to make sure the person was comfortable in their own bed and reassured the partner that they could contact the service if they were worried.

Is the service caring?

Our findings

People told us the care staff were kind, caring and treated them well. Comments included, "I get on very well with all the care assistants. We are on friendly terms. I value the consistency of support and I get on particularly well with [staff member's name]. They have helped me to be more mobile with my walking sticks. The carers really earn their money. They are excellent and work really hard. It's all about give and take and getting on with people." Another stated, "Everything is just as we like it. They have given me and my husband a great deal of support and made our lives much easier. I would recommend this service to anyone. They are very reliable and trustworthy."

Staff had an awareness of the day to day care needs of the people they worked with and this included any care needs due to people's mobility, health or diverse needs. People had been involved in the planning of their care through the assessment and care planning process. Staff understood the support each person required to meet their needs and to help keep them safe. Many people had signed to say they agreed with the care they were to receive as part of the initial assessment process. Feedback included, "The care assistants are very friendly and chatty. They know my needs and I know them. They are very helpful. I feel very comfortable and relaxed in their company, which puts me and my son at ease" and, "My mother has a very good rapport with the care assistants, there is plenty of banter and two way feedback. They are gentle and kind with her. They are very patient in how they shower and dress her. They ask her where she wants to be taken in the house for when they leave and they make sure everything is positioned to hand to meet my mother's needs. We all get on really well." Another person stated, "My husband has dementia, but the carers know him really well. They are very gentle in attending to his needs. The carers have a good understanding of his condition. They give him as much help as he needs. We are extremely pleased with the quality of care we receive."

People told us that staff were, "Caring and respectful." They added that staff listened to them and took instructions from them. They confirmed that they were involved in their care and one person added, "They respect my choices." People said that staff were cheerful, friendly and asked them for their agreement before they did anything for them. They added that staff checked before they left the visit if there was anything more they could do for them. One added, "The carers talk with me and I look forward to their visits, they are always polite and ask me if I'm happy with what they have done for me" and, "The girls are brilliant. They even close the blinds for me if it is too sunny and always ask if I want or need anything else before they leave."

For people who needed extra support to make decisions about their care and support, the service had information about advocacy services or had involved relatives. Advocacy services help support and enable people to express their views and concerns and provide independent advice and assistance where needed.

People were happy with the care and support they received and were treated with dignity. They were complimentary about the staff and the care they received and their comments included, "They help me to move from my bed using a hoist into my motorised wheelchair. They do this safely and with respect. I am offered choices on whether I want a wash or shower, and they do what I ask for with my meals. I am

completely dependent on the carers. Most of them are very professional and patient" and, "The staff treat me with respect. They have certainly made a difference to my life. I look forward to them coming. We always have a laugh together."

Another person reported, "I know my husband is safe in the hands of the carers. They know his ways very well. They are patient with him. The carers leave him to do as much as he can for himself, but step in when he begins to wobble a bit. They are all very friendly and never bring any of their personal troubles into our home. They have a really caring attitude and professional approach." The service had sent out an anonymous questionnaire to people who received a service and 90% of respondents stated that their dignity was respected 'At all times' and, 9.4% stated it was 'Most of the time.'

Is the service responsive?

Our findings

People told us that the service met their needs and they had been involved in the assessment and planning of their care. Care staff we spoke with were knowledgeable about the people they supported and some had cared for and supported people for a number of years. They were aware of people's likes and dislikes as well as their health and support needs. Feedback from people included, "They (care staff) have literally helped me get back on my feet. They have helped to cure my leg ulcers and my skin is much better now. I have a bit of pain but I can walk much better now. The carers have good worldly experience and we chat about all sorts of things. My carers and I work closely together as a team. I have never had cause to complain" and, "With the help of the care assistants I have got stronger and now I am walking independently with my walking sticks. I feel pretty mobile which is great. I can honestly say my outlook on life has improved."

People's care needs had been assessed before receiving a service, which helped to ensure the service was able to meet their needs. A care plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. Any care needs due to the person's diversity had also been recorded and care staff were aware of people's dietary, cultural and mobility needs. People confirmed that before the service commenced they had received a visit from someone from the service, to assess their needs and ask their preferences about the support they would be offered. People told us that they all had a care plan and a 'red file' personal folder in which the care staff carefully record what they have done on each visit, including the completion of the medication administration record (MAR) sheet where appropriate.

Care plans seen had been reviewed and updated where changes were needed. These had been reviewed since the last inspection to ensure they had the most up to date information and were correct. Staff confirmed that the information in people's homes had improved and agreed that they were given enough information to provide the correct care. Their comments included, "They are very good with care plans and information" and, "The information in people's homes is really helpful." Staff went on to say that they would also read the care notes or 'red books' to ensure they were providing the care the person required, as these had the most up to date information.

Information seen in people's homes and in the office varied in content, but some included information about people's personal histories. These were informative and provided the reader with facts and background histories of the people they cared for. The registered manager explained that they felt gaining information about people's history was an important part of providing care, especially those people who may be living with dementia. They added that this information provided care staff with an essential overview of the person they were caring for, their life and also who they are.

Those people who had regular care staff visiting confirmed they received the time they needed to provide their care. Those who were happy with the care they received reported, "I have no problems with the care assistants at all. They know what I want and they get on with it. I see the same carers usually, except when someone is ill or on holiday. I value that close relationship" and "The carers are excellent in the way they encourage my mum to cooperate with getting her washed and dressed. They move her very gently. She feels

very safe in their hands. What would take me three hours to achieve with my mum takes them 30 minutes. They are excellent." Most staff spoken with confirmed they visited the same people regularly and they found the time they had to provide the care and support was sufficient.

Those who did not have a regular carer stated that their visits were often ad hoc and they could not be sure what time or who would be calling. Feedback included, "I have no specific times and do not know when they are coming" and, "There are no fixed or stated times given. Yesterday it was 10.30 am and today nobody had been for the morning call and I have been up since 8:00 am and have no idea when they will call." This was discussed with the registered manager who agreed to look into the timings of these people's calls to see if they could be improved.

People told us how flexible and responsive they had found the service. They provided examples of where the care staff had done more than required' these included, "The care assistants fit in with what I need. In agreement with social services we dropped the lunchtime visit so that I could receive extra time in the morning visit, which is when I need most help getting out of bed and organising myself for the day ahead. The carers have been very good at making this arrangement work for me" and, "My mum should have 'seven day' support but social services have only provided five days. Aveley House are helping to get us the full seven days that we are entitled to. Occasionally they have given us extra help so that my mum can cope better." Another person told us where they felt the management team had gone out of its way to ensure that their relative got additional respite and therapy support from the local hospice, which they had found to be a great benefit to them.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. Where complaints had been received there were records that these had been investigated and action taken. The manager advised that senior management in the organisation monitored complaints, so that lessons could be learned from these, and action taken to help prevent them from reoccurring.

The service's provider information report form stated, "Care workers act as our eyes and ears on a daily basis, and report any issues, concerns, or requests from, or regarding service users. We also encourage contact from service users, and have a robust compliments and complaints process, that is promoted". People confirmed they knew who to contact if they had a concern. Most people stated they had spoken with their care workers if they had an issue and these had been resolved. Care staff spoken with said they knew about the service's complaints procedure and that if anyone complained to them they would advise them what to do, or would notify the office staff or on-call manager. Compliments the service had received included, 'Constant love, kindness, as well as skilful care of your SESNHA Carers, whose devotion to my mother will be impressed upon my thoughts for the remainder of my life,' and, 'I would not have been able to look after [person's name] in his own home if it was not for you.'

Is the service well-led?

Our findings

The service had a registered manager and there were clear lines of accountability and a management team in place. The service also had locality managers and co-ordinators whom staff liaised with and reported to within a set geographical area. This assisted with communication within the service and ensured people and care staff had someone within the service they could talk with. Most staff told us they thought they received good support from the office and management team.

Care staff we spoke with said that they had received supervision, attended regular staff meetings and could gain support and advice when needed. Staff are encouraged to whistle blow and the service had two quality assurance staff who could be approached by care staff with regard to concerns within people's homes or within the office. Many added they found these two staff members very approachable and would have no concerns having to speak with them.

The service had clear aims and objectives and also a 'service user's charter', which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and care staff had a good understanding of the standards and values that people should expect. These were also covered as part of the staff induction and the Care Certificate and care staff spoken with had a clear vision on providing good quality care. Comments included, "It is so satisfying building up relationships with people we visit, we need to be friendly and approachable as it is their home," and, "I love my job, it is different every day. I look at it as I giving care to my granddad; so it needs to be good."

Management had regular meetings to identify any areas of work that would need to be completed during that week and also looked at any audits that have been completed and discuss plans of action. They also had systems in place to improve the quality of the service people received and act when issues were brought to their attention. Regular questionnaires and surveys were sent to people to gain their views about the service they received. This provided them with an opportunity to identify areas they were doing well and also where they needed to improve. They told us they would continue to look for ways they can ensure that people have regular staff, that they arrived on time and provided the care people required. They recognised that communication with people was an area that could be improved and were looking at ways to ensure this was implemented.

People had been actively involved in developing the service through being part of their assessment, care planning and reviewing of their service. The service also carried out a number of surveys during the year as part of their own quality assurance and contract monitoring. These were collated and a report written from the responses to highlight strengths and weaknesses. Once the report was completed an action plan was produced so that work could continue on the development and improvement of the service. Since our last inspection they had approached care staff for feedback on working for the service and they hoped to develop this further to look at specific areas of their work such as timings of calls, numbers of visits etc.

People generally received good quality care and the service had a number of systems in place to help monitor the standard of care received. The registered manager and provider had carried out a range of

regular audits to assess the quality of the service and to drive continuous improvements. These included staff recruitment, service user files, care reviews, staff training and supervision, medication and issues relating to the quality of care people received. We found that the care staff had been properly recruited with the necessary security checks. People frequently used terms such as 'well trained', 'caring', 'sensitive', 'helpful' and 'professional' to describe the quality of support they received from the service and implied that the organisation was well managed. Aveley House (SESNHA Care) is a Not-for-Profit Registered Society under the Co-operative and Community Societies Act 2014. Any profit made is used to benefit the people who use the service and the provider stated in their provider information report that their aim is to 'deliver exceptionally safe, caring, excellent and responsive services. Continuous professional development is encouraged, and staff are kept up to date of current trends, and best practice via various means, such as professional institutions, trade bodies, CQC and other websites.' During our inspection we found that people would be happy to recommend the service to other friends and family. Care staff's feedback about the company was very positive and included, "I have found this company calmer. I know what I am doing and allocated people and then I work with them to work out when they want their service, there is more autonomy."