Dimensions (UK) Limited

Dimensions South West Counties Domiciliary Care Office

Inspection report

Suite 2 Lansdowne Court Business Centre,
1-2 Lansdowne Court,
Bumpers Farm,
Chippenham.
Wiltshire.
SN14 6RZ.
Tel: 03003039098
Website:

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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

Overall summary

The inspection took place 30 November 2015 and was announced. This was the first inspection of the service

Summary of findings

since it was registered at a new address in September 2014. We had last inspected the service in October 2013 at its' previous address and found the service was meeting the legal requirements.

Dimensions South West Counties Domiciliary Care Office provides personal care and support to adults with learning disabilities. The organisation manages services provided to people across five counties from the registered office location. At the time of our inspection services were provided to 80 people who lived in their own homes, either alone or in shared houses with support. The amount of care and support varied from a few hours per day, or week, to people receiving care and support 24 hours a day.

The service had 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.

People were positive about the care they received and praised the quality of the staff and management, however some relatives and staff were concerned about the consistency of staff as a result of recent changes.

Systems were in place to protect people from abuse and harm and staff knew how to use them. Staff understood the needs of the people they were supporting. People described their care as being provided by staff with "care and compassion."

Staff were appropriately trained and skilled. They received a thorough induction when they started work at the service. They demonstrated a good understanding of their roles and responsibilities, as well as the values and philosophy of the service. The staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs. The effectiveness of training was monitored through the supervision; and if necessary disciplinary processes.

The service was overall responsive to people's needs and wishes, however some people didn't think people's individual needs were always being met. We saw people's needs were set out in individual plans. These were developed with input from the person and people who knew them well. Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

The registered manager and locality managers provided leadership to the staff and actively sought to develop the standards of the service. Any complaints were acted on. People explained they were confident that any concerns or complaints they raised would be taken seriously and be dealt with promptly.

There was a continuous system for assuring the quality of the service and the care that people received. The service encouraged feedback from people, their relatives and staff, which they used to make improvements.

Summary of findings

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 and staff told us they felt safe.

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

There were sufficient staff to keep people safe and meet their needs. However, some comments received indicated that an increase in staff during the day would enhance the ability to meet individual social needs.

People were supported to take their medicines in a safe way.

Is the service effective?

Good

The service was effective. Staff were skilled, received regular training, and their working practices were monitored to ensure they could meet the needs of the people they supported.

Staff we spoke with had a good understanding of the people they were supporting. However, some comments received indicated that some recent changes in staff had resulted in inconsistency.

People received care they agreed to. Where people did not have capacity to consent to their care, the service was following the principles of the Mental Capacity Act 2005.

People's health care needs were assessed. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Is the service caring?

Good

The service was caring. Positive caring relationships had been developed with people and they were treated with dignity and respect by staff and were supported to make choices.

We observed staff were compassionate, attentive and respectful.

People were fully involved in decisions about their care and were encouraged to become as independent as possible.

People were given information about the service in ways they could understand.

Is the service responsive?

Good

The service was responsive. People received personalised care that was responsive to their needs.

Staff had a good understanding of people's needs and provided examples of how they took an individual approach to meet them.

People and their relatives were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

People told us they knew how to raise any concerns or complaints and were confident that they would be listened to and acted upon.

Summary of findings

Is the service well-led?

Good

The service was well-led. The registered manager provided strong leadership, demonstrating values, which were person focused. There were clear reporting lines from the service through the management structure. Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

Staff had a good understanding of the aims and values of the service and had opportunities to express their views in what they described as an “open and inclusive organisation”.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance

systems involved people, their representatives and staff and were used to improve the quality of the service.

Dimensions South West Counties Domiciliary Care 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 was announced. We gave 48 hours' notice that we would be coming as we needed to make arrangements for visiting and speaking with people. We used a number of different methods to help us understand the experiences of people who used the service. The inspection took place over five days and involved one adult social care inspector, an expert by experience and a bank Inspector. Experts by experience and bank inspectors are employed by the CQC to assist in the inspection process. The expert by experience carried out telephone interviews with people in the Bath and North East Somerset area. They spoke with one person, nine relatives/representatives and five staff members on the 24 and 25 November 2015.

An inspector visited people using the service who lived in Keynsham and Chippenham on the 24 and 27 November, we also saw records and spoke with staff. The inspector visited the office on 30 November to view records, spoke with the Registered Manager and staff. A bank inspector visited people living in the Oxford and Didcot area, they spoke with staff and a relative and saw records relating to people's care. In total we spoke with six people who used the service, 10 relatives and 18 staff in a variety of roles (support worker, lead support worker, assistant locality manager, locality manager and the registered manager.)

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted nine health and social care professionals for feedback. However we didn't receive any responses.

Good

Is the service safe?

Our findings

People using the service told us they felt "safe and comfortable" with their support workers. Some people described how they were supported to stay safe. For example, one person told us staff checked their doors and windows at night to make sure they were secure, the person said "this makes me feel safe, I also have an aid call pendant should I need anyone in an emergency". Another person said they "definitely felt safe, there's nothing to make me worried at all."

There were arrangements in place to deal with foreseeable emergencies. Staff confirmed there was an on call system in place which they had used when needed. This showed leadership advice was available to manage and address any concerns raised. Personal emergency plans were in place in the event of people needing to be evacuated from their homes.

There were clear policies and procedures for the safe handling and administration of medicines. We saw the level of support the person needed was detailed in their care plan, such as prompting. These were followed by staff which meant people using the service received their medicines safely. Staff told us they had received medication training, they were able to describe safe procedures and what level they were allowed by company policy to administer medication. For example they were not allowed to administer medicines which had not been prescribed. Staff said they underwent refresher training and received competency assessments. One support worker said "You are not allowed to give medicines until you have been checked two to three times." One person described the assistance they received, and said it was "staff prompt me to take my prescribed medicines." Two other people confirmed they received their medicines on time and that there had been no mistakes. None of the people we visited self-administered their medicines and none received them covertly.

We saw records showed all medicines collected or received and stock checks were completed at least once a day. Medicine Administration Records (MAR) were kept to confirm that people had taken their medicines. Separate records were used for recording medicines of a variable dose, medicines prescribed 'as required' and any medicines the person had refused. The records were signed by one or two staff members and were audited on a weekly basis. Any unsigned administration records were reported as medicines errors and additional measures were put in place to give assurance that people received their medicines safely.

Each of the staff spoken with said that they had received safeguarding training and regular updates; they were able to give examples of what constituted abuse or neglect and who they would report to. They were aware of the provider's whistleblowing policy and all said that they would not hesitate to report any concerns. Comments included, "I would have no problem reporting a member of staff if they did something I didn't think was acceptable". We saw evidence that safeguarding alerts had been reported when necessary to the local authority and we had been informed when required. Family members and users of the service said that staff were very observant and if they had any concerns at all, they were confident and concerns would be reported and action taken. Records demonstrated appropriate action had been taken to report concerns to the local safeguarding authority

Robust procedures were followed to safeguard against financial abuse. Many people had appointed representatives or relatives with power of attorney for finances who supported them in managing or having oversight of their finances.

Risk assessments were completed around finances and support plans were agreed with the person and/or their representative. Where people were unable to manage their bank card or card number, staff arranged for them to withdraw cash in person in the bank. A person using the service told us, "I use my own bank card." Each person who had money held for safekeeping had a record of their transactions. Receipts were obtained for all purchases. Locality and assistant locality managers did weekly checks of the records and cash balances, and an annual financial audit was conducted. These measures helped assure people that their money was being handled safely. We looked at three people's financial records and saw that transactions were being recorded; two staff signatures were obtained along with receipts.

The registered manager showed us the computerised system for reporting and monitoring accidents and incidents. We saw appropriate details were recorded, including managers' follow up comments, before reports were sent electronically to a central health and safety team. The team analysed reports and ran data reports to identify

Good

Is the service safe?

any trends. Incidents involving higher level intervention with people with challenging behaviours were automatically sent to the provider's behaviour analysts. These were used to inform strategies for supporting people and to appraise other professionals involved in their care.

We looked at five support plans, each showed risk assessments had been completed with the involvement of the person who used the service, where possible. Records showed risks were reviewed regularly and updated when people's needs changed. Staff demonstrated an understanding of these assessments and what they needed to do to keep people safe. Records showed where a person was at risk of choking whilst being supported to eat, they had been seen by a speech and language therapist for an assessment and details were recorded. Guidelines for staff had been produced of how to support the person to eat safely. We spoke with a support worker who was able to tell us the actions they took to ensure the person's safety whilst eating.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. Literacy and numeracy tests were carried out and interviews were documented. Staff said that they had received a formal interview process that included DBS checks and references. People and their relatives said they had taken part in interviewing new staff to ensure they had the qualities they wanted in their workers. One person said, "I interviewed staff and asked them questions. It's important to get the right match for me." A new support worker confirmed they were interviewed by the person they were now supporting. One family member described how they had been asked to provide feedback about a new member of staff, as part of their induction.

Each supported living house had a dedicated staff team, with the majority providing 24 hour staff support including sleep-ins or waking night staff. Rotas were planned by the locality managers. Whilst most people we spoke with felt there were enough staff on duty; one member of staff said "In terms of keeping people safe, we definitely have enough staff." One relative said there were "definitely" enough staff available, another relative said "I feel X is safe, there is always someone around." However opinions varied regarding whether there were enough staff on duty to meet individual's needs sometimes. We received the following comments; staff described there being "enough to meet basic needs such as personal care and supporting people to eat; but not enough to access the community as much as they would like." A relative described how one service "appeared to struggle with staff for 1-1 especially at weekends." Another relative described the staffing levels as "needed to increase as, on the occasions there were two staff on days, their relative was unable to go out as often as they wanted" We spoke with the person and they told us they would like to go out more often. We discussed this with the Locality Manager, they explained some people prefer to have their 1-1 hours during the week. The registered manager confirmed the service continued to liaise with the Local Authority Commissioning teams regarding the amount of support and social hours individual's received. The Registered Manager said "the service work with people and their circles of support (such as family members) to ensure that their one to one hours are delivered at a time best suited to the individuals we support."

Good

Is the service effective?

Our findings

We received the following comments describing the staff as being " extremely caring towards me." A relative told us the "staff are lovely to X, they comfort her by talking and reassuring her." Another relative explained how "It sounds as though there is a good balance of male and female staff there. X (staff) has encouraged him no end." Another relative described how their son was leading a "fulfilling and independent life." However some concerns were raised regarding the changes in staff and the impact this had on people. Comments we received included "There's a quick succession of staff where my son lives which tends to unsettle him." Another relative said "Staffing rotas are made and aren't kept. All the people at the home have high anxiety levels and when staff don't turn up, they react." One person said the staff are generally quite kind and considerate, but the best carers are moved to support the more vulnerable people, it's like part of your family falling apart." All of the senior staff we spoke with agreed there had been some staff changes recently. They explained this was necessary to manage some poor performance, as well as the need to introduce newly recruited staff. They were confident the changes were less frequent now. Staff told us "our management has changed, and it's better."

People told us staff understood their needs and provided the care they needed, with comments including, "I have every confidence in X (staff member). He understands me." Another person said "yes all of the staff know me well, they support me during good and bad days and always give me the care and attention I need and expect. I know all of the staff that help me." One relative described the staff as "an excellent team. They are always prepared to cover for each other, which is best for the tenants."

People had health action plans, setting out their health needs and details of professionals involved in their care, and 'hospital passports' to ensure important information was passed on if they were admitted to hospital. We saw records of appointments with health care professionals, which were used to update support plans where necessary. Staff were given guidance and/or training about medical conditions such as epilepsy. People told us they saw their dentist and doctor when they needed to. Everyone we spoke with described how they were either directly supported to, or attend medical appointments. One person said "I am having a medical check up tomorrow, X (staff) will be coming with me." Another person explained they didn't like going to the dentist, but understood why they needed regular check ups and that "staff come with me which reassures me." A relative told us "They (staff) get the GP involved when required." We spoke with two people who lived in one service, both confirmed they were able to see their doctor if needed.

The staff we spoke with described how they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. This was a way of monitoring staff delivering support to people in their homes. An annual appraisal was also carried out which included feedback from people using the service and relatives, their peers/ co-workers, and at times, other professionals.

The provider was following the Care Certificate induction programme for new staff. This meant the provider was following good practice as part of staff induction for social care. All new staff were subject to a six month probationary period and had comprehensive induction training to prepare them for their roles. They were issued with an employee handbook and key policies and procedures to make them familiar with the standards expected of them. Two new support workers we talked with said they had received a full induction, shadowed experienced staff, and read the support plans of the people they cared for. Another support worker told us about their induction period. They said that they had been assigned a mentor and said "You aren't thrown in at the deep end; you have to understand people's needs first and you're not allowed to work with them until you know them." Another member of staff told us they had undergone an induction process which included shadowing more experienced staff, and they had a competency assessment before working unsupervised. We saw records to show staff inductions and probationary periods had been signed off by the appropriate manager.

There was a programme of training available. Staff told us they received the necessary training to meet people's needs such as moving and handling, medicine and health and safety. The training was a mixture of e-learning and practical sessions. Several support worker staff told us they would prefer to receive more training 'face to face' rather than online, however they said practical training such as moving and handling was always carried out face to face. One member of staff said "I wouldn't say it is a great way of

Good

Is the service effective?

learning as there's no one to ask." They felt that the "class room" sessions were more effective as there is opportunity to discuss with colleagues. We saw competency checks were made to ensure the individual understood the training, and supervisions were in place to address any shortfalls or concerns.

Additional training was provided for specific health needs such as autism awareness and epilepsy. Staff were also given opportunities to gain nationally recognised care qualifications. Several relatives described the staff as being "well trained and that they knew about their relatives support needs."

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager explained they had provided information to local authorities identifying people who may need to be referred to the court of protection for arrangements to be made. We saw records to show the registered manager was monitoring the progress of the applications, and would notify us when any applications are approved. This meant the principles of the MCA were being followed.

We found wherever possible people using the service were able to direct how their care and support was given. People's support plans contained individual 'decision making agreements' which described what decisions they were able to make; and those they would require support with, such as arranging a best interest meeting. Some people had relatives who had power of attorney and who acted as advocates on their behalf when required. We were informed that two people required sedation for dental treatment. The person's next of kin, who had power of attorney for health and welfare, was involved in making a best interest decision. A member of staff said "where possible the person should make a decision on their own, or with assistance from an appropriate person if needed." Another member of staff said "it's important to encourage the person to make the choice, not making that choice for them. If they can't communicate verbally, you look at their facial expressions or physical signs."Another said "It's their decision what they want to wear, where they want to go." A third stated "They are always involved in everything. It's their decision and we are supporting them. If not we shouldn't be doing the job."

Good

Is the service caring?

Our findings

People using the service told us they were very happy with their support and the staff who cared for them. Their comments included, "the staff are lovely, very caring and attentive."A person living in the service said of the people they lived with "I like them they are my friends" adding "This is my home." Relatives spoke highly of the caring nature of staff and the relationships staff had formed with their family members and themselves. Their comments included, "Staff always go above and beyond. They visited X in hospital after work." and "Fabulous." During our visits to people's homes we observed staff were caring, sensitive and respectful towards people.

People told us the names of the staff who would be supporting them each day, some people had the details written on a their calendar or notice board. Each of the support workers and managers we spoke with had a good understanding of people's needs. They spoke respectfully about people, their individual preferences and routines, and how they were supported to meet their diverse needs. One lead support worker we spoke with told us that it took a long while for one person living in one of the services to trust new support workers. They told us how new team members were mentored closely to start with to ensure that the person got to know and trust them and "were a good match."

People were given information about the service and its' policies. This was provided in the format of pictures, CD and DVD to help aid people's understanding. The policies set out the provider's aims of being fair to everyone so they could be supported in the way they wanted, be supported to be more independent, and respecting what people wanted.

The service was inclusive and actively encouraged people and their families to be involved in and give feedback about their care and support. For example, care records showed people had regular reviews with staff where they considered what they had tried, what they had learned, what they were pleased about, and what they were concerned about. Satisfaction surveys were also carried out annually and the findings were published in an easy read format. This set out what people were pleased about, things people were worried about, and what the service would do next to make things better.

Without exception, everyone we spoke with said staff maintained their dignity and privacy. We could see privacy and dignity was discussed during supervisions with staff and during reviews with people. Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people.

Good

Is the service responsive?

Our findings

People using the service told us , “The staff are good, they listen, I’ve no problems with them”; “I choose what I want to do”; and, “I make my own choices.”

Care records showed that people accessed a range of activities of their choice to develop their skills and meet their social needs. For example, in daily notes we saw that staff had asked a person how they wanted to spend the rest of the day. The person had decided to go to the cinema. Another person told us they had just returned from a trip to a local museum. People we talked with said they were supported with activities such as bowling, shopping, clubs, meals out, swimming and some people went on holiday in the summer. A relative described their son as being “busy every day, and that’s what he wants. He’s found a church he likes to go to, and he’s grown up enormously.”

People were supported to maintain relationships with their families and friends. One person told us they went to their mother’s house each week.

We found that people’s care and support was assessed, planned and reviewed. Each of the care records we viewed was tailored to individual needs and preferences. The records included profiles with an overview of ‘what people like and admire about me, what is important to me, and how to support me well’. They specified areas such as what was working and not working for the person; what constituted a good/bad day and a perfect week; community connections; the person’s gifts and skills; and their dreams for the future.

Detailed information was recorded to make staff aware of each person’s communication methods. Where a person did not communicate through words, or had limited speech, specific details about what their different gestures and facial expressions usually meant were recorded. Communication profiles informed staff about the best ways to prepare the environment for the person and how to help prepare them for activities. There was also good information that guided staff on interpreting how the person might be feeling, such as how they indicated when they were happy, excited, bored, or restless.

Each of the care records we looked at had an extensive range of support plans addressing all of the person’s needs. Three out of the nine care records we saw had a lot of duplicate information, making it difficult to identify the most recent guidance. However we saw six files which were more concise and gave staff precise, easy to follow guidance to meet the person’s needs. We spoke with two recently employed staff. Each said they had read the care plans, and although there was a lot of information, they had a very thorough induction and shadowed more experienced staff. Both staff explained they were aware the format of the care plans was changing to provide more concise information. The locality manager confirmed this work has started. All of the new staff were able to describe key facts about people, such as “so far I have seen that we are doing what is written in the plan.” Another felt that the support plans were “useful” and that they were able to contribute to the planning process. Another support worker said “things change and they (support plans) are updated. One of the people we visited had complex communication needs. We observed that staff had got to know how the person communicated and were able to understand their gestures and sounds that they made.

Some people occasionally got angry and frustrated with the other people they lived with. Staff were able to describe the signs that they looked out for in the person’s behaviour, along with the action they took in order to de-escalate any potential problems.

We saw that a series of reviews were carried out with each person throughout the year to look at their care and support. These fed into the annual person-centred planning review, an event where the person chose who they wanted to be involved. An action plan was drawn up from this review with the person’s future aspirations and how they wished to be supported over the following year. Locality managers told us, “We use a 360° approach, looking at the persons needs and wishes, and getting ideas from families and staff”; and, “I believe we’re quite creative in the way we deliver support.”

We saw regular ‘house’ meetings were held. A record of these meetings showed that one item on the agenda was ‘Do you know how to complain.” This meant people had an opportunity to discuss the process.

People were given the complaints procedure in an easy read format. Everyone we spoke with was confident any concerns they raised would be listened to and acted upon. One relative said “we had a few issues, but they’ve always addressed them, I had a word with them and they turned things around.” Another relative explained how “I’m never afraid to say anything if I have concerns. Communication is

Good

Is the service responsive?

very good, I'm listened to and things are quickly sorted out." We saw that complaints and concerns received had been dealt with promptly, referred to the appropriate agencies and investigated. We saw responses had been provided to the complainant, including an apology where appropriate. Staff were aware of the complaints procedure and how they would address any issues people raised with them.

The staff described their colleagues and registered manager as being "approachable and would listen and act on what they had said." Staff told us they felt their views were valued by the management team and they felt like part of a team which worked well together.

Good

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in July 2013. The service had a defined management and staffing structure with locality managers accountable for services provided within four local authority areas. Comments from people we spoke with described the management team as being "very supportive, organised, they listen and fully involve people (person and/or relative)." Support staff we spoke were happy with the support they received from the management team. One said of their manager "She is very supportive and approachable. I can say anything I want to her; she listens and helps." They added "Dimensions are a good company to work for". Another support worker said of their manager "We see her about once a week or you can always get someone on the end of a phone."

Staff valued the people they cared for and were motivated to provide people with high quality care. Staff told us the management team demonstrated these values on a day to day basis. The registered manager described how they focused on ensuring the team worked together effectively to meet people's needs. This had resulted in staff explaining how well the team worked together, feeling valued and there being 'high staff morale'. All the staff we spoke with said they felt there was an "inclusive and open management style within the office." They said they could call for advice and assistance at any time and would receive a good response. Without exception, everyone we spoke with described the registered manager as being 'approachable, honest and supportive'.

People using the service knew the registered manager and told us they often had contact with locality and assistant locality managers. The locality managers were supervised at the same frequency as support workers and had monthly managers meetings, chaired by the registered manager, to discuss organisational issues. They told us the registered manager cascaded information and updates to them following regional management meetings to keep them appraised of best practice and developments. They had online and teleconference meetings with other managers.

The service had clear values about the way care should be provided and the service people should receive. Staff demonstrated a good understanding of what the service was trying to achieve for people. They told us their role was to promote people's independence by supporting them to make choices about how they wished to live their lives. Staff said regular team meetings took place where they could discuss any concerns or ideas to improve the service people received. They told us they felt well supported in their role and did not have any concerns. One support worker said about the meetings "They (the managers) listen and try and sort things out." Another support worker confirmed that meetings took place with the managers saying "They hold 'Area Staff Forum' meetings and all are welcome. There are blogs on the computer from senior managers. They communicate well." One support worker said about the meetings "You are able to talk about what you are happy with and what you are not. A good time to air your thoughts."

All staff received a 'core briefing' on a monthly basis giving them information that included progress of the organisation and regional updates. A survey had been carried out to get staff's views about the organisation and the findings had been responded to in 'You said - we did' communications. This showed us the service was committed to proactive and open communication with staff and valued their contributions.

We found the quality of the service was assessed and monitored through a variety of methods. Regular checks and audits were carried out in the individual support living services to monitor people's safety and welfare. Each service also had detailed audits conducted by the provider's compliance and quality team on a quarterly and annual basis. The audits covered information, involvement, planning and delivery of support; observations of support practice and engagement; recruitment, management, training, support and appraisal; finances and medication; and housing and health and safety. All areas were scored and given ratings, and, where applicable, a service improvement plan was put in place to address areas of non-compliance. A regional plan was also in place that encompassed the ratings, findings from customer satisfaction surveys and themes from person-centred reviews. The registered manager was working on the main areas for improving the service. They told us these included continuing to recruit more staff. This meant there was a clearly structured process for assuring quality to benefit people using the service.