

Autism Wessex

Community Wessex - East

Inspection report

Store and Secure

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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?

Outstanding



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

This announced inspection, which took place on 22, 23, 24 and 26 June 2015, was the first inspection of the service. We told the provider two days before the inspection that we would be visiting. The service is registered to provide personal care. At the time of the inspection the service was providing support to 175 people in their own homes. Some people received 24 hour support; others had fewer hours, dependent on their assessed need and level of independence.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff had received safeguarding training and understood what to do if they were concerned or worried about somebody. They had access to out of hour's services if the

Summary of findings

need should arise. This meant they were able to gain help and advice whenever they needed to including when the office was closed. Assessments of risks were undertaken and plans were in place to manage these risks.

People told us their staff were skilled and responsive. We saw a thorough induction process, including shadowing more experienced support workers that supported new staff to understand their role. There was ongoing training, and support for all staff to make sure they understood how to safely and effectively care for or support people. One individual described the support they received as, “The lynchpin of my life, they put the package in around the person, its working really well and I am getting what I need”. Another person said, “It’s a jewel in the crown, it’s an absolute lifeline”.

Community Wessex - East ensured staff understood and acted in accordance with the Mental Capacity Act 2005 including the deprivation of liberty safeguards. This ensured people were asked for their consent before support workers provided care or support, and where people did not have mental capacity to consent to care or treatment staff acted in their best interests. People told us they had been included in planning how care and

treatment was provided. People told us that they made decisions about their lives, and we saw how support staff worked with people to make sure they were following people’s choices.

Staff knew the people they were supporting well and supported individuals to maintain their independence as much as possible. There was thoughtful matching of people and support workers to ensure they had shared hobbies, skills and interests. People were involved in the selection of support workers and could choose who they wanted to be part of their support team.

A significant number of people, relatives and professionals told us about recent issues within the service around short notice cancellations or changes of support workers that caused people distress. The manager had identified this and taken a number of actions to address the problems.

The service was well led. Staff told us the management team listened to any suggestions or concerns and were available for advice and guidance. There were robust systems in place to ensure they knew they were offering a safe, effective, caring and responsive service.

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?

The service was safe.

Staff had received safeguarding training and understood what to do if they were concerned or worried about somebody.

Staff had access to out of office hour's services if the need should arise. This meant they were able to gain help and advice whenever they needed to including when the office was closed.

Assessments were undertaken of risks to people who used the service. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Good



Is the service effective?

The service was effective.

People told us they found the service was effective and that it had created positive changes in their lives.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People's changing healthcare needs were responded to and staff worked with health and social care professionals effectively to meet people's needs.

Good



Is the service caring?

The service had systems in place that ensured the way they cared for people was outstanding.

We found the provider was committed to working in partnership with people and their families to be able to better care for people.

People who used the service told us they liked the staff and looked forward to them coming to support them. Staff knew people well and understood their needs and preferences. They had a caring, respectful approach where they listened to what people said and followed their directions. We saw care records which described people's likes and dislikes in detail and people made their own decisions including selecting who they wanted to help or support them.

Outstanding



Is the service responsive?

The responsiveness of the service had been affected by the service's recent expansion.

Requires improvement



Summary of findings

A significant number of people, relatives and professionals told us about recent issues within the service around short notice cancellations or changes of support workers that caused them distress. The manager had put plans in place to rectify the issues people had experienced.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

People and their relatives were encouraged to raise concerns or complaints in a variety of formats including in person, by telephone and by email, or in writing. Complaints were investigated and resolved in accordance with the provider's policy.

Is the service well-led?

The service was well-led.

The provider had in place a set of values on which the service was based and had communicated those values to the employees and people who used the service.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager. There was good staff morale, and people and staff told us they felt listened to.

There was an open, inclusive and learning environment that supported staff to learn and improve their practice.

The service had robust systems in place to ensure they knew they were offering a safe, effective, caring and responsive service.

Good



Community Wessex - East

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 of Community Wessex East took place on 22, 23, 24 and 26 June 2015 and was announced. One inspector undertook the inspection. We spent time at the provider's office talking with staff and looking at records. We also visited people in their own homes and spoke with people at a local drop in service.

There were 175 people receiving a service from Community Wessex East at the time of the inspection and we talked to 11 people to learn about their experience of receiving support from Community Wessex - East. We also spoke with four relatives, 15 members of staff including the manager and three health and social care professionals.

During our inspection we reviewed the care records of two people that used the service in full, and looked at and sampled aspects of 18 other records including support plans, specific support guidance, medication records, communication records, incidents documents and risk assessments. In addition we reviewed recruitment and supervision records for four staff and records relating to the management of the service including meeting minutes, audits, and other quality assurance documents.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received since the last inspection including information from the local authority.

Is the service safe?

Our findings

People described Community Wessex - East as good and told us they felt safe because of the service they received.

Relatives told us that they were confident people were kept safe by well-trained staff that had a good understanding of people's needs. One relative told us their family member was, "In a safe pair of hands, I trust them implicitly".

There were systems in place including policies, training and the provider's aims and aspirations for the service that ensured people were treated equally and their human rights were protected. The provider had a policy on anti-oppressive practices to ensure people had equal opportunities and to prevent discrimination. This was backed up with equality and diversity training that all staff undertook. It was evident from our discussions with people, staff and relatives and through our observations that staff had a rights based approach when supporting people.

The provider had a safeguarding adults and children policy and all staff had received training including knowledge tests about what safeguarding is, signs of abuse and what action would be required. All the staff we spoke with understood what safeguarding adults and children meant and were able to tell us about the action they would need to take if they were concerned or worried about someone. The manager had reported two safeguarding alerts to the local authority in 2015. However, they had not notified the Care Quality Commission of the alerts in accordance with their notification requirements. The manager retrospectively notified the commission of these alerts during the inspection.

Staff were aware of the whistleblowing policy and told us how they would report a concern. Staff told us they were confident they could raise a concern and it would be investigated and addressed. The manager described an incident where a staff member had raised a concern and told us about the action they had taken to make sure people were safe.

There were arrangements to help protect people from the risk of financial abuse. Staff supported people to shop and spend their personal money during activities. Records were made of all financial transactions which were signed by the person using the service where possible, and the staff member.

Medicines were managed safely. Some people self-administered their own medicines, and others had either staff prompting or support. We looked at the overall system in place to manage medicines. Staff had received training in administering medicines. Where people needed either prompting or support to manage their medicines, staff had clear guidance on how they wanted or needed to be supported. Where the support worker was expected to administer medicines this was recorded in the care files and on a medicine administration record (MAR). We noted a couple of minor gaps in the MAR records, but they were mainly fully completed. Where people might require emergency medicines, such as epilepsy medication, staff had guidance on how to respond. Some people had PRN (as needed) medicine to manage their pain and had plans in place to enable staff to understand when they might require their pain relief medicine. Staff were able to tell us about one person in terms of the signs that might indicate they were in pain, and what action the staff member would need to take. There was a system of body maps to ensure people had their prescribed creams applied at the correct frequency.

One staff member described an aspect of administering medicines that was not best practice. We drew this to the attention of the manager and asked how they checked support workers were supporting people with their medicines safely. The provider had already identified this as an area of weakness within the service. They showed us the changes they had made which included a new medicines policy and amendments to supervision records and individual care worker competency checks.

There were systems in place to reduce the risk of harm to people using the service. Risks to people were thoroughly assessed and plans put in place to ensure staff safely supported people. A relative told us about a situation that had occurred for their family member that had been distressing. Following the incident staff had taken a thoughtful approach to why the situation had happened and what could reduce the likelihood of it happening again. The relative was confident the provider had managed the incident safely and said, "They manage risks well". Support plans showed a range of risk assessments around areas such as staying safe at home, going out, challenging behaviours and medical emergencies. Staff had detailed written directions on triggers that might cause someone to be unhappy or at risk and clear guidance on how they should respond to reduce the risk or stress the

Is the service safe?

individual was experiencing. These were proportionate and centred around the needs of the person. For example, one person had experienced an incident in the local community. A multidisciplinary meeting explored what had happened, the potential triggers and what could be done differently in the future to reduce the risk. Another person had a detailed risk assessment and plan around undertaking a specific activity. The plan was clear about the different venues that would be appropriate, what staff needed to consider when planning the activity and what they would need to take with them to make sure the person was safe. We spoke with a healthcare professional and they said, “They are brilliant at safety, they understand the importance of near misses, they’re really good at risk assessing and are not risk adverse”.

Community Wessex - East had a robust system in place to learn from accidents and incidents. Support workers regularly sought advice about incidents to ensure they took appropriate action. The provider acted on staff reports and investigated incidents, including seeking advice from involved health professionals to make sure they were

supporting people safely. The provider analysed accidents and incidents to detect trends or patterns that could indicate somebody might require additional assistance, and to reduce the potential of the incident reoccurring.

Overall, there were enough support workers deployed with the right skills to meet people’s needs safely. One person using the service was involved in staff recruitment and the manager said this was very helpful in ensuring they appointed support workers with the right skills, personality and caring attributes. Recruitment systems were robust and made sure that the right staff were recruited to keep people safe. New staff did not commence employment until satisfactory employment checks such as Disclosure and Barring Service (DBS) certificates and references had been obtained. The manager explained the action they would take if a staff member was not performing in accordance with their role and responsibilities. They told us about one example that showed they acted within the provider’s policy and procedures of performance management.

Is the service effective?

Our findings

People and their relatives told us the staff were well trained and had sufficient knowledge and skills to meet people's needs.

Staff had training in communication and working with people with autism and were skilled at ensuring their approach enabled people to make informed decisions. People freely approached staff and we saw they were happy to chat and talk about things that were important to them. Some people had pictures of the staff that were supporting them in their homes along with the times and days the support worker would be visiting. One person we visited used this to show us who had been to support them and told us that they liked all the staff who had their pictures up on their wall. Another person told us one strength of the organisation was the way they communicated information between the person, their family and the social worker. They said this enabled their family to feel reassured that their needs were being met even though they lived some distance away. A healthcare professional also commented on the effective communication of the service. They said, "They always ring if there is a problem".

Staff had received training on the key requirements of the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. They put their learning into practice effectively, to ensure that people's human and legal rights were respected. Staff understood the need to obtain consent before they helped or supported someone, and people confirmed they were asked to give their consent to their care, treatment and support. A relative also commented, "They try to give him choices about what he wants to do". Records such as support plans were signed by people who had capacity to consent indicating they agreed with the guidance provided to staff about their care and support needs.

Where people lacked mental capacity to take a particular decision staff knew what they needed to do to make sure decisions were taken in people's best interests, including involving the person, their family or friends and the right professionals. For example, we saw an example of a best interests decision about restrictions placed within one person's home. The record showed staff had worked in a multi-disciplinary way, involving the person's family to make sure there was a clear rationale of why this was the

least restrictive option for the person. This showed staff had a good understanding of what circumstances restricted people's rights, and made sure there were plans in place to make sure their rights were protected so far as possible.

Deprivation of Liberty Safeguards (DoLS) are part of The Mental Capacity Act 2005 and ensure that where someone may need to be deprived of their liberty it is the least restrictive option and in their best interests. The manager knew when and how to make the local authority aware there was the risk that someone might be deprived of their liberty. At the time of the inspection one person was awaiting a DoLS assessment.

People and their families told us staff had the right skills and knowledge to effectively support people. There was an induction for new staff to make sure they understood their role and responsibilities. One member of staff who had been recently appointed told us they had received an effective and helpful induction. They said they had been supported, "Very well", and, "I had a very clear idea of my priorities". Staff told us, and records confirmed, that new staff used shadowing opportunities to help them get to know people and understand how they wanted or needed to be supported. Staff confirmed they were enabled to keep up to date with guidance and develop their skills. They described a range of training they had undertaken including general learning around safeguarding, first aid and medicines management. Staff had also completed specialist training such as autism awareness, communication, managing challenging behaviours and specific awareness sessions about conditions such as epilepsy. Staff told us about some in-depth training that had been arranged around one person's complex needs. This involved bringing together healthcare professionals and support workers to help each other learn about the person's sensory, communication and medical needs. Staff were complimentary about their training opportunities. One said, "We have really good training", another told us, "I wasn't allowed to work hands on until I had done my training; it was very good".

The provider had a supervision policy and a supervision contract that staff signed up to. This said staff would receive supervision at regular intervals, usually every 6-10 weeks, and an annual appraisal. Staff told us supervision meetings were effective, one said, "Supervisions are fantastic". Two staff member's record showed they had not

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received supervision in accordance with the policy. Another staff member had received supervision recently but had had to request it themselves. They commented, “When I have a supervision it’s very good”. We drew these delays in receiving supervision to the attention of the manager during the inspection. Staff confirmed the informal support they received was good. They told us they felt well supported and could access advice and guidance at any time. One said, “I always flag up anything straight away, we constantly talk”.

Supervision records showed staff had an opportunity to discuss concerns about the people they supported and their training and development needs. One staff member said, “We need to unload, it’s a two way process. It highlights areas we need more help”. Appraisals were thorough and reflected progress and future goals. Staff told us appraisals involved, “Knowing the areas you need to improve”.

People told us they were supported to access healthcare professionals when they needed to. One person told us they had recently had a fall. They said staff would help them to visit the hospital for follow up treatment if they

wanted them to. They were experiencing some limitation in movement because of the fall and said staff were helping them in lots of ways to cope and be as independent as possible during their recovery. Records confirmed people had been supported to maintain their health by accessing health care professionals such as the GP, dentist, dietician, speech and language therapist and specialist community learning disability professionals such as a psychiatrist or occupational therapist. A health care professional told us staff sought help appropriately and commented, “I have been really pleased, they always act on your instructions”.

Staff understood people’s health needs and preferences and consistently kept them under review. For example, one person had dietary needs and their family member told us staff understood these including what the person could, and couldn’t eat. We saw menu plans reflected people’s specialist dietary needs. Where required, people had plans in place to help staff manage their healthcare needs. For example, we saw emergency care plans for people who had epilepsy. These described what a seizure might look like and gave clear instructions on the action staff would need to take.



Is the service caring?

Our findings

Everything we saw and heard indicated that the organisation was person centred, inclusive and underpinned by a genuine desire to offer a caring service. We talked with people about their lives, homes and hopes for the future. Many people commented on how the skills and care of support workers had helped them. Comments included, “It is all thanks to the staff, everything is beautiful” and, “My life is the most happiest and it’s all thanks to them. They are as solid as a rock and I love them”.

People valued their relationships with the staff team and felt that they often went ‘the extra mile’ for them, when providing care and support. As a result they felt really cared for and that they mattered. One person said, “They are very good at listening to me”, and a healthcare professional told us, “I really rate them; they respond so well and try really hard. They go that little bit further”.

Relatives also commented, “The guys they send are just wonderful, they go above and beyond the call of duty. They put a great deal of thought into what they do”.

When we spoke to staff they talked to us with warmth and compassion for the people they supported. Staff had strong, positive and enabling relationships with the people they were supporting. People approached staff freely to chat, share humour, or seek advice. Staff responded sensitively and attentively to make sure people’s experiences, ideas or concerns were valued. A relative commented, “They are very thoughtful and caring”.

There was a thoughtful attitude from all the staff we spoke with about how they supported people, respected their rights and valued them as individuals. Relatives also commented on this as an area of strength. For example, one relative described how support workers worked hard to understand what their family member wanted to accomplish and then supported them to achieve their goals. We received a range of comments about the attitude of staff which included, “Fantastic”, “Fulfilled everything [the person] wanted”, “It’s been life changing”.

People and their relatives told us about the thoughtful and inclusive matching process between people and support staff. One person said about their support worker, “We have

a lot of fun”. Relatives also commented on the selection of support staff saying, “They pick their staff well” and, “They make a big effort to find people who are the right support staff”.

One person’s support plan identified that they liked a particular television show. The manager told us they had matched this person with support workers who either also liked this show, or were prepared to take the time to learn about it so they would have something in common with the person. When we visited this person they told us their favourite character was and it was clear from our discussions that they felt this was a shared interest with staff who they described as, “Fantastic”. They also told us about how the different members of their team helped them in different ways dependent on their skills. One support worker had a shared interest in photography and they went out together to take photographs. Another support worker was good at computing and helped the person with their laptop and printer. They explained to us how they had met support workers prior to them joining their team. This was to help them to decide if they wanted to be supported by the staff member. On a couple of occasions the person had decided that they did not want the support worker and their decision had been respected. This person’s relative told us, “The support is designed to suit [the person]”.

Staff had an in-depth appreciation of people’s individual needs and told us about ways they ensured people’s dignity and privacy was upheld. An example of this was one person who needed some short term support with bathing and dressing. The support worker explained how they checked at each stage whether the person wanted their assistance to ensure they did not invade their privacy without permission. They also described another person and how they supported them to change at the swimming pool. Our discussions with people and the records we looked at showed staff had clear guidance about protecting people’s privacy and dignity, and acted upon it.

The service had a strong, visible person centred culture and was exceptional at helping people to express their views so they understood things from their points of view. Staff and management were fully committed to this approach and found ways to make it work for each person using the service. For example, a number of people we spoke with felt comfortable contacting the office if they needed to make a change to their package or were worried about



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something. They told us this was because the office staff listened to them. People were also supported to express their views at other opportunities, for instance through house meetings, individual reviews or when they were receiving support. At a house meeting we attended we saw staff were skilled at ensuring everyone was able to share ideas or concerns. This meant that quieter members of the house were supported to do the things they wanted to do, rather than go along with the views of people who were more assertive. People decided what they wanted to do such as what meals they wanted to cook, where they wanted to go, and what they wanted to learn. We visited people in their own homes and saw wall planners that showed their menu and activity planning. People explained to us how they decided on what they wanted to do through weekly meetings with their support worker. At one person's house they were discussing what changes they wanted to make to their support times and days. This was because they were busy on one of the days the support had been planned for. The support worker listened to them and

readily agreed to come on an alternative day. We sat with some people whilst they had a house meeting. They discussed how they were, any concerns they had, problems with the house and ideas for what they wanted to do. At each stage support workers checked that each person had contributed what they wanted to and spoken about what they wanted to do, or aired any issues.

We found the care plans were tailored to the individual and likes and dislikes were recorded in detail, for example activity preferences were recorded along with clear guidance for the support worker. People and staff told us support workers had spent time with people so that they could learn how they wanted or needed to be supported and develop a relationship with the person.

We found consistent evidence that all the staff were caring in how they assisted and spoke with people using the service, and that they respected the dignity, views privacy and choices of people.

Is the service responsive?

Our findings

A significant number of people, relatives and professionals told us about recent issues within the service around short notice cancellations or changes of support workers that caused them distress. Where there had been changes in the staff team people described to us the difficulties this caused. One person said that not knowing who would be supporting them had made them very anxious. Another person said that the office needed to, “Sort things out”.

Other comments we received included, “Sometimes staff deployment can be an issue” and, “They do not always turn up on time, and might leave early. They have difficulty at times in covering shifts (Especially at weekends) this then leaves the person without support” and, “One care worker only is involved, who is absolutely excellent. However, we find the office service very different to when we started using it; it now seems very big, less personal and therefore less “bespoke” and appropriate” and, “The staff and times of sessions are changed a lot. I am not always told of the changes” and, “The office often cancel shifts the evening before and do not give a reason why. Sometimes I don't know if a shift is covered or not”.

The manager had already identified this problem and had checked what people were experiencing through a quality assurance questionnaire. They explained that the service had expanded fairly quickly leaving a gap between the number of visits that were required and the availability of staff to complete them. The manager assured us of the action they had taken to address this. This included appointing new members of staff in the office to ensure people's care packages were co-ordinated effectively, and recruiting more members of staff. The manager told us they were monitoring the situation closely and were consolidating their service at present rather than expanding further. They also explained they would be checking with people and their families again in the near future to make sure the problem had been resolved. A member of staff told us, “I have seen improvements; it's headed in the right direction”.

Assessments were undertaken to identify people's support needs and support plans were developed outlining how these needs were to be met. People and their relatives were part of the assessment. For example, one person told us, “They involved the family”. People's care, treatment and

support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Staff told us they found support plans easy to understand and access.

People's support plans identified people's likes and dislikes and other things that either the person or others had identified as important. Support plans also explained how people communicated, their activity choices, routines and sensory needs. They were detailed and easy to read and understand. A health care professional commented on support plans saying, “They are pretty good, really comprehensive and well broken down”. When we visited people we could see parts of their support plan were visible within their home. For example people who needed help with eating and drinking had menu planners. One person explained how they planned what they wanted to eat and then went shopping with a support worker to buy the ingredients. They said they liked shopping and had some favourite meals. We saw the meals they liked most were on their menu planner.

People undertook an extensive range of activities both at home and within the community. One person lived in their own home and they were supported to learn about activities of daily living such as cooking, cleaning, gardening, laundry and money management. They were attending a local college and were pleased with the support they had received to learn how to travel independently to and from the college. They had particular interests that support staff helped them to access. Another person we visited wanted to change the day of an activity and we saw the support worker listened to what they wanted and readily changed their plans to meet the person's wishes. A relative confirmed that their family member was choosing to do exactly what they wanted to do. They said, “He loves going out now and really looks forward to it”. It was clear from all our discussions that people chose what they wanted to do and what they wanted to achieve and support staff helped them to reach their goals.

Staff supported people to access the community and minimised the risk of them becoming socially isolated. For example, people and their family members told us about the extensive interests and hobbies people were supported

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to participate in. These including attending various clubs, going out for meals or to the cinema, and participating in sporting activities such as the gym, swimming, jogging or playing snooker or football.

Staff told us they were kept up to date through daily handovers, communication books and emails. We looked at some people's daily logs and found they were up to date, detailed and reflected the person's day, including any problems they may have experienced and their mood.

We looked at people's review records and found staff shared information with other professionals to ensure everyone was working together. Where actions had been identified records showed staff had completed them.

We found the provider was responsive to complex scenarios. We looked at records for people and saw that where there were challenging behaviours the provider had adapted the support to ensure the individual was responded to appropriately.

People knew how to make a complaint and were provided with information on this when they started using the service. People and their relatives were encouraged to raise concerns or complaints in a variety of formats including in person, by telephone and by email, or in writing. We saw that complaints or concerns were also raised with people at house meetings such as for people who shared accommodation. The manager showed us the complaints the service had received in 2015 and we saw they had been investigated and resolved in accordance with the provider's complaints policy. They also commented, "I am passionate that we learn from things that we are not doing well, I see complaints as a learning curve".

Is the service well-led?

Our findings

People were regularly involved with the service in a meaningful way. The provider was open, inclusive and transparent which helped to drive continuous improvement. People said they felt listened to and that their views were considered and respected. People's feedback about the way the service was led described it as consistently good.

The service sought feedback from people through quality assurance questionnaires which were provided in a variety of formats including on-line surveys, easy read or written questionnaires and by telephone. This ensured people could comment on the service. Recent survey results showed people were extremely satisfied with their individual support workers, but less so with the office communication and last minute changes to their service. An analysis of the results had led to a service action plan that had made changes to the service to improve people's experiences. The manager had written to people to tell them about the outcome of the survey and explain what they were going to do.

The service had recently started a service user forum to make sure people could advocate for themselves and others about the service and make suggestions to drive continuous improvements. A staff member told us the group aimed to enable people to, "take control of it for themselves and make decisions". We were able to see minutes of the first meeting. These showed people were in charge of making decisions about the forum, how it would run, what it would be called and how ideas or concerns would be taken forward. Forum members decided the group would be called 'The Wessex Forum-The People's Voice', and we could see the manager had taken action to ensure the provider was aware of this. The first meeting discussed involvement and some of the recent communication and rota issues discussed previously in this report.

The provider had strong community links including the development of an autism ID card people could carry with them when they were out to obtain additional support if they needed it. One person who had recently had a fall whilst out told us they had used their card and that it had helped people understand that they needed some support.

The provider had also received funding to make a film about the issues people faced accessing the community. We visited a drop in centre and people were out making the film.

The service had a culture of open communication and person centred care focussed on the individual. People said they knew the manager, who they described as being open, approachable and responsive. We asked one person whether they thought the service was well led and they said, "Yes from what I can see". We asked another person what they thought of the manager and they told us, "Top". The manager told us an open culture started at the beginning of their relationship with a person. They said, "We want the individual to like the person they work with and have a good support team".

Staff said the manager had an open door policy and supported to them to learn and improve. One staff member said, "The manager is really approachable", another told us, "I am really happy, when you bring up issues they are quite quick to listen and deal with them". Staff told us communication was fairly easy, either in person, by telephone or by email. Our discussion with the management team showed they were open, inclusive and embraced different ways of working to develop the service. A staff member described the organisation as, "Really supportive", and another said, "We have got a really good team and a willingness from everybody to strive to get better". When discussing the culture of the service one member of staff told us, "I am confident I am working in an organisation with the right values", and another commented, "I feel very valued, what I do makes a difference to people".

The provider sought staff views and the last quality assurance survey undertaken in April 2015 showed staff enjoyed their role but had identified rotas and communication with the office as continuing issues. The manager had developed an action plan which they shared with staff. We were able to see the action they had already taken to address some of the issues staff raised. For example, they had developed the role of staff champions; support workers staff could talk to outside of their line manager or supervisory relationships. As with people, it was clear the provider was open and transparent with staff and had a genuine commitment to listening to the ideas or concerns and acting upon them.

Is the service well-led?

There was a range of staff meetings for support teams, office staff and managers. People had individual teams of support workers, and all the staff told us they had an opportunity to meet up as a team intermittently to discuss ideas and share concerns. Without exception staff told us they would benefit from holding these meetings more regularly, although they all acknowledged there was a cost implication to this. Deputy managers met weekly to support each other and keep up to date, one told us, “We are a good team and support each other if anyone is struggling”, and another said, “we work well as a team, everyone is very passionate and cares so much”. The manager said, “It’s important they feel valued, it’s a hard job they do, I genuinely value the team; without them we haven’t got a service”. The manager attended quarterly management meetings to discuss a variety of areas. For example, we saw they had recently evaluated some in-house training with other managers.

Senior staff undertook announced and unannounced spot checks to review the quality of the service provided in people’s homes. This involved observing the standard of care provided and reviewing the care records kept at the person’s home. We identified that some other checks of records required a more systematic approach to ensure they were not overlooked. These included checks of MAR records, staff supervisions and other staff documentation such as appropriate car insurance checks. The manager also needed to ensure that statutory notifications such as safeguarding allegations were made in accordance with legislation. The manager confirmed they were implementing a new system of auditing files to make sure the quality of service was maintained.