Adult Placement Services Limited

Avalon York Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an announced inspection on Wednesday 13 January 2016. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service and we needed to be sure that someone would be at the agency office that could assist us with the inspection. A previous inspection was completed in July 2013 and the provider was compliant with the standards assessed.

The service is registered to provide personal care for people with a range of varying needs including dementia and learning disabilities who live in their own homes, or within supported living schemes. Supported living schemes help people to live independently in the community. People are responsible for their own tenancies, and receive an agreed level of caring and housing related support to meet their needs. At the time of our inspection 28 people received a personal care service.

The registered provider is required to have a registered manager in post and on the day of this inspection there was a registered manager registered with the Care Quality Commission (CQC). 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 who used the service told us they felt safe and we found that staff knew how to protect people from avoidable harm. Risk assessments and risk management plans were in place and they were regularly reviewed and updated in line with the person's needs.

The service had a robust recruitment policy and enough staff was employed to ensure there was minimal disruption to the service people received. People had regular carers who they knew and who knew them. They were made aware of any changes in care workers so they knew who would be visiting them.

Care workers were put through a six week induction and training programme before starting shadow shifts with existing carers; this was so they could get to know the people receiving a service. Medication training was included as part of the induction and was one of the competency checks undertaken by the service to ensure people were receiving their medication in a safe and controlled way.

Care workers told us they felt well supported and we saw good communication and relationships between care workers, management, people who used the service and outside agencies such as the local authority and health workers. The registered provider worked closely with Macmillan nurses when support with end of life care was required.

Care workers and management had a good working knowledge of the Mental Capacity Act supported by robust training and an up to date policy and procedure.

People had up to date person centred support plans and risk assessments. They were included in developing these plans when possible and we saw the plans were regularly reviewed and updated as the person's needs changed.

People were encouraged to live as independently as possible and to make their own decisions. Where people did not have capacity, the correct processes were followed and measures put into place to ensure people received care that was in their best interest. Identified risks were managed with effective results and outcomes.

People told us and we observed that care workers were caring. They also told us their dignity and privacy was respected.

People were encouraged to join Avalink a committee of people receiving services that discuss best practice, improvement and voice their opinions on any changes brought around by ongoing quality assurance programmes across the North East of England. We found the service was well managed and the organisations values and ethos of promoting independence was understood and implemented by all.

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 who used the service told us they felt the service was safe. Risk assessments and risk management plans were in place and regularly reviewed to reduce the risk of avoidable harm.

There were sufficient staff to care for people and they were recruited following safe systems.

We found people were supported with their medicines in a safe way.

Is the service effective?

Good

The service was effective.

People were supported by care workers who knew how to meet their needs and who encouraged their involvement.

Care workers told us they felt the service supported them to ensure they have the right skills to undertake their work and that this was regularly assessed to identify any new requirements or areas of improvement.

Care workers and management we spoke to had a good understanding of and followed the principles of the Mental Capacity Act 2005.

People were supported to access health care when they needed to.

The provider did not have a policy for end of life care but had resources available to train staff should the need arise.

Is the service caring?

Good

The service was caring

People told us that they were looked after by caring staff and that their needs were always put first.

Care workers underwent direct observations, supervisions and competency spot checks to monitor their performance.

Care workers understood how to ensure people were treated with dignity and respect. We saw that confidentiality was maintained at all times

Is the service responsive?

Good

The service was responsive

People received person centred care which was responsive to their needs. People were involved in how their care was provided on a daily basis and this was regularly reviewed.

There was clear information about people's physical and emotional needs as well as how best to communicate with people who received a service.

People were encouraged to take part in a range of activities and excursions and were involved in shaping the service they received.

Is the service well-led?

Good

The service was well-led.

Everybody we spoke to felt supported by the registered manager and staff.

There was a caring person-focused attitude by all that was improving the lives of the people using the service.

Quality assurance checks were in place across the service and outcomes were analysed to provide further improvement.

Avalon York Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on Wednesday 13 January 2016 and was announced. The service was given 48 hours' notice of our inspection because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with this inspection.

The inspection was undertaken by one adult social care inspector. Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned a service from the agency. The registered provider submitted a provider information return (PIR) prior to the inspection. 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.

During the inspection we spoke with one person receiving a service and their carer in the office and spent time with two people receiving services in their own home. We spoke with the registered manager and the quality assurance lead at the office and interviewed one care worker who was providing a service at a person's home. We also spoke to a case manager from City of York Council. We looked at records which related to people's individual care, this included the care planning documentation for four people and other records associated with running a community care service. We also looked at four care workers recruitment and training records, the care workers rota, records of audits, policies and procedures and records of meetings.

Following the visit we sought further feedback by telephoning and speaking with two support workers.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person receiving a service said, "I feel safe, I like the people." They added "If I had a concern I would speak to the care worker or the manager, I know how to get help from an office worker or [my relative], the worker has also set contact details up for me on my mobile phone." One person receiving a service told us they "Enjoyed undertaking activities, excursions and trips in the community." They told us the care workers accompanied them and this made them feel safe in vulnerable situations.

Care workers we spoke with told us they received ongoing safeguarding training and told us the types of abuse they looked out for when caring for people. Care workers knew how to report any concerns. One care worker told us they would report concerns to management, local authority safeguarding or the Care Quality Commission [CQC].

The service had a safeguarding policy and procedure, updated in December 2015, which provided further guidance to care workers. A safeguarding file was kept at the office and included a log of each incident including details of the incident, action taken, if an alert was raised and any meeting with the appropriate authorities. Outcomes and actions following the investigation were recorded.

Care workers told us that the service was open and transparent, and that there was sharing and learning from safeguarding incidents at reviews and house meetings. We saw details of information sharing on minutes of house and team meetings.

Care workers had an understanding of whistleblowing procedures and knew who to contact should they have any concerns.

Care workers told us how they undertook environmental and health and safety checks in properties where they provided a supported living service to ensure the people receiving services remained safe in their homes. We saw documented maintenance programmes, checks on smoke detectors, property inspection reports, evidence of fire awareness procedures and logs of fire drills that were carried out.

Risks to people who used the service were appropriately assessed and managed. Risk assessments were carried out when people were first introduced to the service, at the same time as completing the initial Support Plan. The files we looked at for people who used the service contained risk assessments. Some files contained details of the risk factors with details of how to manage the risk which meant the person using the service could continue with activities and remain safe. The registered manager told us that this uniformed approach was being implemented across the organisation. We saw people were involved in their care planning including risk management. This helped to provide people with control and independence in their daily lives.

Some files contained assessments based on Non-abusive Psychological and Physical Intervention (NAPPI). NAPPI is accredited with the British Institute of Learning Disabilities and is used where people require

support to assess and manage behaviour that could be a risk to themselves or other people. One person's care records included a Positive Behaviour Support file. This included consideration of the Mental Capacity Act 2005, procedures and guidance for Restraint Avoidance, definitions, legal guidelines, essential standards of quality and safety and records to monitor the person's behaviour. The file also contained an individual risk assessment that was updated on 21 September 2015; this included a list of care workers who had completed the NAPPI training in order to work with and provide safe care and support to the person. Care workers we spoke with told us this enabled them to manage behaviour in a positive way, to identify when a person was becoming stressed or upset and to manage any triggers to keep the person safe in a controlled way.

We looked at a 'Guide for People who Use our Supported Living Services'. The guide provided an overview of equality and human rights, including expectations from both care workers and people using the service. It advised how the service ensured everybody was treated with respect and discrimination was avoided.

The service had information about how to record and report accidents and incidents as well as outcomes, actions and reviews of what had happened. We saw the records of accidents & incidents. One recorded accident included detailed recording of the incident, follow up correspondences, involvement of an occupational therapist (OT) and final review with outcomes documented. Details of accidents and incidents were reviewed by senior care workers. This showed the service took the necessary action, working with partner organisations, to ensure people were protected from avoidable harm and that there was learning from any incidents that had occurred.

One person receiving a Supported Living Service received support to enable them to self-administer medication. We saw that there was a 'Customer Support Requirement' assessment in the persons file that was regularly reviewed along with a risk assessment of their medicines. Medication was kept in a secure location in the person's house and Medicine Administration Record (MAR) charts completed. We saw some gaps on the MAR charts. Management showed us additional recording in the daily diary and where there was a gap on the MAR chart an audit count of medication was carried out and recorded. The person had documented weekly contact with a nurse. A Healthy Eating plan was in place and reviewed regularly and additional daily blood test and weight records were maintained and checked. This support enabled the person to continue to safely self-administer their medication and live as independently as possible.

There were sufficient numbers of care workers on duty to meet people's needs and keep them safe. The service demonstrated their electronic 'Carefree Rota' software. The software enabled care workers to work from a four week rolling rota. The rotas were sent out to service users in advance and were adjusted to meet their needs if needed. The care workers we spoke with felt that the staffing levels allowed them to meet people's needs and also that they had time to get to know people. They told us that there were enough care workers with the right amount of skills to make sure the service was safe. One person who received a service told us that "Care workers always stayed for the required time" and that they "Knew the people who cared for them." Another person named the different care workers who took them on activities and days out at different times of the week; they told us that this reduced their anxiety. This demonstrated consistency of care.

The registered manager informed us that the recruitment of care workers was ongoing to ensure continuation of care and where appropriate they used support coordinators to bridge any gaps identified on the 'Carefree Rota'. All service managers had up to date mandatory training to enable them to cover staff vacancies at short notice such as illness. People confirmed that they were notified as soon as a change in their care worker was known to ensure they knew who to expect.

We checked the recruitment records for two members of staff. We saw that an application form had been completed, references obtained and checks made with the Disclosure and Barring Service [DBS]. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. We saw that this information had been received prior to the new employees starting work at the home. This meant that only people considered suitable to work with vulnerable people had been employed.

We saw the service had a Business Continuity locality plan in place in the event of a major incident severely disrupting services in York without prior warning, such as severe weather, loss of utilities or care worker shortages. The plan demonstrated contingency plans for such events and included details of key personnel, a response checklist and a log sheet. We saw the service had investigated disruption that could have been caused by the 'Tour de France' cycle race and that implemented contingency plans were in place should there have been an impact on the service delivery. We also saw that the service worked closely with the City of York Council over the Christmas and New Year period to avoid any disruption to services as a result of the floods.

Good

Is the service effective?

Our findings

People we spoke with said care workers knew how to support them and had an understanding of their needs. People told us "Care workers support me to attend events", "Care workers help me with my dietary requirements" and "They have the right skills to look after me." A case manager told us that care workers "Have good communication, they listen and are responsive to people's needs" and "They have the right skills to care for the people they provide services for."

Care workers told us they felt the service supported them to ensure they had the right skills to undertake their work. They told us and we saw from employment records they had attended an induction and additional mandatory training before working independently with people. The registered manager told us, as of April 2015, all new care workers were expected to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. This demonstrated how care workers were supported to understand the fundamentals of care.

The six day induction consisted of classroom based learning including an introduction to social care, mandatory areas of learning, person centred approaches, positive behavioural support and the mental capacity act. Care workers had a training plan in place and we saw how this was managed and recorded to ensure that they had the up to date skills they needed to carry out their duties effectively. Competencies were annually reviewed and records were kept in care workers files. This included mandatory areas such as safeguarding, moving and handling, medicine management and health and safety. Care workers had access to and we were shown 'The Learning Directory', a comprehensive list of training that included flexible distance learning, venues and dates available to care workers.

Specialist training was available to meet people's needs and preferences; one employee told us, and we evidenced in their file, that they had undertaken dementia training level 2 in 2015 and had completed a refresher in moving and handling and NVQ level 2 in health and social care. This demonstrated the proactive approach the service had to care workers learning and development to meet the changing needs of the people who received a service.

New care workers spent part of their probationary period shadowing existing care workers and this enabled them to be introduced to the people they cared for. We saw completed probationary forms in care workers files along with documented outcomes and agreed competency checks.

Care workers told us they had supervision meetings and we were able to view documented quarterly supervisions and annual Performance Development Reviews (PDR's). These included records of training, development needs and any concerns care workers had about the people they cared for. They included manager feedback and reviewing of care workers practice and behaviours.

We saw minutes of separate team meetings held at the office for Supported Living services. The meetings provided details of operational issues including updated practice awareness, rotas, health and safety issues, policies and the sharing of best practice.

Care workers we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this type of service must be made through the court of protection. We saw that this was a mandatory part of training in the induction programme. One care worker told us "We always assume people have capacity to make their own decisions and we never judge the decisions people make." They added "It is important that we do not restrict a person's freedom of choice." They also told us "If we considered a person was assessed as not having capacity we would report it to management, who would arrange a best interest decision meeting to be held." A best interest meeting is a meeting of those who know the person well, such as relatives and/or professionals involved in their care.

We saw that the provider had a MCA and DoLS policy and they told us the handbook was sent out to all support workers with updated policies and procedures in September 2015. The registered manager had a good understanding of the MCA legislation. They showed us people's files where we saw MCA and best interest assessments. One file had restrictions on unsupervised time for the person on respite care. The provider had followed procedure and we saw evidence of a best interest meeting including attendance by the local authority with outcomes and actions. Where people were able to give consent to care we saw they had been involved in developing and reviewing their support plans and had signed to give their agreement.

We saw people were supported to maintain their health and well-being. We looked at peoples support plans and saw they contained information about needs in relation to eating and any dietary requirements. One person's file stated that the person "Enjoyed most foods" but this was not linked to their care plan on special diet requirements which stated they had limitations on what they liked to eat. We found this might be confusing to a worker at meal times. We spoke with the registered manager who advised that the care plan was in the process of being updated and the conflicting information was removed. Other people's files that we looked at included healthy eating guidance with regular reviews. Care workers told us they encouraged healthy diets and this was recorded in the daily diary. They told us that if they had any concerns they would raise them with their manager.

Care workers told us that if someone seemed unwell they would contact the GP and there was evidence of involvement of healthcare professionals including a diabetic nurse. One person told us "Sometimes [care worker] takes me to the doctors if I am not feeling well but I attend the appointment on my own."

The registered manager told us that they did not have a policy regarding end of life care. This was because the registered provider did not usually care for people at end of life. Where people receiving a service required this care the provider advised that they used Skills for Care End of Life Training and courses run by St Michael's Hospice in Harrogate to train care workers. They advised that person centred planning training and support planning covered peoples wishes in death and associated areas. The service manager also told us that when providing end of life care and support they work with professionals such as community and McMillan nurses. The provider advised us that they intended to look at a policy with the Directors of the service for providing end of life care.

Good

Is the service caring?

Our findings

People we spoke with were positive about the caring attitude of care workers. One person told us "I am happy with the support I receive." Positive feedback from a relative stated "She loves the [support workers] company and is grateful she brings in games for them to play and goes out shopping for new clothes whenever possible," Another person said "The care workers always test the bath water for me but I bath myself."

It was evident from talking to care workers that they were caring and that they knew and understood the person's needs. Care workers told us "We know the people we care for and they know us." They told us and we saw, that there was information in care and support plans that provided an insight into the lives of people they cared for but that they also got to know individuals by spending time with and talking with them.

Matching of care workers was undertaken where ever possible, and always with people receiving a Shared Lives service, to ensure links were successful. This involved looking at the home environment, skills and lifestyles of potential care workers and matching them with the needs and wishes of people who had applied for a service. Where a match was not appropriate this was clearly recorded on the 'Carefree rota' software to avoid the care worker being allocated to provide care to the person receiving the service. We saw a policy setting out this process.

People told us they knew how to raise concerns about their care workers. One person told us they did not like their care worker and had told the manager. We asked the registered manager about this and they told us the care worker had been removed from providing care to this person and said this was highlighted on the 'Carefree Rota' system.

Care workers underwent direct observations, supervisions and competency spot checks as part of their work and we saw these recorded in their files. One of the areas checked was their interaction with the people receiving a service. Where concerns were noted, additional care worker training was provided. This showed that the service placed importance on staff approach.

We saw that support plans were updated every year or more often when a person's need changed and that these were agreed with the person using the service.

We looked at a Positive Behaviour file that detailed the care workers and relatives who had completed the relevant NAPPI training in order to effectively care for a person at times when they might show signs of behaviour that could harm themselves or others. The provider told us that families were included and could be involved as much as the person and their family wanted to be, including the undertaking of any positive behaviour training.

The service ran a committee known as Avalink made up of people who used services from across the North of England. The group met every three months in Harrogate to discuss current issues, decide on upcoming

policy changes and to ensure best practice was being delivered across the North of England. One person receiving a service told us they "Enjoy attending the meetings in Harrogate" and the registered manager told us they could share their views and meet other people using services. This showed the service encouraged and valued people's views and that people were listened to and involved in shaping their services.

Care workers understood how to ensure people were treated with dignity and respect. They told us how they did this when delivering personal care, for example, making sure curtains were closed, turning around and using towels to protect dignity. Care workers respected people's private space; whilst we visited the supported living service we observed that care workers knocked on doors and asked if it was alright before entering and asked people if they would be willing to speak with us.

We saw that confidentiality was maintained at all times. Care workers told us they knew not to discuss people or situations away from work or in front of other care workers or people using the service. They knew not to put anything work related on multimedia sites. They also said that there were times when they would not maintain confidentiality, for example, if told a 'secret' that should be reported such as a safeguarding concern, and how they would advise the person of their intention.

Good

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Each person had an initial assessment which, along with support plans, identified people's interests, goals and aspirations before they started to receive the service. A support planning policy was in place and reviewed every three years. Support plans we looked at were individualised and person centred. There was clear information about people's physical and emotional needs, their likes and their routines, as well as how best to communicate with people who received a service. We also saw a weekly diary sheet highlighting any routine activities that people had. This helped prompt care workers to ensure people's needs were being met to meet their needs and wishes. These were all reviewed with the person, their family and health and social care professionals and signed by people who use the service. We saw that these reviews took into account the needs and views of the person receiving a service. All of the care workers we spoke with said they had time to read the support plans and they told us they were an important tool in getting to know people and their individual needs.

People told us care workers encouraged their independence. One person said they liked "To go to the pub", and had a routine bed time of 08:00 pm. Another liked to be "Encouraged to pay for things on their own" and they told us care workers supported them with their preferences. One care worker told us they encouraged people to put together a shopping list and asked them what meals they liked. People told us they enjoyed their shopping trips and care workers told us "Even with a list, people always end up buying more."

We were told how the independence of one person with a learning disability had developed since they had moved into the supported living scheme. A local authority case manager advised "[Person] is much more confident, being vocal and expressing their wishes and wants. [Person] has employment with [Employer] and [Person] is building confidence and skills. [Person] is moving to live independently." This showed how the service promoted people to achieve their goals and meet their aspirations.

Where people lacked capacity the service documented and reviewed the person's progress. Notes in meetings, reviews and daily diaries could be seen. The service worked with the person to ensure that any lack of capacity was not necessarily a barrier to undertaking an activity and action plans were seen that provided a workaround ensuring the person could live as independently as possible. One person had restrictions in place and told us they were awaiting a review that was in progress to have those restrictions reassessed. The provider had clearly explained why the restrictions were in place and the person told us they understood this. More in depth documented review meetings took place for individual people with complex needs or where their needs had changed.

People were supported to undertake a range of activities and excursions. One person told us "I enjoyed going to snooker matches last year with [care workers]" and another told us "[Care workers] help me with cooking and choosing food that is good for me." Another person told us that care workers had gone with them to see the Edinburgh tattoo and that they stayed in a hotel.

People told us they knew how to complain and who to. One person told us "When I need to complain I

speak to the manager or [Care worker]." Care workers told us they thought people knew how to complain and said this was encouraged. People were provided with an information pack which contained information on how to complain and who to speak with. We saw this was available to people in an easy read format. Care workers told us they would report concerns to management or if it concerned the service, they would speak to the CQC or the local authority.

We saw the service had a Compliments and Complaints policy in place that was reviewed every three years. The service kept a record of complaints and compliments received. Documented concerns included details of the concern, details of the investigation outcomes and actions and whether or not the complainant was satisfied with the outcome, as well as any other action taken.

Good

Is the service well-led?

Our findings

There was a registered manager in place. People who used the service and their relatives told us they liked the registered manager. They said they were approachable and responsive when they needed to speak with them. One person said "The manager of the service maintains good communication; they listen and are responsive to ideas to improve care for [the people who use the service]." The registered manager told us they had worked for the service for thirteen years starting out as a support worker and working up to their current position. They told us they had a working understanding of all areas of the service. It was clear that they knew the care workers and the service users well.

The service had a mission statement setting out five key values summarised with the statement "To provide responsive, personalised care and support to enhance and enrich the quality of people's lives."

We visited two people who received a supported living service along with the registered manager. It was clear people were pleased to see the registered manager and had a lot to talk about. The registered manager understood, and it was clear they were involved in, their personal care. We observed friendly open dialogue between them.

Care workers present told us that they found the registered manager to be approachable. They told us there was an open door policy and that they were confident that if they had to whistle blow the manager would retain confidentiality and deal with the information in a professional manner.

Care workers told us that they had meetings every three months. They told us that the meetings were constructive and informative and that they were useful in shaping and improving services that people were receiving. Care workers told us if they had concerns they would not wait until a team meeting to discuss them and would not hesitate to tell any of the managers. We saw minutes of meetings were circulated. Where care workers were unable to attend we saw additional meetings were held. Minutes included updates to policies and procedures which were available and we saw care workers signed to say they understood and agreed to them in their personal files.

Information was shared in a quarterly newsletter, "Talking Avalon". Copies of the newsletter were distributed to people and employees. The newsletter included a message and information from the Group Chief Executive, the chair of Avalink, a customer focus and also key contacts in the Avalon service group. This showed that the people who used the service had their views shared and recognised by all employees, at all levels of the service.

Care workers were supported to ensure they had the right skills to undertake their work. Training was effectively reviewed. The service introduced the Care Certificate for care workers in April 2015 and we saw evidence of this being progressed in care workers files. We saw one care workers file contained an NVQ level 3 in Promoting Independence. This showed that care workers were encouraged and supported to keep up to date with best practice guidelines.

The service completed regular checks to ensure a consistent quality of care. Care plans were checked and reviewed regularly and care workers had their competency to deliver aspects of the service regularly reviewed. Where applicable Medication Administration Records (MAR) were audited on a monthly basis ensuring any discrepancies were picked up on and, where appropriate, corrective action such as additional training was undertaken to ensure the care workers were competent in the care they provided. We saw from care workers files that Performance Development Reviews and action plans were completed annually between July and October and we were told they were completed April to May for service managers; these were reviewed after six months.

The service sent out an annual customer and care workers satisfactory survey and the findings were analysed. A locality action plan was put into place based on the responses received. This was reviewed by the registered manager. Feedback was provided at team meetings and at house meetings.

The service undertook a quality assurance framework (QAF); this focused on Key Lines of Enquiry (KLOE) used by the CQC. Each service looked at one question identifying how the service met the criteria and put action plans in place to meet any identified short fall. The registered manager told us that the QAF group were working with people who received a service in the Avalink group to provide a comprehensive service information pack which we were told would be available later this year.