Royal Mencap Society

Mencap - Darlington and Teeside Domiciliary Care Agency

Inspection report

4th Floor, Richard House
Sorbonne Close, Thornaby
Stockton On Tees
Cleveland
TS17 6DA

Tel: 01642939596
Website: www.mencap.org.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 1, 9, 15, 16 and 17 November 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us. This was our first inspection of the service.

Mencap - Darlington and Teesside Domiciliary Care Agency is a domiciliary care agency located in Thornaby, in the Tees Valley. It provides personal care to people in their own homes. At the time of our inspection 22 people were receiving personal care. These included younger adults and older people with a range of physical and learning disabilities.

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 2008 and associated Regulations about how the service is run.

People and their relatives told us staff kept people safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Accidents and incidents were monitored by both the registered manager and a health and safety officer employed by the registered provider.

The service had a business contingency plan in place to assist staff in keeping people safe in emergencies. People's medicines were managed safely. Procedures were in place to minimise the risk of abuse occurring and staff told us they would be confident to raise any concerns they had, to either the registered manager or the local safeguarding authorities.

The registered manager monitored staffing levels to ensure enough staff were employed to support people safely. The registered provider's recruitment process reduced the risk of unsuitable staff being employed.

People and their relatives told us staff were effective at meeting their support needs. Staff received mandatory training in a wide range of areas and spoke positively about it. Staff were supported through regular supervisions and appraisals.

Staff worked within the principles of the Mental Capacity Act 2005. Where people received support with food and nutrition their dietary needs and preferences were documented in their care plans. Staff supported people to access other healthcare professionals to maintain and improve their health.

People and their relatives spoke positively about the care they received from staff, describing the service as kind and caring. People and their relatives told us staff treated people with dignity and respect.

Staff told us care plans contained all of the information they needed to offer personalised and caring support, including information on people's relatives and things that were important to them. People were

supported to access advocacy services where these were needed.

The registered manager and staff had an excellent understanding of people's support needs and preferences. Care plans were written from the perspective of the person they belonged to, and their sense of identity was present throughout. Where a support need was identified staff worked hard to be innovative in providing person-centred care based on best practice.

Some people received support with accessing activities. Where the service was responsible for this staff were innovative and successful in meeting people's individual needs.

Clear processes were in place for responding to and learning from complaints. People and their relatives said they were confident to raise any issues they had and were sure staff would work to address them.

Staff spoke positively about the culture and values of the service and about the registered manager, describing her as approachable, supportive and inclusive.

The registered manager and care managers carried out quality assurance checks to monitor and improve standards at the service. The service regularly sought and acted on feedback from people and their relatives. The service had good working relationships with other organisations which were used to enhance the support people received.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

Risks to people were assessed and care plans were in place to minimise them.

People were supported by staff who had been appropriately recruited and inducted.

People were supported to access and administer their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received suitable training to ensure that they could appropriately support people.

Staff understood and applied the principles of the Mental Capacity Act and consent.

The service worked with external professionals to support and maintain people's health.

Is the service caring?

Good

The service was caring.

People spoke highly of staff, and said that they were treated with dignity and respect.

People and their relatives said that care was delivered with kindness.

People were assisted to access advocacy services where this was needed.

Is the service responsive?

Good

The service was responsive.

People were proactively involved in designing their own care, and this involvement was emphasized throughout people's care records.

Care plans were written from the perspective of the person they belonged to, and their sense of identity was present throughout.

People were supported to access activities that were creative and successful in meeting people's individual needs.

Clear processes were in place for responding to and learning from complaints.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the culture and values of the service and the registered manager.

The registered manager used audits to monitor and improve standards.

Feedback was sought from people and staff in order to monitor and improve standards.

Mencap - Darlington and Teeside Domiciliary Care Agency

Detailed findings

Background to this inspection

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

This inspection took place on 1, 9, 15, 16 and 17 November 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are information about changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities who worked with the service, to gain their views of the care provided by Mencap – Darlington and Teesside. We did not receive any feedback.

During the inspection we spoke with four people who used the service and two relatives. We looked at three

care plans, medicine administration records (MARs) and handover sheers. We spoke with nine members of staff, including the registered manager, care managers and care staff. We looked at three staff files, which included recruitment records, as well as other records involved in running the service.

Good

Is the service safe?

Our findings

People and their relatives told us staff kept people safe. When we asked one person if they felt safe they told us, "I get looked after well." A relative we spoke with told us, "I would say that from all the experiences and evidence I have seen [named person] is safe."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. People had a range of 'personal risk assessments' relevant to their support needs, in areas including health and safety around the home, food and nutrition, bathing and showering, finances and night time support. People with specialist support needs or preferences also had these risk assessed. For example, one person enjoyed trips out in the car and this had been risk assessed to help them do this safely. Another person had a risk assessment in place to manage their mental health condition in areas that were unfamiliar to them. People were responsible for their own accommodation, but staff carried out risk assessments to see if any improvements could be made to make it safer for them to use. For example, one person had expressed an interest in learning more about fire safety around their home so the registered manager arranged for them to attend fire awareness training with staff. Risk assessments were reviewed regularly to ensure they reflected people's current level of risk.

Accidents and incidents were monitored by both the registered manager and a health and safety officer employed by the registered provider. The purpose of this was to identify any trends or patterns that might need remedial action. Records confirmed that accidents and incidents were investigated and that action was taken to reduce the chances of them happening again. For example, one person had suffered a fall and this led to the service helping them to have a handrail installed.

The service had a business contingency plan in place. This contained guidance for staff on providing a continuity of care to people in emergency situations that disrupted the service. This included staff emergency contact details and information on other agencies that could assist in keeping people safe in emergencies.

People's medicines were managed safely. People's care records contained details of any medicines the person was taking, what they were for and any review dates set by the person's doctor. Staff received medicine training and had access to a medicines policy that offered guidance on how to safely support people. One member of staff we spoke with said, "I support people with medicines and we get all of the training we need for that." One person we spoke with said, "They help me with my tablets. That makes me feel all right. I am happy how they're doing it."

People who received support with medicines had their own medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We reviewed four people's MARs, and saw these listed the medicines people were taking and when they had been administered. Appropriate codes and reasons were given when people refused their medicines. The amount of medicine people had left after administration was recorded on their MAR, which helped staff to ensure people always had sufficient stocks of the medicines they needed.

One person was using prescribed controlled drugs. Controlled drugs are medicines that are liable to misuse. Controlled drugs were appropriately recorded and managed. One person was receiving covert medicines. Covert medicines are given in disguised form, usually in food or drink. As a result, the person is unknowingly taking the medicine. Records confirmed that the person's GP had authorised covert medicines and that the decision had been taken in consultation with the person's relatives. Some people were using 'when required' (PRN) medicines. Where this was the case protocols were in place to guide staff on when the medicines might be needed and how they should be used.

Procedures were in place to minimise the risk of abuse occurring. Staff received safeguarding training and had a good working knowledge of the types of abuse that can occur in care settings. They told us they would be confident to raise any concerns they had to either the registered manager or the local safeguarding authorities. One member of staff we spoke with said, "I have just refreshed my safeguarding training. We are vigilant for all kinds of abuse" and "If I had any concerns I would report it." Where issues had been raised records confirmed they had been appropriately investigated and recorded. Staff also received training in whistleblowing and had access to a whistleblowing policy. Whistleblowing is when a member of staff tells someone they have concerns about the service they work for. The registered manager held training sessions to ensure staff felt confident to raise any concerns they had. The registered manager told us, "I wanted to find out what might stop staff from whistleblowing on bad practice. We did it as a group." This meant procedures were in place to minimise the chances of abuse occurring.

The registered manager monitored staffing levels to ensure enough staff were employed to support people safely. Each person using the service had their needs assessed to see how many staff were needed to support them. The registered manager and care managers then assigned staff to support the person and designed rotas to ensure they had the same team working with them. The registered manager told us, "We will devise a rota based on the support hours. The last thing we want is a random rota that is not working for people" and "We are lucky as we have a relatively stable staffing team."

Each person had reserve staff on their rota, who helped cover absence through sickness and holiday. Care managers we spoke with told us staff were not allowed to support people they had not met before, without proper introductions and training taking place. They told us, "We get new staff in to look at the care plan then they do shadowing. It's a minimum of four shadowing visits before they can support." Staff confirmed this process took place, and people told us they were supported by stable staffing teams.

The registered provider's recruitment process reduced the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, and at interview were asked a series of care-based questions. For example, applicants were asked, 'Caring is one of Mencap's five values. If you thought a colleague was uncaring what would you do about it?' Written references and proof of ID was sought, and Disclosure and Barring Service checks carried out. 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 also to minimise the risk of unsuitable people from working with children and vulnerable adults. New staff completed a probationary period, at the end of which they were assessed for their continuing suitability for the role and to see if any additional support was needed. This reduced the risk of unsuitable staff being employed.

Good

Is the service effective?

Our findings

People and their relatives told us staff were effective at meeting their support needs. One person told us, "I am happy how they're doing it [providing support]." A relative we spoke with said staff had the skills and knowledge to support their relative. They said, "They don't change the staff very often. They have been there a long time. One member of staff has been there ten years." Another relative told us, "Some of the staff have known [named person] for a long time. They know how to treat him and how to make him feel happy. They know how to diffuse difficulties. They have the skills to sort that out."

Staff received mandatory training in a wide range of areas, including emergency first aid, manual handling, fire safety, safeguarding, medicine administration and food hygiene. Mandatory training is training the registered provider thinks is necessary to support people safely. Records confirmed that staff had either completed mandatory training or it was planned. In addition to mandatory training, staff received training in any particular support needs the people they supported had. For example, some staff had completed additional training in medicine administration and others had undertaken autism awareness training. Training was regularly refreshed to ensure it reflected current best practice.

Staff spoke positively about the training they received and said were happy to request any additional training they wanted and were confident this would be arranged. One member of staff told us, "Training here is excellent. We do refresher training, and [the registered provider] will source any additional training needed." Another member of staff said, "Training is very good I think. It's tailored to each person's support needs," before giving example of specific training they had received to support people.

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff received four supervisions a year and an annual appraisal. Records of these meetings showed that staff welfare and support needs were discussed, and staff training was reviewed. Care managers also carried out staff observations, to monitor staff practice in areas such as manual handling and managing finances. Staff told us they felt supported by the registered provider's supervision and appraisal processes. One member of staff said, "I think they (supervisions) are useful. We have a real conversation about how things are going and where we might need more support." Another member of staff told us, "You find out positive aspects of your practice, but also how you can develop."

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

We checked whether the service was working within the principles of the MCA. At the time of our inspection no one using the service was subject to any Court of Protection or Lasting Power of Attorney. The registered manager explained that the service was working with local authorities to review some people's capacity to

see if such orders were needed. The registered manager said, "Every day we're considering capacity and acting in people's best interests. If we felt there was a capacity issue we would review it." This was in keeping with the principles of the MCA in assuming that people had capacity unless there was evidence they may not.

Care plans contained details on people's capacity, including how they could be supported to make decisions if they had difficulty communicating and on any best interest decisions made on people's behalf. For example, one person's care plan stated that in an emergency staff could make decisions around obtaining emergency medical care, but that only doctors and not care staff could consent to medical treatment if the person was incapacitated. Staff understood the principles of the MCA and its emphasis on supporting people to make decisions where they had capacity to do so. People and their relatives confirmed that people were given choices and asked for their consent when receiving support.

Some people received support with managing their food and nutrition. Where this was the case people's dietary needs and preferences were documented in their care plans. For example, one person's care plan offered guidance to staff on how the person liked to count down from 10 to give their food time to cool down. Another person's care plan was developed with input from the person's speech and language therapist (SALT), and contained details of how the person could be safely and effectively supported to eat the foods they enjoyed. Staff we spoke with were knowledgeable about people's dietary needs and preferences and familiar with advice people received from the SALT team and dieticians.

People and their relatives told us staff supported them to eat the foods they enjoyed and maintain a healthy diet. One person told us the meals staff helped prepare were varied and healthy and that they had choices for breakfast. Another person said, "It is all right (the food staff supported them to eat). I like bacon and egg, scrambled egg and mushrooms, fried egg and sausage and chips." A relative we spoke with told us, "[Named person] has put on weight in the last few years as they are eating better. [Named person] has a good appetite. I would think [Named person] has a balanced diet."

Staff supported people to access other healthcare professionals to maintain and improve their health. Care plans contained details of other professionals involved in supporting people, including GPs, opticians, dieticians, podiatrists, psychiatrists and the SALT team. People's medical appointments and treatments were recorded to help staff maintain a good understanding of their overall health. People and their relatives told us staff helped them to maintain their health, including by supporting them to access external professionals. One relative we spoke with told us, "They keep an eye on [named person] and judge how they are." The relative went on to describe some health problems the person had, before saying, "The staff have been at the forefront of [Named person] seeing the GP. They have [Named person's] best interests at heart." Another relative said, "They take [Named person] to see the GP if they are not well. The staff are all very efficient."

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received from staff, describing the service as kind and caring.

One person we spoke with said they were happy using the service. They said, "I like all the staff and [other people using the service]. The staff look after me. I have been out in the car today and done some shopping. I got some Christmas boxes. The staff go with me to support me." Another person told us staff were kind and caring and that they were happy. They told us, "I get looked after well." Another person told us they liked getting support at their home and that staff were caring and knew how to look after them.

Relatives also spoke positively about the care and support people received from staff. One relative we spoke with said, "I can only go on what I've seen. The staff on the ground level always seem to be quite willing and able to help [named person] and to find ways to help. They have [named person's] best interests at heart."

People and their relatives told us staff treated people with dignity and respect. People received the care they wanted and support was delivered in line with their stated preferences. These were detailed in people's care plans, with guidance to staff on how people's dignity could be maintained. For example, one person's care plan explained that they could become anxious when receiving personal care so reminded staff to explain what they were doing at every stage. People and their relatives said staff always gave them choices over the support they received, which helped them maintain their dignity. One relative told us, "They always ask [Named person] what they want to do. They try to involve him by asking him if he wants to watch TV or if he wants a cup of tea. I've never heard raised voices when I am there." Another relative said. "[Named person] visits once a fortnight. At 7pm they says they want to go back home. That tells you a lot. [Named person] is always very clean and wears lovely clothes."

Staff told us care plans contained all of the information they needed to offer personalised and caring support, including information on people's relatives and things that were important to them. Records confirmed this was the case. For example, one person's care plan contained details on the difficulties they had in coping with the death of a relative. The plan went on to give staff guidance on how they could support the person through their bereavement, including a photograph of the relative staff could use to help reassure the person by discussing their life and memories the person had of them.

The service had received a number of written compliments from relatives on the standard of care staff provided. One relative wrote, 'I really want you to know you're a breath of fresh air. Times have been so difficult (but) it's very much appreciated all your hard work you are putting in' and '[Named staff] have shown us dedication and passion in their work, turning it all around and putting care and attending into [Named people's] support.' Another relative wrote, 'Just a small gesture to thank you for all the love and care given to [Named person].' Compliments from another relative read, 'Can I say how good your staff are with [Named people]. They helped me to book rooms and [Named person] joins in all the activities. All staff are good and I do tell them and thank them for their support.'

At the time of our inspection three people were using advocates. Advocates help to ensure that people's views and preferences are heard. People's care records contained details of the involvement of advocates in their care. The registered manager told us how advocates had been arranged to support people with decisions or periods where they might need additional support, for example in moving house or making spending decisions. This meant procedures were in place to ensure people's views were heard.

Good

Is the service responsive?

Our findings

The registered manager and staff had an excellent understanding of people's support needs and preferences. People were proactively involved in designing their own care, and this involvement was emphasized throughout people's care records. This helped people to achieve an enhanced sense of well-being and an exceptional quality of life. People and their relatives told us staff were very responsive to people's needs.

Before people started using the service their support needs were assessed. This was done collaboratively with people, their relatives and any other professionals involved in the person's care. The emphasis throughout this assessment was on the preferences of the person receiving support and empowering them to live as fully as they could despite the support they received. For example, one person's assessment identified that they needed support with eating and maintaining a healthy diet. The assessment identified ways the person could be encouraged to manage their own meals (for example, through promoting the use of finger food and ensuring their favourite plate was used), so that staff did not have to take over every aspect of their food and nutrition. For another person, their assessment identified that they liked to eat food quickly and that this had caused choking in the past. The service worked to identify the least restrictive way of supporting the person to enjoy their food while also keeping them safe, which in this case was regularly reminding them to slow down when chewing food. One person we spoke with said, "They help me do things for myself, but give me some support."

Assessments considered all aspects of the person's health and wellbeing, including their physical, mental and emotional health. For example, we saw that one person's assessment considered whether they needed additional support to understand socially acceptable and safe sexual behaviour. This meant staff were alert to ways of enhancing people's sense of worth and well-being, and viewed this as an important part of their support role.

Care plans were written from the perspective of the person they belonged to, and their sense of identity was present throughout. Plans started with people's personal profiles. These included a summary of how staff could best support the person, then a detailed one page profile emphasising what was important to the person. What the person would like to do for themselves was emphasised as being just as important as areas they needed support in. For example, one person's plan said they were 'great at' running their own bath, 'sometimes found it difficult' to communicate what they wanted and would 'want support' to monitor their skin condition. Care plans were decorated throughout with photographs of things people enjoyed or found important, such as favourite films or photographs of them enjoying their hobbies. This meant people's personalities were reflected throughout their care plans.

Where a support need was identified staff worked hard to be innovative in providing person-centred care based on best practice. For example, staff supported one person who had difficulty in communicating. To assist and empower the person staff had developed an incredibly detailed and personalised 'vocabulary' to guide staff on what the person was saying. This included details not only of the person's support needs, but also of their hobbies and interests, such as their favourite characters in films. This helped staff to not only

deliver support that was needed, but to really get to know the person. The vocabulary was used alongside recognised tools such as the Disability Distress Assessment Tool to help staff plan and deliver support in a highly person centred way. For example, the person had previously become distressed when receiving assistance with bathing. Staff had used the vocabulary to understand why the person was becoming distressed, and had amended their care plan to build a routine that the person enjoyed. For another person, staff had developed a detailed support plan to help with their obsessive compulsive disorder. This included guidance to staff on understanding the behaviours the person might show and then a plan to help them keep the person safe. The person centred and responsive care plans helped people to live as full a life as possible.

Care plans were regularly reviewed to ensure they reflected people's current support needs. We saw that these reviews involved people and their relatives, which helped ensure care was always focused on what the person wanted. A member of staff we spoke with said, "We have good care plans. We [staff] look at each other's plans to see how they can be improved. There is a constant emphasis on improvement. We treat them as live documents and they are always updated." Another member of staff told us, "Care plans get updated all of the time. They are all up to date and it is fantastic how they are set out. Very person centred."

Some people received support with accessing activities. Where the service was responsible for this staff were innovative and successful in meeting people's individual needs. People and their relatives spoke positively about the support they received with activities, telling us staff helped them to do the things they enjoyed. All aspects of a person's support needs were considered when planning activities, with an emphasis on removing any barriers people faced in doing the things they enjoyed. For example, one person enjoyed water but was sometimes anxious in new places. Staff had taken the person on several trips to the seaside, on each occasion helping the person move closer to the water. 'Activity learning logs' and reflection sessions had been used to help the person think about what they had done on each trip, and what they would like to achieve on the next. These learning logs used easy read symbols including photographs of the person and the staff who had supported them, which meant they were tailored specifically to help the person use them to plan activities.

We saw how staff had worked closely with another person to help them plan walks they enjoyed. The person enjoyed walking on their own. To help them do this safely staff had helped the person plan a walking route, including specific details on where they liked to be dropped off, the streets they would walk down and even the benches they liked to sit on. This helped the person to retain a sense of independence and was successful in meeting their individual needs. Staff used 'What matters most' reviews to help people set goals for the activities they wanted to participate in. For example, we saw one person had set themselves a target of a trip to Jersey and staff had developed a plan on how they could achieve this. This showed that staff were very responsive to people's own priorities for their lives. One person we spoke with told us, "They ask me if I want to go anywhere, and I'll say that I want to go to [named place]. That makes me happy."

The registered provider had a 'Gateway Award', which staff at the service used to help people set personal goals and challenges, try new activities and socialise. People set individual targets and staff helped them to achieve this. People's progress through the Award was monitored on a large display people had helped make at the service. This helped create a sense of friendly competition between people, and we saw evidence that real friendships had been formed between people taking part. For example, two people had formed a close friendship after taking part in a jewellery making activity. People had also used the activities undertaken on the Award to help enhance their quality of life. For example, one person had learned how to manage their own medicines by participating.

Clear processes were in place for responding to and learning from complaints. The service had a complaints

policy. This set out how issues should be reported, how they would be investigated and the timeframes for doing so. The registered manager and staff also reviewed any feedback from people that might be negative, but had not been sent through as a formal complaint. The service had received one formal complaint in the 12 months leading up to our inspection, and we saw that this had been investigated in line with the registered provider's policy, outcomes sent to the people involved and lessons learned to improve staff practice. This meant the service saw concerns and complaints as part of driving improvement.

People and their relatives said they were confident to raise any issues they had and were sure staff would work to address them. One relative we spoke with said, "I speak to the Key Worker if I have any concerns. She is a very nice person. She thinks about [named person] and what's best for him. She is prepared to put herself out and put in extra time."

Good

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service. One member of staff told us, "We have our own principles of being person centred and people are at the heart of everything. We always include people in decision making processes. We are inclusive and empower people." Another member of staff said, "Every day is different but it's lovely. The people and staff make it lovely."

Staff spoke positively about the registered manager, describing her as approachable, supportive and inclusive. One member of staff said, "I definitely feel supported [by the registered manager] and am always asking questions." Another member of staff told us, "[The registered manager] always comes out to see staff and meet new people. She is very welcoming and gets to know people. I'm always amazed that she remembers everyone's name. She is always there if you have any questions and you never feel that you can't raise anything." Another member of staff said, "[The registered manager] is very supportive. She's always available, and so knowledgeable. She usually has the answer." Staff confirmed that staff meetings took place, and said these were useful for sharing information and in providing a venue for staff to raise any support needs they had.

The registered manager and care managers carried quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. A 'continuous compliance tool' was used to review areas including care plans, risk assessments and any changes to people's medicine support. Checks were also made of the running of the service, including staffing levels, staff recruitment and staff meetings. Where an issue was identified it was added to the 'continuous improvement plan', with a description of the remedial action needed, who was responsible and the date it should be completed by. For example, a review of one person's care plans on 9 September 2016 identified that their review dates were overdue. This was added to the improvement plan and assigned to the responsible staff. By 22 September 2016 all of the care plans had been reviewed.

The registered manager carried out a completed audit of the service using the continuous improvement tool at least every three months, but said they visited people and carried out reviews more frequently. The tool was updated by the registered manager every month, and the results sent to the registered provider's area manager who also checked that remedial actions were taken where necessary. Annual 'reflection events' were also held, whereby the registered manager, care managers and staff met to discuss how standards at the service could be improved. The registered manager said, "The continuous compliance tool is really a foundation of quality. The reflection events are there to see how we're adding quality."

The service regularly sought and acted on feedback from people and their relatives. Questionnaires were sent out annually to ask people for their views. The service also held regular 'Go for it' forums where people using the service met together for lunch with care managers and staff and discussed any issues or concerns they had. Minutes from the September 2016 meeting showed that people had discussed how the service managed change and included people in this and future recruitment plans. The registered manager told us,

"I tend to find we get better feedback from informal forums like that." As an example, the registered manager said they had received feedback from one person that they would like more information when staff left the service as they sometimes took it personally and thought staff left because of them. The registered manager said, "That really struck me, as I hadn't really thought before how people might make assumptions about staff leaving if they weren't given at least some explanation. So if a member of staff is leaving we will find a way to sit down and discuss it with people."

People were also included in recruitment decisions through participating in a 'recruitment forum.' This was used to obtain feedback from people on the kind of staff they would like to see employed, and people were included on interview panels and encouraged to ask questions. The registered manager told us, "It has helped us to really tidy up our recruitment process" and "They (people) also helped us to develop our recruitment questions." We saw examples of the questions people using the service had developed, which included, 'What is the difference of doing things for people and with people?' This meant feedback from people using the service was sought, valued and acted on.

The service had good working relationships with other organisations which were used to enhance the support people received. For example, the service had obtained funding from a local authority to arrange an 'Around the World Challenge' activity to encourage people to develop new skills and interests. A member of staff told us, "Three people have finished it and it has helped people to form really good relationships and friendships." In another example, staff had supported a person to participate in a gardening scheme run by a local charity.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.