

The You Trust

# The YOU Trust

## 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 conducted a comprehensive inspection of this service on 01 October 2018. We gave 48 hours' notice of our intention to visit The You Trust – Fareham office to make sure people we needed to speak with were available. The You Trust Fareham is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community [and specialist housing] for adults who are living with a learning disability.

The You Trust - Fareham is a charity which provides a range of social care services, not all of which are regulated by the Care Quality Commission (CQC). At the time of our inspection there were 15 people whose personal care and support came under the scope of this inspection. Not everyone using The You Trust - Fareham receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There were two registered managers' in post, one was present for the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 consistently received their medicines on time and as prescribed. People's medicines were safely managed.

People were supported to maintain good health and be involved in decisions about their health. They were provided with personalised care and support. People were positive about the care they received.

Risks to people's and staff safety were identified, assessed and appropriate action was taken. Staff had completed safeguarding adults training and knew how to keep people safe and report concerns.

People were encouraged to make choices about their care and support and to be as independent as possible. People were protected by the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions.

People had their needs assessed across a wide range of areas and care plans included guidance about meeting these needs. People were encouraged to make choices about their care and support and to be as independent as possible.

Staff had the knowledge and skills to carry out their roles and their training was updated annually. People were very positive about the care they received. There were thorough recruitment checks completed to help ensure suitable staff were employed to care and support people.

The Accessible Information standard was understood by the management team. People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation.

Staff took necessary precautions to prevent the spread of infection. Staff had completed training on infection control and knew where to access the policy.

People felt they would be listened to if they needed to complain or raise concerns. The registered manager's appropriately investigated complaints, compliments and incidents. People had access to an accessible complaints procedure. A complaints policy was also available to staff and families.

Quality assurance procedures were used to monitor and improve the service for people and included them in developing their care and support. Feedback from people and their relatives or supporters was used to improve the service when their views were sought every year. Monitoring and auditing of systems had ensured action was taken when required.

People's information was kept securely and staff respected people's privacy, dignity and confidentiality.

The registered manager's placed importance on ensuring everybody received person centred support. They also ensured the staff team felt valued. The management team ensured that significant events were reported appropriately to the local authority and CQC when required.

## 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 had been individually assessed, monitored and reviewed.

Appropriate background checks had been carried out which ensured staff were safe to work with adults at risk.

Staffing levels were appropriate to meet people's needs.

Medicines were safely managed.

### Is the service effective?

Good ●

The service was effective.

People were supported to have their assessed needs met by staff that had the necessary skills and knowledge.

Where appropriate people were supported to maintain a healthy diet, and to attend appointments with other healthcare professionals.

People could make informed decisions about how they wanted to be supported on a day-to-day basis.

### Is the service caring?

Good ●

The service was caring.

People found their support workers to be kind and supportive and told us they were very happy with the support they received.

People's equality, diversity and human rights were respected at all times.

People's privacy and dignity was maintained.

Relatives spoke very positively about the staff at all levels and were happy with the care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans evidenced their care and support needs were delivered to meet their needs.

Regular reviews took place and people were invited to be fully involved in this.

Complaints information was widely available and people knew how to raise a complaint if they needed to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Quality management systems were in place to ensure continuous improvement of the service.

People who used the service, relatives and staff told us the service had effective leadership and they could approach the registered managers' with any concerns.

Regular staff meetings took place and quality assurance surveys showed positive feedback about the service.

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# The YOU Trust

## 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 was a comprehensive inspection. The inspection was carried out by one inspector. The inspection took place on 01 October 2018 and 02 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we need to be sure the registered manager was there.

We reviewed the information sent to us in the provider information return (PIR). 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. Before this inspection we reviewed information, we had about the service including notifications. A notification is a report about important events which the service is required to send us by law.

During the inspection we contacted 10 people who used the service, two relatives and four members of staff by telephone and visiting people in their own home. We reviewed three care records and associated documents for people who received personal care. We reviewed other records relating to the management of the service, including quality survey questionnaire forms, audit reports, training records, policies, procedures, and five staff employment and supervision records. We also reviewed the provider's recruitment practices.

This was the service's first inspection since registration with the Care Quality Commission.

## Is the service safe?

### Our findings

People told us they felt safe. Comments included, "I am very well cared for, always in a safe way", "They are all great, I feel confident all the time" and, "They have a lot of patience and I always feel at ease with them". A relative told us, "It's a service that I couldn't wish anything more of really. I have peace of mind and I'm thankful I know she is always safe".

The provider had effective systems in place to identify and manage risk. For example, people's homes had a record of health and safety risk assessment completed which covered risks such as cooking, scalding, wet floors, doorways, cleaning materials, fire, security and a range of other risks. These risks were rated low, medium or high and identified measures taken to minimise risks as well as times scales. Risks associated with people's care had been assessed, for example we saw in one person's risk assessment, details of how to ensure they remained safe from falls. Other people had risk assessments in place for a variety of situations including medication management, finance management, missing persons, smoking and manual handling.

The provider had assessed the risks associated with lone working. For example, the policy stated, 'Where conditions of service delivery or its associated tasks and activities require employees, workers and volunteers to work alone, both the individual and the responsible manager have a duty to assess, reduce and manage the risks which lone working presents.' A team manager told us, that new staff are shadowed for their induction and when first visiting people, they told us, "They have access to mentors and buddy staff to give them confidence." The registered manager told us, "All staff have access to a mobile phone and an office phone."

There were clear policies and procedures in place for supporting people with their medicines. A team manager said, "Medicines workshops take place, we go through all charts and policies". We could see that staff had read and signed the policies. Regular auditing was carried out to ensure staff were guiding people properly and management conducted frequent competency assessments as part of staff learning and development. There had not been any recent errors in the administration of medicines. A clear procedure was in place to guide staff on action to be taken if an error occurred which was linked to the risk assessment, this included seeking medical advice with the relevant telephone numbers. Risks and actions to reduce risks were recorded in the risk assessment and included, accidental overdose, dropped medicines, forgetting medicines, storing incorrectly and homely medicines. Homely medicines are non-prescription over the counter medicines. Records demonstrated that people had read and signed their risk assessments.

Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. Staff comments included, "I've never had to report anything but I am confident our managers would deal with it straight away and make sure the people are safe. I would record everything." and, "I would call the number for whistleblowing. I have never had to but am not scared to use it. We are told about this in safeguarding training and we have been told about what to do." We saw from our records that the service notified the Commission and other relevant agencies, such as the local authority, of all safeguarding incidents in a timely manner. The provider had appropriate safeguarding and whistleblowing policies and procedures in place to support staff

The service had a business continuity plan, which included guidance for staff about what to do in the event of an emergency, such as an unforeseen staff shortage or if people had to be evacuated from the premises. Each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate them safely and quickly in the event of a fire.

Sufficient staff had been deployed to meet people's needs at all times. At the time of our inspection there were 31 care staff employed whom provided care for 14 people. The registered manager told us staff were flexible with their work patterns and said, "We don't use agency, we have our own pool of bank staff." and, "Team managers and seniors work when needed." They told us that they supported other services locally and staff also worked flexibly across services. Rotas demonstrated sufficient staff were in place to meet people's needs. Comments from people included, "There are always enough [staff] and they both come together. I have never had a time when they are late or no one has shown up." and, "Staff come at the time we agree and if they need to come at a different time we discuss it to see if it works for both of us. If it doesn't work for me I tell them and they come at the usual time." A relative told us, "Staff seem very good. If any change of staff for holidays are needed we are informed in advance but there has always been one person [person] knows so that's reassuring."

Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Staff confirmed that they had undergone DBS checks. The registered manager told us any DBS checks which recorded any convictions were risk assessed in line with the providers policies and procedures prior to employment.

Records showed the provider considered skill mix when they recruited staff and people using the service were part of the recruitment panel. The registered manager showed us staff one-page profiles, these listed staff hobbies and interests, they were then matched to people with similar interests. They were colourful and included photographs. People interested in interviewing staff attended four half day interview training sessions to support them in their role.

Staff were knowledgeable about the risks associated with infection control. The provider had a detailed infection control policy in place which staff were familiar with. Staff comments included, "We use gloves, aprons and hand gels and wash our hands after personal care, before lunches and when changing beds. It stops us spreading the infections" and, "I use gloves when cleaning to help infections to stay minimal and keep people here safe or they will get ill and spread the infection quickly."

Documents demonstrated that incident reports were submitted to the senior management team and outcomes shared in team meetings. The registered manager told us that de-escalation training was arranged as a direct result of reviewing incident reports.



## Is the service effective?

### Our findings

People told us that the support they received was effective. People's comments included, "I think the support is fantastic and the staff know what they're doing. They seem well trained" and, "My needs are definitely being met. They do such a good job and it makes me happy and I don't worry." A relative told us "[person's] needs are definitely met and they work well with us so ours are too. They provide a good team."

New staff undertook a period of induction before they were assessed as competent to work on their own. A team manager told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld.

Staff told us that supervisions and appraisals were valuable and useful in measuring their own development. There were processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. Supervision sessions were planned in advance to give staff the time needed to prepare. Staff told us that they will often choose to work additional days because they enjoy it so much and get so much out of it. Their comments included, "Regularly we have meetings as teams and individuals with the management and we discuss our home management and if we think it is working well and if we would like any training to help us do our jobs how we would like to" and, "I feel I do my job well and I'm supported because they regularly ask me." We asked people if they thought staff were well trained and competent. Their comments included, "They are trained in looking after me the best they can and they do a very good job. I feel I get everything I need from nice people" and, "I'm so well looked after that no one needs to worry and that takes the pressure off my family." A family member told us, "They are very well prepped and kept up to date with changes. I've watched them and they are confident in what they do with [person]. I think they are very well trained."

Staff supported people that required support with their food and drinks. Staff knew to seek help if people did not eat or drink enough or they had any other concerns in relation to eating and drinking. Documents demonstrated that specialist help had been sought from the Speech and Language Therapist (SLT) as required. People commented, "She asks me what I would like to eat and does the shopping. I get to choose and it is very tasty. I have lots of drinks and snacks on my chair next to me." and, "We work out a menu together and eat together. It is very pleasant and I help with cooking. It's a jolly thing." A relative told us, "They stick to [person's] diet and the carer chats with me about things she thinks would help like different fruits or softer foods and she gets bits of shopping for them to encourage them to eat. She helps to prepare food and will leave a sandwich for them as a snack. She makes sure they have plenty of fluids."

People's care records demonstrated their day to day health needs were being met. People had access to their own GP and hospital professionals. Records showed people were supported to also access other specialist services such as dietician and dental services. People told us that they were supported to doctors, dentist, hospital and optician appointments. People's comments included, "If I feel ill they help me and call the doctor. They chat with me and we work out if I just need a painkiller or some rest. They are very reassuring and really do care. I feel so happy that I have someone to trust.", "I feel they keep me healthy by

helping me to take medicine on time and go to the doctors." And, "They keep me safe and they keep me healthy and organised with my appointments like the hospital and doctors and help me get there. We go on the transport and my carer helps me to read the letters and book the right transport and times." A family member commented, "[Person's] needs are definitely met. The service is great and they go the extra mile with them to make it easy for them. They are taken to appointments and I get feedback afterwards, [person] has their dietary needs met and enjoys the food, their carer is faultless."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found people's mental capacity had been assessed and staff were aware of how this impacted on people who used the service. Staff were knowledgeable about the MCA and decisions being made in people's best interest if they lacked capacity to make a specific decision or choice. Staff explained to us how they would support people to make choices. One staff member told us "It is very good and well managed by [manager]. They ask everyone what they would like and makes sure activities are what people like and choose." Another staff member told us, "Choices and personal requests are listened to like requesting bed times and choosing to eat what they would like and where. Residents are able to go out if they can unsupported and are monitored with use of mobiles." People's comments included, "I choose what I do and what I wear and what I need help with and everything." and, "I tell them what I need and they help me with it, no problems."

Staff sought people's consent for care and treatment. People signed their consent forms if they were able to do so. We observed care workers explaining to people they supported what they were about to do and asking for consent before they went ahead. We observed one staff member asking a person if it was ok to go in and clean their room.

Where people resided in supported living their rooms were furnished to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in personalising their rooms.

Technology was used to support the effective delivery of care and support. For example, one person had a device which alerted staff if they fell, staff were then able to respond and support them to ensure their needs were being met. This was agreed in their care plan.

## Is the service caring?

### Our findings

People and relatives told us the service was caring. One person told us, "They are very respectful and I get privacy when I don't feel like talking or socialising." another person told us, "The carers come in to my house and respect me and my things as well as my own space. They are very kind and I feel that my home is still my own and has not been taken over." A relative told us, "[Carer] is amazingly calm and respectful of the house, visitors, belongings and everything. [Carer] is kind and caring and I feel we have a superb carer giving the best care."

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. A team manager said, "We have close links with community health teams and support with culture and LGBT which is assessed in 'my life assessment' document." LGBT is an initialism that stands for lesbian, gay, bisexual and transgender. They further commented, we go out and visit, we talk about ethnicity, cultural needs and what support they are actually getting. We have supported people to LGBT groups." Documents demonstrated people's preferences, for example; people were asked if they prefer male or female support and their preferences were accommodated. One person told us, "I am from a different culture and everyone from the agency always treats me well, it is not an issue."

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People were provided with a written and easy read guide to their tenancy agreement, which provided useful information regarding landlords and tenants responsibilities. We saw an easy read 'Keeping Safe' leaflet which provided an easy to follow guide to safeguarding. Several other documents were also available in easy read versions with other formats available.

We saw sensitive personal information was stored securely. People's records showed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. We observed a staff member asking a person if they would show us their file. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the General Data Protection Regulations.

Staff supported people with kindness and compassion and their privacy and dignity were respected. For example, when we visited a person in their own home the member of staff offered to give a person space so they could talk to us alone. People and their relatives were positive about the care and support they received. People's comments included, "I feel I still have my independence because they do the things I can't do and encourage me and help me with what I can", "They are very careful in my home and ask if they

can go into my room if they need to get something or if they can help me in the bathroom." and, "They asked me if I would prefer a male carer but I don't mind either. It was nice that they asked." Relatives comments included, "They respect [Person's] home and belongings and give them independence." and, "[Person] told me they make them feel like a person still and they are very kind and respectful."

We observed the friendly rapport people had with the care staff when we visited them in their own home. People, their relatives and staff comments were consistently positive. One person told us, "My needs are always met well. I have some complex needs and the [staff] are well trained and I feel confident. When they can they help with things not on the plan like helping me cook or wash up and hangs my clothes up for me which is lovely." A relative told us, "They listen to him and give him time to voice his opinion. They have always had time to listen to me too and find out information for me that I do not know like hospital appointments, advocacy advice. The office are knowledgeable at this."

## Is the service responsive?

### Our findings

People and relatives told us the service provided was flexible and responsive in meeting their needs. People's comments included, "My needs are definitely met. I tell them what I need and they do it but also, they always do what the GP says or the hospital. They are efficient and miss nothing out. They make time to give me everything I need." and, "The support I get is excellent because it is exactly to the instruction of the GP, hospital and I get my say too. They work to the book." A relative told us, "It's exactly what she needs and her opinions and ways, small quirks are considered all the time."

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People were provided with a leaflet 'How to make a complaint' that covered requesting a review if people are not happy with the complaint response. This showed that people were provided with important information to promote their rights and choices.

People told us that if they were unhappy they would not hesitate in speaking with the staff or the office. People's comments included, "The manager and I have had small things in the past that I felt I needed to discuss and they called back within an hour and I was happy with the outcome." and, "I did complain when we first both having care as they sent someone for half the time. The office was kind and sent someone half an hour later who was lovely. They still come to us. I was happy with the fast response." A relative told us, "I've never had need to complain but I wouldn't hesitate to call the service. They always have time and rectify things fast." The service did not have any formal complaints to review however the registered manager was aware of the policy and response times.

People said they received help and assistance they required from the staff at the You Trust – Fareham. One person told us, "We have regular reviews. My carer asks me daily if everything was okay for me and the office lady calls maybe once every six weeks to see if we are happy or need anything changed or updated. They listen." A relative told us, "The carer keeps me updated with things like the GP visits or health checks or if she is ill and we chat. The office call to update and review the package about every two months and they do home visits to [person] too and I try to be there. They ask her how they feel and is finding things. [Person] doesn't always understand but it's nice that they do this." Records demonstrated that they were regularly reviewed and updated. A team manager told us, "We have quarterly meetings to go through everything."

For each person there was a care plan that was compiled following an initial assessment of the person's needs. The care plans detailed the specific needs of each person and how they would like their care to be provided. Regular updates and reviews of care plans were completed by senior staff. People told us staff support them to access activities, their comments included, "I go to my club and my carer makes sure I have transport booked. I forgot to book return transport once and now she checks it all for me and helps me pack the bag I take before I go." and, "My friends visit and my carer takes me down to meet them sometimes. She is very good at organising me." One staff member told us, "Everyone's choices of how they live and spend their time is listened to and we try to make this easy for them by offering activities to suit their interests and make their home inviting, easy to live in safely, and stimulating." Documents demonstrated that people

participated in a variety of activities including, church, gardening, arts and crafts, shopping, walking, cinema and football.

People told us there was continuity of staff and they were very fond of their regular care workers. People told us that staff know what is important to them and act upon it and that they are flexible in their approach. One person commented, "The support I get is just what I need from lovely people and I always see the same ones." People told us they could make their own decisions and that their preferences were taken into consideration. People told us they had not experienced staff not turning up. People told us that staff always stayed for the full amount of time and in some cases stayed a little bit longer. Records we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit.

The registered managers told us that they had developed good links within local communities. They told us, "We support clients to access working in charity shops, libraries, dog homes, churches, the salvation army and food banks." On returning from work one person told us, "I like to work in the charity shop."

When people approached the end of their lives The You Trust – Fareham, had systems in place to identify their individual wishes and preferences. The management team told us they encourage service users who choose to have an end of life care plan, to involve their family, advocate or anyone that is important to them to support them to complete the plan. Documents demonstrated that the plan discussed where people kept their will and details of their preferences and choices.

At each visit staff completed a record of their visit detailing the date of the visit, what people had managed to achieve, what support they required, any concerns and where the concerns were reported as well as staff signature and printed name. The service had an end of life policy in place which guided staff how to support people at the end of their life. The service was not supporting anyone with end of life care at the time of our inspection.

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## Is the service well-led?

### Our findings

People told us the service they received was well-led. People and relatives spoken with told us they were in regular contact with the registered managers and other office staff. People told us they were happy with the service and the management were approachable. Their comments included, "I think the office are excellent and the managers are very kind and organised. I would raise concerns without a doubt." and, "I get everything I need but if I didn't I would chat with the manager. They are very approachable" and they told us that there is nothing they would improve about the service being provided.

The registered managers were knowledgeable about people who used the service. They knew people who used the service and could talk in detail about their care and support needs.

Notifications and minutes from care reviews demonstrated the provider worked effectively with healthcare professionals. A professional had emailed 'These are the best guidelines I have read from a care provider. Good job to whomever wrote them.' Another professional emailed to say, 'On a real positive note: I would like to express my gratitude to your ongoing dedication to all of the service users who reside at [supported living service]' and, 'I was really impressed with the professional manner of care that [staff] delivered to [person].'

The registered managers told us they had created good links with several employers and that a high proportion of people had jobs within their local community.

People who used the service told us they were encouraged to give feedback about the quality of the service. Every year people and their family members were asked to complete a quality assurance survey. When these were returned feedback was analysed by the registered manager, team manager and shared with people, family, staff and professionals. We looked at the results of the last quality assurance surveys and saw people had responded very positively. The results showed that people were happy with the support they received. Some of the people's comments included, "I'm very happy with the service, agency staff and mostly the care. She is wonderful", "I'm pleased I have found such a reliable and caring service", "We are very happy that we can live at home with good and kind people looking after us" and, "They always give the best care, I am very happy and fond of the ladies."

Observations of interactions between the registered managers and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people who used the service. Most staff told us the registered manager was approachable, supportive and they felt listened to. Their comments included, "[Manager] is fantastic, supportive and discreet, [Manager] is a great manager. [Manager] helps out all the time and is a good problem solver", "Brilliant, proactive and supportive. They get things resolved quickly" and, "A lovely caring person and gets things done quickly and fairly. We can always talk to either [Manager], this is so reassuring that we know whatever happens someone is there." One person told us, "When I started the manager came for a chat and called me to see how it was going. They make sure I'm happy and getting the correct service regularly, they call me."

Staff had the opportunity to attend monthly team meetings and received regular supervisions to ensure they were provided with an opportunity to give their views on how the service was run. Team meetings covered items including safeguarding, fire safety, day services and voluntary work, holidays, kitchen hygiene, one to one sessions, security and meal support. A staff member told us, "We have recently discussed the importance of infection control in staff meetings and how we use it. We do need to be aware and we always are of any changes. This comes from the good management." The manager sought yearly feedback from people, family, professionals, commissioners and other people involved in the service. A relative told us, "I feel I can always comment and give feedback and they listen. You sometimes see small adaptations to the plans or risk assessment or general running as a result of feedback."

The registered managers had effective and robust systems in place to monitor and improve the quality of the service provided. Bi-weekly service audits of the service included looking at such things as safeguarding folders, support planning, risk assessments, incident reporting, medication, fire folder and staff files. These were reviewed approximately every two months at managers meetings. Documents demonstrated that action plans were drawn up after each audit and reviewed at the following audit to ensure they had been completed.

There was a computer system in place to provide an overview of staff training, supervisions and appraisals, which meant it was easy to identify the staff that required refresher training and on which dates staff were due supervision and appraisal. Staff consistently told us they felt well supervised and supported. A team manager told us all staff have supervision every six to eight weeks."

There were policies and procedures in place to guide staff in all aspects of their work. There was information in the registered office regarding such things as safeguarding, and confidentiality as well as information posters on the wall.

Before our inspection we checked the records we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe.