Assisted Living Solutions Limited

Assisted Living Solutions-Croft Mead Business Centre

Inspection report

Croft Mead
Nuneaton
Warwickshire
CV10 9PX

Tel: 02476395230
Website: www.assistedlivingsolutions.co.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 10 November 2016 and was announced. The provider was given two days' notice of our inspection because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with them and staff who worked for the service.

Assisted Living Solutions (ALS) is registered to provide personal care and support to people living in their own homes. Support is provided to people with learning disabilities, and people with health conditions. Some people received support through several visits per day, and some people were receiving support 24 hours a day. Eighteen people used the service at the time of our inspection visit.

A requirement of the provider's registration is that they have 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. At the time of our inspection there was not a registered manager. This was because the registered manager had left the service earlier in the year, and the provider was recruiting a new registered manager at the time of our visit. We spoke with the area manager and the provider's nominated individual to conduct our inspection. The area manager was running the service in the absence of a registered manager; we therefore refer to the area manager as the manager in the body of this report.

People told us they felt safe with staff, and staff treated them well. There were enough staff employed at the service to care for people safely and effectively. People were supported by a staff team that knew them well.

All necessary checks had been completed before new staff started work at ALS to make sure, as far as possible, they were safe to work with people in their own homes. The manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. The manager and staff identified risks to people who used the service and took action to manage identified risks and keep people safe.

Staff were supported by the manager through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff. Staff felt their training and induction supported them to meet the needs of people they cared for.

Medicines were administered safely, and people received their medicines as prescribed. People were supported to attend appointments with health care professionals when they needed to, and received healthcare that supported them to maintain their wellbeing.

The manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The manager had made referrals to the local authority where people's

freedom was restricted, in accordance with DoLS and the MCA.

People were supported with their health needs and had access to a range of healthcare professionals where a need had been identified. Health professionals provided positive feedback about their relationships with the management and staff, which demonstrated people received effective healthcare. People were encouraged to eat a balanced diet that took account of their preferences and, where necessary, their nutritional needs were monitored.

The service had a person centred culture which was understood by staff. People always planned their own care, with the support of their relatives, advocates and health professionals. This ensured care matched their individual needs, abilities and preferences from their personal perspective. Activities, hobbies and interests were based around each person's wishes according to their agreed care packages.

People and their relatives thought staff were kind and responsive to people's needs, and people's privacy and dignity was respected. Staff offered people ways to maintain and develop their independence and increase their life skills.

People who used the service and their relatives, were encouraged to share their views about how the service was run. People knew how to make a complaint if they needed to and the complaints received were fully investigated and analysed so that the provider could learn from them. The provider used the information from complaints and feedback to improve their service by acting on the information they received.

Quality assurance procedures were in place across the provider's group of services. Information was shared across each of the provider's services to ensure lessons learned drove forward improvements. All the staff were involved in monitoring the quality of the service, which included regular checks of people's care plans, medicines administration and staff's practice. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence. There was a culture within the service to learn from feedback, audits, and incidents to continuously improve the service provided.

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 felt safe with staff and there were enough staff to care for people safely. People received support from staff who understood risks relating to people's care and acted to minimise the risks to people's health and wellbeing. Staff knew how to safeguard people from harm. Medicines were managed safely, and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people. Where people could not make decisions for themselves, people's rights were protected because important decisions were made in their 'best interests' in consultation with health professionals. People were supported to access healthcare services to maintain their health and wellbeing. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Good

The service was caring.

People were supported by staff who they considered kind and caring. Staff ensured people were treated with respect and dignity. People were able to make everyday choices, and were encouraged to maintain their independence. People had privacy when they wanted it.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in decisions about their care and how they wanted to be supported. People were encouraged and supported to live their lives in the way they wished and to pursue interests and hobbies they enjoyed. People were able to make comments and provide regular

feedback and complaints about the quality of the service they received, all of which were analysed to identify areas where the service could be improved.

Is the service well-led?

Good

The service was well-led.

The service was led by a management team that was approachable and accessible. However, there was no registered manager in post at the time of our inspection visit. The service was being managed on a day to day basis by the area manager. The provider sought feedback about how the service could be improved through people and stakeholders. There were procedures to monitor and improve the quality of the service. There was a culture within the service to learn from feedback, audits, and incidents to drive forward 'best practice'.

Assisted Living Solutions-Croft Mead Business Centre

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 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.

The inspection visit took place on 10 November 2016 and was announced. This service was inspected by one inspector and an expert-by-experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. The provider was given two days' notice of our inspection because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with them and staff who worked for the service.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We spoke with four people who used the service and seven relatives of people who used the service. We also emailed nine health professionals who supported people at the service to find out their views about the service provided. They had no concerns.

We spoke with the area manager, the nominated individual (the regional operations director) and a nurse who was also the service's clinical lead officer. Following the office visit we emailed twelve staff to obtain their views of the quality of care. We received two responses by email.

We reviewed three people's care plans to see how their care and support was planned and delivered. We

checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits. We used this and other information to make a judgement about the service.

Good

Is the service safe?

Our findings

People told us they felt safe with staff. One person said, "I feel safe with the staff team. The carers are respectful to me and my home and they listen to me." Comments we received from relatives included; "I feel [Name] is safe with the carers they are brilliant", "I don't worry about [Name] when they are with the carers."

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. Staff attended safeguarding training regularly. This training provided staff with information about how they could raise issues with the provider and other agencies if they were concerned about the risk of abuse. A dedicated telephone line was provided for staff to raise concerns anonymously with the provider. Staff told us the safeguarding training assisted them in identifying different types of abuse and they would not hesitate to inform the manager or supervisor if they had any concerns about anyone's safety.

The provider had a procedure to notify us of referrals made to the local authority safeguarding team, and to inform us of the outcome of the referral and any actions they had taken that ensured people were protected.

The provider had assessed and managed risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. We found risk assessments were detailed, were regularly reviewed and kept up to date. For example, one person was at risk of choking when eating and drinking. The risk assessments detailed specific instructions for staff on the angle the person should be positioned at, including showing a photograph of the correct position, and when the person should be positioned in this way. Staff we spoke with were aware of risk management techniques, and could describe how they followed the risk management plans by positioning the person according to the risk assessment. One member of staff commented, "All client paperwork is kept up to date. The information we need to protect them is there." This was important as people's health and care needs could change over time.

Some people had risk assessments in place that encouraged 'positive risk taking'. For example, one person was encouraged to increase their daily living skills with an aim to becoming more independent. Their care records showed staff should encourage them to plan their own weekly menus, and to clean their flat. They should also encourage the person to use the microwave oven, peel vegetables and use the iron. Although there was a small risk the person would harm themselves, they were encouraged to improve their skills for the future. Records were reviewed regularly to track achievements against their identified goals.

The provider had contingency plans for managing risks to the delivery of the service. For example, emergencies such as fire, or staff absences were planned for. The plans had been discussed with staff members, and staff knew what to do in an emergency. These minimised the risk of people's support being delivered inconsistently.

The provider's recruitment process ensured risks to people's safety were minimised as the character and suitability of staff was checked before they supported people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they

started work unsupervised. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There were enough staff to meet people's care and support needs. People told us staff usually arrived on time for their scheduled visit or handover to other members of staff. Staff stayed for the correct amount of time, and undertook all the tasks that were agreed in people's support plans. One person said, "The carer is here from 9am to 9pm and they arrive on time." People told us that when staff were off sick, and other permanent staff were unable to cover their shift, on occasion the service used agency staff. They said this impacted on their care as sometimes agency staff did not always know the person and their individual needs.

Staff told us staffing levels had recently been improved. In addition some re-organisation of care packages had taken place, which had made a difference to geographical areas. The re-organisation had improved some staff travelling time. This had increased the resources available to cover care packages. Recruitment was conducted regularly by the provider to ensure safe staffing levels were maintained. The manager told us recruitment of the right staff was sometimes challenging, as recruitment systems were based on values; they only recruited staff who had the right values, skills and knowledge. This was especially important for staff who supported people with complex health conditions.

We asked the manager how staff numbers were determined. They said, "Staffing is worked out depending on the person's individual support package." The manager explained there were contingency plans in place for team members, nurses and managers to assist (as care staff) if there were staff absences. The manager confirmed they also used occasional agency staff to fill some staff vacancies where this was needed.

We looked at how medicines were managed by the service. Medicines were stored in people's homes and were administered safely. People and staff told us medicines were administered as prescribed. Staff received training in the effective administration of medicines for each person they supported. For example, one person required medicines to manage a respiratory condition. Staff who supported the person received specific training on how to administer the person's medicine which related to the condition.

The nurse and clinical lead for ALS checked staff's competency to give medicines safely following individual training. Information was provided to staff on how medicines should be given, and whether there were any possible side effects a person might experience from taking them. People who took a range of medicines on an 'as required' basis had a specific medicine protocol (plan) in place, which gave staff advice on when these medicines should be given. These procedures helped to ensure people were given their medicines consistently.

Weekly auditing procedures checked that people received their prescribed medicines when they should. A nurse told us, "We do a weekly check of the medicine records, and stock counts of medicines to make sure they are being given as prescribed." Care staff recorded in people's records that medicines had been given, and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by care staff and by senior staff during unannounced (spot) checks. One member of staff said, "If I find there are gaps on the MAR charts, I investigate what has happened. If it was given I update the MAR chart. If the medicine wasn't given I will contact the person's GP and ask for advice." In addition, completed MARs were audited each month by a senior member of staff. These procedures helped to ensure people were given their medicines safely.

Good

Is the service effective?

Our findings

People we spoke with and their relatives told us staff had the skills they needed to support people effectively. Comments included, "I have observed how the carers work and I can see how good they are with [Name]", "The staff seem to know what is needed. The carers are very patient with [Name]. It is very person centred."

Staff told us they had received an induction and training that met people's needs when they started working at ALS. The induction was based on fundamental standards set by Skills for Care, and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. This demonstrated the provider kept up to date with the latest guidance on the induction of care staff.

Following induction the manager had implemented a programme of staff training to ensure staff had the specific skills they needed to support each person. This was important as some people required support with complex health conditions. For example, the nurse provided staff with specific training in using a range of equipment such as a ventilator, oxygen tanks, suctioning equipment, slide sheets and feeding tubes. Staff were 'competency assessed' by the nurse following their training. One staff member told us, "Once induction was done, I had some specialist training by the nurse. As soon as I was signed of as competent I was able to start supervised shifts. Within a short time I was working alone."

Staff said the manager encouraged them to keep their training up to date. The manager kept a record of staff attendance at training, and reminded staff when their training updates were due. ALS had its own training department and supported staff with face to face training in addition to e-learning and individual training. Staff were provided with access to training through an electronic internal intranet. This assisted staff to access a range of different types of training, to meet their specific needs.

Staff told us in addition to completing their training programme they were regularly assessed to check they continued to have the right skills to support people effectively. The provider also invested in staffs' personal development, as they were supported to achieve nationally recognised qualifications. The manager said, "Staff are encouraged to complete diplomas within 6 months of finishing their probation period, this helps build their skills and supports our vision and values (to recognise staff's individual contribution and skills)."

Staff received support through regular team meetings, individual meetings with their manager and yearly performance appraisals. One staff member said, "I feel supported, as well as individual meetings and appraisals, each care package team holds regular group supervisions (meetings)." Staff told us regular meetings provided them an opportunity to discuss people's care, exchange knowledge and discuss any training requirements. The manager commented, "Group supervision meetings each month ensure staff have up to date and consistent information."

The provider recognised good staff performance and recommended staff for awards when staff were performing well. The provider had also been awarded investors in people status meaning they invested in

staff training and development. The company was awarded the investors in people silver award in 2013, providing evidence of their commitment to support staff to work effectively and to a high standard.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. 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. 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.

All staff had completed training in the MCA and knew they should assume people had the capacity to make their own decisions, unless it was established they could not. Staff knew they should seek people's consent before providing care and support. Staff said the people they supported could often make everyday decisions for themselves. We asked people if staff asked for their consent before they provided care, they said they did.

The manager and supervisor understood their responsibilities under the MCA. They told us there was no one using the service at the time of our inspection that lacked the capacity to make all of their own decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances. These people had somebody who could support them to make these decisions in their best interest. Where people lacked the capacity to make complex decisions the manager ensured any 'best interests' decisions had been made following a mental capacity assessment, in conjunction with health professionals and people's representatives.

The manager understood their responsibility under the MCA to work with the local authority, and assess if people required a DoLS if there were any restrictions placed on their care. Whilst no-one had a DoLS in place at the time of our inspection visit, we saw the provider knew the principles under which DoLS applications to the appropriate authorities should be made, and had made recent applications for several people where this might be required.

Records showed some people were supported by staff to prepare their food, and also to assist them with specialist diets. For example, one person was supported to take nutrition through a feeding tube. Records showed staff monitored how much fluid and food the person ingested to ensure they received the right level of nutrition. Staff also provided support to people with diabetes, or people who were on a 'soft diet' by supporting them to prepare food that met their health needs. Where needed, food and nutrition charts were compiled to monitor people's intake and output of solids and fluids, to ensure people had enough nutrition to maintain their health.

Those people who were supported by staff to prepare their meals told us they had a choice of food, and staff prepared their meals to their satisfaction. One person said, "The food's not bad, I have a reasonable diet, due to my health my diet is a little restricted." Another person commented, "I don't know what I am having for dinner yet, I choose each day."

Staff and people told us they worked well with other health and social care professionals to support people. Staff supported people to see health care professionals such as nutritional specialists, psychologists, district nursing teams and doctors where this was part of the person's support plan. Some people required regular support from health professionals due to their health conditions. For this reason some people had a

hospital passport in place. The hospital passports contained information about the person's health, their everyday support needs, their medication, and included information on how the person communicated, their likes and dislikes. The passport was designed to provide information about the person at a glance, and travelled with them when they visited hospital or healthcare facilities. This meant professionals had all the information they needed straight away, to support the person.

We saw some people with complex care needs continued to be supported by staff from ALS when they were in hospital, to maintain continuity of care and ensure the person was fully supported during their hospital stay.

Care records included a section to record when people were seen or attended visits with healthcare professionals. Information from consultations with healthcare professionals was shared with staff to keep them up to date with any changes in people's health and care needs. Care records also instructed staff to seek advice from health professionals when people's health changed. One person told us, "The carer takes me to the hospital. The carer acts on the health professional's advice."

We saw one person had a collaborative working plan in place to instruct staff on how they should communicate with health and social care professionals, regarding the person's complex care needs. As part of the plan the person was supported by a range of health and social care professionals in a bi-monthly multi-disciplinary meeting. A physiotherapist, care manager, speech and language therapist, occupational therapist, and a community nurse specialist met with the person, their representative and a team manager from ALS to discuss the person's care, and make sure staff were working in a way that effectively supported them. This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with kindness, and staff had a caring attitude. Comments included, "The carers are considerate and care for me", "The carers are very caring", "Staff are always very nice and caring and seem professional."

People and their relatives told us staff treated them with respect and dignity. For example, staff used people's preferred names when speaking with them and respected their individual choices and decisions. One person suggested this came from the provider's training because their experience was all the care staff were respectful. They said, "Absolutely, the carers are very respectful. It is something that has to come from the company, because all the carers are respectful."

People told us staff supported them to maintain their independence by helping them to live in their own homes. For example, using staff from the service assisted people to live in their own homes, rather than be in a residential home. One relative told us, "The quality of life is the best [Name] can have. If they were in a residential home it would come nowhere near what they have."

A relative told us how staff supported their relation to use their skills and develop new skills. They explained that, "Staff empower and encourage [Name] to prepare meals, for example, getting them to chop food themselves."

The provider had recently introduced a system of identifying and encouraging people to achieve life goals. This was used specifically for people with learning disabilities, to develop their independence. A member of staff discussed with the person any outcomes or goals they would like to achieve, and a plan was drawn up around how the person could be supported to achieve their goals. A review system was used to track the person's progress and achievement.

People were able to look at information in a number of formats, including documents in 'easy read' formats in pictures and large text sizes. These included the service user guide and feedback forms. This helped people to understand their rights and what they could expect from the service, as well as give them a voice about what the service did well or needed to improve, as information was accessible to people who used the service.

Relatives told us staff used a range of communication techniques to speak with people, to understand their needs, and involve people in decisions about their day to day lives. One relative explained care staff supported their relation to use an electronic key pad to communicate. Another relative explained staff were able to recognise hand gestures or facial expressions to interpret the wishes of their relation. One relative said, "The carers seem to know what is needed."

People were encouraged to maintain and develop relationships that were important to them. Although staff were sometimes in people's home for 24 hours a day, relatives told us they always felt welcome. One relative commented, "I drop in as and when, the carers are welcoming, and other family members also visit. We all

find the staff to be lovely."

People told us staff treated them with respect, privacy and dignity. People told us staff maintained their privacy. This included staff knocking on people's doors before entering, and respecting when people needed time alone. People received personal care in the privacy of their bedrooms. A staff member told us, "I ensure people's privacy by always covering people up during personal care routines. I also shut windows and doors, draw curtains, and use people's own bathrooms so that their privacy is respected."

We saw people's personal details and records were held securely at the Assisted Living Solutions offices. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information.

Good

Is the service responsive?

Our findings

People we spoke with told us they and their relatives were involved in planning and agreeing their own care. One person said, "I have a say in the care I am given." One relative told us about their involvement in the planning of their relations care saying, "[Name] wanted to be in their own home and I was involved in that. We discuss how things might be done." Another relative told us how they were involved in review meetings saying, "We are in the middle of a review now, the carers are very open and keep me updated with everything."

People and their relatives told us staff responded to people's requests for assistance and support. One relative said, "[Name] is happy and has excellent care. The carers go above and beyond what I expect."

People told us all their likes and dislikes were discussed so their plan of care reflected what they wanted. For example, people had been asked whether they wanted to receive care from male or female care workers, and staffing was organised to ensure their preferences were met.

The care records we reviewed were up to date and provided staff with detailed information on the person's health and care needs, their likes and dislikes, and how staff should interact with each person. For example, each person's daily routine and care tasks were written down clearly in a plan for staff to follow each day. Staff told us, "This is so we have all the information we need to support people, however, people can choose to differ their routine if they prefer." Care records differed from person to person, and care was planned based on the individual. People had regular reviews of their care and support needs, which involved discussions with people, their relatives, and health professionals when required.

Most people told us the care records in their home were kept up to date. ALS kept care records on an electronic system, and printed out a copy of the care plan for people to have in their home. ALS had developed the computerised system (which all staff had access to) to ensure care records were kept up to date, as changes could be made straight away. One member of staff said, "All client paperwork I find to be up to date. The information we need is there to fulfil the person's wishes. Our nurse and senior staff visit people's homes regularly to make sure we continue to meet their needs."

Staff had an opportunity to read care records at the start of each visit. The care records included information from the previous member of staff as a 'handover' which updated staff with any changes since they were last in the person's home. The handovers were based on each person and their individual requirements. For example, we saw one person had a particularly detailed handover of their care from one shift of staff to the next, as they had complex care needs. The handover detailed the checking of all equipment at each shift change, to ensure emergency equipment was always available when it was needed.

People told us they were supported to take part in activities and interests that met their personal preferences, when this was agreed as part of their support plan. For example, some people had arranged to take part in activities in their own home as part of their care package. One relative described the activities their relative was supported to take part in, "[Name] attends a day service Monday to Friday. They also have

one to one support to go out in the community." Other activities we saw people were involved in included trips to shows, concerts and music events, meals out and about and holidays and day trips.

The provider had a written complaints policy, which was contained in the service user guide which each person had in their home. The complaints policy was written in an 'easy read' format so that everyone had access to the information. People who used the service and their relatives told us they knew how to make a complaint if they needed to. One person said, "I can't complain, the carers are brilliant."

The manager kept a log of complaints that had been received. Complaints were allocated to named managers to support the investigation, which sometimes included meeting complainants to resolve issues. One person said, "I have raised concerns and they were addressed. The manager did respond."

We saw that where complaints had been logged, investigations had been conducted into people's concerns. The provider analysed complaint information for trends and patterns, and made improvements to the service following complaints. The 'lessons learned' from complaints were shared with staff in meetings, so that staff also learned from complaints.

Good

Is the service well-led?

Our findings

People, their relatives and staff told us they could speak to a manager when they needed to because members of the management team were approachable. One relative told us, "They seem approachable." Another relative told us, "I would recommend this service to others, the carers really seem to care."

There was a clear management structure to support staff. Although there was no registered manager at the service, the area manager was running the service on a day to day basis. The area manager was part of a management team which included other senior managers, supervisors and nurses. One member of staff said, "Communication has improved with staff over the last 12 months. Staffing numbers have improved and staff know what is expected of them." Other comments we received from staff included; "We know what we are doing, we have clear direction, the area manager is really clear and focussed." "I feel confident and supported in the role I do, I am recognised as being part of a team."

Staff told us they received regular support and advice from the management team via the telephone and face to face meetings. Staff were provided with training and learning opportunities via a computerised system which they all had access to. Care staff were able to receive advice and support from a manager or nurse at all times as the service operated an out of office hours' advice telephone line. One member of staff commented, "I feel fully supported as we always have an 'on call' number if needed, senior staff are always available."

The values and vision of the provider were embedded in the ethos of the service, which were to put people at the heart of what they did. The provider's values included promoting choice, respect and dignity at all times, and promoting people's independence. Staff received training about the provider's vision and values, they were asked to sign up to the values, and provide 'person centred care' to people. Staff were expected to display positive and engaging attitudes with people. One member of staff told us, "I really like the company's work ethics and values."

Staff told us ASL was a nice place to work and the organisation cared for its staff. One staff member said, "I enjoy working for a company that promotes person centred planning, we all take the responsibility very seriously. I personally enjoy caring for an individual and lifting their spirits." Another staff member said, "I find my role very rewarding."

Staff told us the provider had recently improved their communication systems with staff, to increase staff involvement and engagement. Staff communication systems included an electronic database which kept staff informed about and changes to people's care, policies and procedures. The provider explained this system was being developed further over the next 12 months. Staff were invited to comment on the running of the service through a staff forum group, who fed back staff comments and suggestions to the management team.

In addition, staff now met each month to discuss any concerns or to raise issues with their manager. Staff meetings covered discussions on a range of topics around a set agenda. For example, staff briefings on

organisational changes, training, health and safety, safeguarding, complaints, and people's care and support needs. Meetings also included discussions regarding accidents and incidents and how these could be prevented in the future. The meetings were recorded and where improvements or changes had been suggested, these improvements had been written into an action plan which was followed up by a manager at subsequent meetings. The provider informed staff about changes in the organisation, and the improvements made, through staff conferences and staff newsletters.

The provider used information about 'best practice' from experts in their field to improve care outcomes for people who used their service. For example, ALS employed a behaviour management specialist to support individuals who had behaviours that might cause risk to themselves and other people, to ensure the best and least restrictive practices were adopted by staff to help manage their behaviours. The behaviour management specialist reviewed the care of individuals and provided advice and support in drawing up risk management plans. They also provided specialist training for staff in managing challenging behaviours.

The provider had a programme in place to improve aspects of their service. This included the continued enhancement of computerised communication systems. At the time of our inspection visit the provider supplied each member of staff with a laptop computer, and access to a staff intranet and communication system. The system included training information, access to the internal reporting system and access to people's care records. They planned to enhance the system to offer more options to people who used services. They also planned to enhance their audit procedure by introducing checks where results could be uploaded straight away to their monitoring system. They hoped these improvements would increase their responsiveness to any issues that required improvement.

A member of staff told us about some changes that had been made by the provider in the last year to improve their service. They said, "Last year documents were reviewed and new documentation for care records was implemented, this is much clearer for us to understand." They added, "The provider also made some changes to how care packages were organised. We don't have as many clients now, and some packages in rural areas have been changed. This has helped us to be more flexible, and has helped staffing levels in some areas."

The provider completed checks to ensure staff provided a good quality service. The provider made unannounced visits to people's homes to check the quality of care people received. The provider completed audits in areas such as financial management, medicines management and care records. Where people had support from staff on a 24 hours a day basis, the provider regularly reviewed the person's health and care needs. For example, one person was allocated eight hours per week of nursing time. The nurse often visited their home and conducted meetings with other health professionals regarding their care needs, checking the level of care they received. Another person had regular visits from the nurse on a monthly basis to check their health and care needs.

Where issues had been identified in checks, audits and other quality assurance procedures, action plans were put in place to make improvements. Action plans were monitored for their completion by the provider; these were reviewed monthly by the executive management team. The regional director also had a monthly meeting with the provider's quality team. The provider said, "We also have a quality assurance team that can perform audits for us in response to any concerns." We saw the provider had acted to make improvements following a recent audit into financial procedures. A new finance policy and procedure document had been produced and rolled out to staff, to increase the monitoring of financial records and systems.

The provider acted to investigate accidents and incidents when they occurred, to learn from these, and

reduce the risk of them happening in the future. Staff reported accidents and incidents to the manager which included any immediate actions taken. Where required, staff contacted senior staff immediately for advice and support. Accidents and incidents were investigated by the manager, who took any further actions needed to reduce risks. Accidents, incidents and any investigations were recorded on a centralised electronic monitoring system so that the provider could also analyse the information for any trends and patterns. Staff confirmed individual incidents were discussed at meetings, to identify how staff could reduce recurrence. The provider demonstrated they acted on the information they received and analysed to make improvements to their service. For example, there had been some recent attempted 'break-ins' at a service, in response the provider had enhanced security lighting at all services. In response to a recent fire, the provider had reviewed all fire procedures in other people's homes, and had drawn up new emergency and personal evacuations plans for each person they supported.

People, their relatives, and staff were asked to give feedback about the quality of the service through frequent quality assurance surveys and phone communication. Feedback was analysed for any trends or patterns in the information received, so the manager could continuously improve the service. All of the provider's auditing and quality procedures, and their planned improvements were shared with people on the provider's website.