

Healey Care Limited

Healey Care Limited

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection of Healey Care Limited on 6 and 7 March 2018.

Healey Care Limited provides care and support to people living in three supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion to ensure people with learning disabilities and autism can live as ordinary a life as any citizen. At the time of the inspection, there were seven people using the service.

At our last inspection of 16 December 2015 we rated the service good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had excellent relationships with people; people were happy and relaxed in each of the houses. People's rights to privacy, dignity, and freedom of choice were firmly embedded into the culture of the service. Staff embraced people's diversity and this was reflected in the support plans we saw. People and their relatives, where appropriate, had been consulted about their care and support needs and were kept up to date with any changes. Support plans and risk assessments were very detailed and provided staff with excellent guidance on how to meet people's needs.

People had been consulted about their aspirations for the future; staff had taken appropriate action to help people develop and take small steps to achieve their dreams and ambitions. Each person, where possible, had been involved in the development of their own support plans and risk assessments which provided clear guidance for staff on how to meet their needs and preferences. Care and support was focused on people's wishes and preferences and people were supported to be as independent as possible in all aspects of their lives.

Everyone, without exception, was very complimentary about the service. They told us the service was well managed and very much family run. Since the last inspection the provider and the providers' family members had become more involved in the service; they were known and were a visible presence in the service. Staff told us they enjoyed working in the service. The registered manager monitored the quality of the service and listened to people's views. The registered manager used the feedback to make improvements to the service.

People were protected from the risk of social isolation and were supported to live full and active lives and use local services and facilities. Activities were provided both inside and outside the wider service. Activities were meaningful, varied, and personal to people's requirements and in line with their wishes and aspirations. There were excellent facilities within the wider service for people to meet with their friends,

family and the local community such as a service user led forum that met regularly to suggest and drive forward improvements and developments to the service and a social centre, which held evening and daytime activities, events and entertainments for people, their families and friends. These services had been developed and improved since the last inspection to provide people with more access to appropriate, meaningful and safe activities. People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

We observed excellent relationships between people and observed the management team and staff interacting with people in a caring, good humoured and friendly manner. Management and staff demonstrated exceptional insight and understanding of people's personal values and needs. People were happy and relaxed with staff. People said they felt safe and staff treated them well. We observed staff interaction with people was friendly, patient and encouraging. Safeguarding adults' procedures were robust and staff understood how to safeguard the people they supported from abuse.

Appropriate recruitment checks were completed before staff started work. Staff received a wide range of appropriate learning and development and new staff completed an in depth induction when they started work. There were enough staff available to meet people's care and support needs in a flexible way.

People's medicines were managed appropriately and safely. People were encouraged to follow a healthy diet; they were consulted about the food provided which helped ensure their dietary preferences and needs were considered. People were supported to access health care professionals when needed.

The registered manager and staff understood the principles associated with the Mental Capacity Act 2005 (MCA) and acted in accordance with this legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

Is the service well-led?

Good ●

The service remains Good.

Healey Care Limited

Detailed findings

Background to this inspection

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

The inspection of Healey Care Limited took place on 6 and 7 March 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we reviewed information that we held about the service such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's quality assurance team. We received feedback from one community professional.

In addition, we sent satisfaction questionnaires to two support staff and to five community professionals; we received two completed questionnaires from support staff. No questionnaires were returned from community professionals.

During our inspection, we visited the office location and also visited five people living in two of the three houses, supported by the service. We used a number of different methods to help us understand the experiences of people who used the service. We observed interaction between people using the service and support staff. We spoke with three family members. We also spoke with five support staff, one team leader and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included three people's care files, three people's medicines records, staff training records, three staff recruitment files, staff supervision and appraisal records, quality assurance audits, meeting minutes, a sample of policies and procedures, accident reports and records relating to the management of the service.

Is the service safe?

Our findings

People spoken with did not express any concerns about the way they were treated or supported. During the inspection, we observed people were comfortable and relaxed around staff. We observed staff interaction with people was friendly, patient and encouraging. People told us, "The staff are good; I get on with them" and "I feel safe. They make sure I'm safe at home and when I go out." Relatives said, "There have been changes to the team but this has had a positive impact on the support."

There were safeguarding and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Easy read and pictorial safeguarding procedures and information about disability hate crimes were available for people using the service to refer to. Safeguarding procedures are designed to protect vulnerable people from abuse and the risk of abuse. Staff told us they had received training in safeguarding people and knew how to raise a safeguarding concern if they witnessed or suspected any abusive or neglectful practice; training records confirmed this. Safeguarding procedures and concerns were discussed regularly during individual supervision and group meetings. The registered manager was clear about the responsibility for reporting safeguarding concerns and of working with other agencies to challenge poor practice and to ensure people were safeguarded in all situations.

Staff had completed relevant training and had access to a set of equality and diversity policies and procedures. People's individual needs were recorded as part of the support planning process. This helped to ensure all people had access to the same opportunities and the same, fair treatment.

Records were maintained of accidents or incidents occurring in the service. The registered manager analysed all accident and incident forms in order to identify any patterns or trends and to determine whether there was any action that could be taken to prevent further occurrences. Action to be taken and lessons learned from incidents and accidents had been discussed with staff during meetings and at senior management meetings. Arrangements were in place to respond to external safety alerts to ensure people's safety.

Procedures were in place to support staff with handling people's money safely; financial records were audited on a regular basis. Records were kept of all financial transactions made and receipts were retained as appropriate; the balance of any monies was checked each day. Records showed discussions had taken place regarding how people wished to spend their money and what they were saving money for; staff supported people with this.

Risks to people's safety and wellbeing were assessed and managed. Each person's support plan included a series of individual risk assessments, which had considered risks associated with the person's environment, their care and treatment, medicines and any other factors. Management strategies provided staff with guidance on how to manage risks in a consistent manner whilst ensuring people's independence, rights and choices were respected. Risk assessments were reviewed and updated on a regular basis to ensure they continued to reflect people's current needs and wishes. Staff had signed the assessments to ensure they had read and understood the risks to people.

Environmental risk assessments were available. Records demonstrated regular health and safety checks had been carried out on all aspects of the environment. Equipment was safe and had been serviced and training had been provided to ensure staff had the skills to use equipment safely and keep people safe. The service had a business continuity plan in the event of any emergencies. Emergency, accident and on-call procedures were summarised in the staff handbook, which meant there were processes in place to help minimize risks and keep people safe. There was also a telephone contact number for any difficulties during and out of hours.

Staff and people using the service knew what action to take in the event of a fire. Regular fire checks had been recorded and staff had received training to deal with fire emergencies. Each person had a personal evacuation plan in place in the event of a fire, which assisted staff to plan the actions to be taken in an emergency. Staff told us they had also received additional training on how to keep people safe, which included moving and handling and first aid.

There were individual assessments to help identify any behaviour that challenged the service. We found detailed information in the support plans to help staff recognise any changes in people's behaviour; this helped them to intervene before a person's behaviour escalated. Staff received regular training and support to respond to behaviour that challenged the service and any incidents were recorded and reviewed to ensure people were safe.

We looked at how the service managed people's medicines. Staff had received training and regular checks of their practice had been undertaken to ensure they were competent to administer medicines. Policies and procedures were in place to ensure good and safe practice was followed. We visited one house and found accurate records and appropriate processes were in place. We saw the medication system was regularly audited and action plans had been developed in the event of any shortfalls. This helped ensure people's medicines were managed safely.

Records showed a safe and fair recruitment and selection process had been followed. Appropriate checks had been completed before staff began working for the service. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. Records supported the use of a values led recruitment process, which helped determine the applicant's attitude, ethics, beliefs and integrity. People had been asked what qualities support staff needed; this information was used as part of the recruitment and selection process.

People using the service, their relatives and staff told us there were sufficient numbers of staff to meet their individual needs in a safe and flexible way. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff; this helped to ensure people were looked after by staff who were familiar with their needs. Staff told us they had a good team and they worked well together.

We looked at the arrangements for keeping the people's homes clean and hygienic. Infection prevention and control policies and procedures were in place for staff reference; all staff had been trained in this topic. Protective wear such as disposable gloves and aprons and suitable hand washing facilities were available. Laundry facilities were suitable. Cleaning schedules were in use for staff, and people using the service had been allocated responsibilities in accordance with their abilities.

We found people's care records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by authorised staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

Is the service effective?

Our findings

People were happy with the care they received. One person said, "I'm happy with everything; wouldn't change it." Relatives spoken with also made positive comments about the service, they told us, "It is a smashing service. We are so lucky for [family member] to be there" and "We appreciate the staff so much; they are very professional and know what they are doing."

We looked at how the provider trained and supported their staff. There was a rolling programme of training available for all staff that enabled them to support people in a safe and effective way. Staff felt they were provided with a good range of training enabling them to fulfil their roles. Individual staff training records and an overview of staff training was maintained. A training plan was in place to ensure staff received regular training updates. Staff told us they had completed a range of mandatory training and also any additional learning relevant to the people they were supporting. Staff spoken with confirmed their training was useful and beneficial to their role. All staff had achieved or were working towards a recognised qualification in care.

New members of staff participated in a structured induction programme, which included a period of working with experienced colleagues before they started to work as a full member of the team. The induction training included an initial orientation to the service, training in the provider's policies and procedures, completion of the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the skills and knowledge which they need to provide safe, compassionate care. Staff spoken with told us the induction training was thorough and confirmed it equipped them with the necessary knowledge to carry out their role. All new staff completed a probationary period, during which their work performance was reviewed at regular intervals.

Staff received regular one to one supervision, which included observations of their practice, as well as an annual review of their performance. They told us they had the support of the registered manager and senior staff and could discuss anything that concerned them.

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. We found the registered manager and staff had a clear understanding of their responsibilities under this legislation. Staff understood the need to ask people for consent before carrying out care and confirmed this was part of usual practice. We noted the service had policies and procedures on the MCA and staff had received appropriate training. We saw that all people had been assessed as being able to make decisions about their care by the social work team.

There had been no new admissions to the service. Before a person came to live at the service, a

comprehensive assessment of their care needs was carried out to gather information from the person and where appropriate from their relatives and any professionals involved in their care. People were encouraged to visit the service and meet with staff and other people using the service.

People were involved in planning weekly menus, shopping for food and where appropriate, basic food preparation. People were consulted about the food provided which helped ensure their dietary preferences and needs were considered. People told us they enjoyed their meals and also enjoyed take away meals and trips out to local pubs and cafes. The support plans included information about people's food preferences and any risks associated with their nutritional needs. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed and documented in the support plan. Healthy eating was discussed with people. One person told us, "They ask what I want and I help them with it."

We looked at the way the service provided people with support with their healthcare needs. We found staff were provided with guidance in people's support plans, on how to monitor and respond to specific healthcare symptoms. The plans also contained important telephone contact details for people's GP and next of kin. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about their health or well-being.

Information was shared when people moved between services such as transfer to other service, admission to hospital or attendance at health appointments. People were accompanied by a record containing a summary of their essential details and information about their medicines; a member of staff or a family member would accompany the person. In this way, people's needs were known and taken into account and care was provided consistently when moving between services.

Is the service caring?

Our findings

People told us staff treated them with kindness and respect. One person said, "I like the staff they are my friends; they know me." Relatives spoken with were complimentary about the approach taken by staff. They said, "We are very happy with the care [family member] receives." Staff said, "I care for them like I would my own family." We saw a number of compliments which highlighted the caring approach taken by staff.

During our time spent in people's houses, we observed the registered manager and staff interacted with people in a caring, patient and sensitive manner. We saw people were respected by staff and treated with kindness. The atmosphere was cheerful and people were happy in their homes.

Staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's support plans. People were comfortable and relaxed with the staff who supported them and staff spoke with warmth and affection about the people they were supporting. One member of staff told us, "I love working here. It's not like coming to work as they are like my family."

People, or their relatives, were involved in decisions about care and support and their views were always taken into account. Staff told us they were familiar with the content of people's support plans and how best to support them; they considered that the support plans were sufficiently detailed and belonged to each individual. People showed us their support plans during the inspection; the support plans were available in both easy read and pictures to help people understand the information. They showed us the information about them and pointed to the photographs included in the plans. One person confirmed they had discussed the support plans and their needs with staff. Relatives told us they were confident they were listened to. They said, "I have been involved in review meetings. They listen to ideas and suggestions I make." We observed people being asked for their opinions and being involved in day to day decisions.

We observed people being treated with respect and dignity. Staff recognised people's diverse needs and equality and diversity issues were sensitively covered in people's care plan documentation. People's rights to privacy were respected. People had private space in their bedrooms, which were decorated to their tastes and preferences. Privacy rules in relation to accessing bedrooms and bathroom areas had been developed by people living in one home and were displayed on the kitchen notice board. Staff did not wear uniforms, so that people could be provided with support in the community in a discreet and dignified way. People had a key worker who had a special relationship with them and took special responsibilities for their care and support. There were policies and procedures for staff about upholding people's privacy and confidentiality.

People were involved in discussions about their goals and achievements and their dreams for the future. There was clear evidence that staff listened to people. For example, one person had wanted to learn how to ride a bike and was currently attending the weekly cycling group. Another person had a fear of using elevators and with encouragement from staff was now able to use them without any difficulties.

People and their relatives were provided with information about what to expect from the service in the form of a service user guide. The service user guide had been developed using symbols, pictures, easy read print

and photographs. The registered manager and staff were aware of advocacy services and contact details were available. Advocates are independent from the service and provide people with support to help them make informed decisions.

Communication between staff was seen to be very good. Daily records completed by staff were written with sensitivity and respect. They had been instructed on confidentiality of information and were bound by contractual arrangements to respect this.

Is the service responsive?

Our findings

People and their relatives told us they were exceedingly happy with the care and support provided by staff. People commented, "I have made friends here", "I like it here and I like my carers; I don't have any problems but I can tell staff if I had" and "I'm happy; It's good living here."

Relatives said, "There have been little hiccups along the way but nothing that couldn't be discussed and sorted" and "[Family member] has staff who understands them." Comments from community healthcare professionals included, "I find them to be very person centred" and "I find the team very pleasant and easy to work with; I am pleased to say that they take on my recommendations."

Staff comments included, "It's a great overall service with lots of great activities for service users to take part in", "Everyone has a voice and can chip in" and "I am here to help our service users lead a normal life with our support and encouragement."

The service was very responsive to people's individual needs and preferences and it was clear staff worked flexibly to ensure people lived as full a life as possible. Records showed people were supported to experience a wide range of meaningful activities, in line with their abilities, interests and preferences. Activities included shopping, attending the theatre, shows and day centres, music, gardening, arts and crafts, games, cook and eat, cake and bake, trikes and bikes, trampoline, TV and music. People were also involved in some household tasks such as shopping and food preparation, cleaning, changing bed linen and putting the refuse bins outside for collection.

People, where possible, attended training such as safeguarding, learning disability hate crimes, fire safety and Sign A Long. This helped them to develop new skills, to increase their awareness of safety and helped them communicate with others. People were also involved in selecting and meeting prospective new staff and had devised questions that could be asked at interview to make sure new staff had the qualities and attributes needed.

There was clear evidence the service was responsive to people's needs and listened to and acted on their requests. For example, people had told the management team that they enjoyed attending the local swimming pool. In response to people's requests the service had hired the local swimming pool for weekly aqua fit sessions; this meant people were able to attend the sessions, improve their health and socialise with friends from the wider service.

Staff understood their role in providing people with person centred care and support and promoting people's independence and choices. One member of staff told us, "We help people to make small achievements and encourage people to build their confidence and abilities." A relative said, "They don't just sit back but they introduce small and simple tasks."

The registered manager explained one person had eaten the same meals all the time and was reluctant to try anything new. Staff had gradually introduced new foods into their diet, maintaining a record of what

went well or not, and the person was now enjoying eating a wide range of foods. Another person had been isolated and lacking in confidence; staff had supported and encouraged the person to become more confident and they were now able to make drinks, change their bedding and make good choices about their day. Another person had been provided with intensive support over a long period of time in order to develop their confidence in social settings; we were told the person refused to leave the safety of the home and had isolated themselves in their bedroom but was now enjoying new shopping experiences.

People told us they enjoyed attending the service social centre 'The Chill Mill'. The Chill Mill was developed by the provider following people's requests for accessible and safe day time and evening community activities. The Chill Mill was run by a committee of people using the service with some support from a member of staff. Weekly social evenings were arranged where people could enjoy karaoke, dancing, and various games and competitions. Day time activities included classes in mealtime preparation, bakery, and gardening. People were able to meet their friends from other locations in the service, watch a film and enjoy lunch at the monthly Saturday Club which had been developed since our last visit. The Chill Mill was responsive to people's needs and people using the service were able to make the most of opportunities available in a safe and supportive environment.

Some people were involved in the 'Compass Group'. This was a 'service user' led group developed by the provider to enable people to meet and discuss their ideas for improvement of the service and to discuss the developments that were important to them. Since our last visit people had been involved in a number of workshops to develop easy to understand policies and procedures and to discuss and influence changes in areas that affected them such as complaints, management of money, safety and safeguarding, dignity in care and empowerment. They had also chosen the images and pictures that were used in the service's policies and records and had assisted with the development of records such as the complaints records and support plans. During this inspection we found people were developing an internal newsletter for people and their families and friends. Since the last inspection people, with support from staff, had set up a bank account for the group and had applied for suitable grants; this had helped them to learn new skills and independence and had continuously developed and improved the service.

Staff recognised the importance of maintaining relationships with people's friends and families. People told us staff encouraged and supported them to keep in contact with families and friends. One person told us about the plans for visiting their relatives and how staff regularly supported them with this. Another person told us how staff had helped them arrange for their friends from another home in the service to visit them and have a meal. People confirmed there were no restrictions placed on visiting.

The service had developed excellent links with the local community. People using the service were actively involved in various fund raising activities and determined which local charitable organisations they would support throughout the year. Since the last inspection people were involved in the development of a local community newsletter. People were supported to access local facilities such as the library, leisure centre and local shops and to attend local social groups and events, which helped develop awareness and good relationships in the local community. We were told people were involved in preparations for the local community 100th anniversary of the Poppy Appeal. We saw a number of letters of appreciation from community organisations had been received, thanking staff and people for their ongoing efforts and contributions.

Staff spent long periods of time getting to know people and their relatives to understand what was important to them and how they communicated. Since the last inspection we noted staff and people using the service had participated in Sign a Long training as they had recognised they needed to improve communication with one person using the service. During the inspection, we saw people and staff using this

method to communicate effectively. Further sessions were planned. Communication diaries, pictures and symbols were also used.

Each person had a detailed support plan, which placed people at the heart of their care and focused on their views and wishes as well as their goals, aspirations and dreams for the future. The support plans were available in both easy read and pictures to help people understand the information and where possible, people were actively involved in planning their own care. People had personalised their support plans with symbols, photographs or pictures to make them more meaningful to them. During our discussions and observations it was clear people were familiar with the support plans. One person said, "My support plan has everything about me. They asked me about what is in it."

Staff were familiar with the content of people's support plans and how best to support them; this meant staff could be responsive to people's needs. They knew what was important to people and what they should be mindful of when providing their support. Support plans reflected human rights and values such as people's right to privacy, dignity, independence, choice and rights and we saw people were enabled to do as much as they could for themselves.

The complaints procedure was available in easy read, large print and pictures; since the last inspection people had been involved in choosing the words and pictures that helped them to communicate with staff. Information in the complaints procedure said, 'You will not get into trouble for making a complaint' and 'Your complaint will be taken seriously'.

The service monitored any complaints, compliments or concerns and used the information to understand how they could improve or where they were doing well. In the past twelve months there had been seven minor complaints made to the service, which had been responded to and resolved appropriately to the person's satisfaction. From our discussions with the registered manager it was clear small but significant changes had been made to staff practice in an effort to resolve the concerns. The registered manager and staff told us minor issues were dealt with before they became a concern or complaint. People and their relatives told us they were encouraged to discuss any concerns during review meetings, during day to day discussions and also as part of the annual survey.

A number of compliments had been made about the service. They included, "Such commitment is rare in any service" and "You fight so hard for your service users rights."

We checked if the provider was following the Accessible Information Standard. The standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We noted information was displayed on notice boards and some of the information was in larger print or picture format. People had been involved in choosing the pictures and symbols for records such as procedures, complaints, support plans and memos. Consideration was being given to how people's accessibility to their information could be improved; a Compass Group forum was due to take place regarding the Data Protection Act.

The use of technology was considered in the home. For example, there was accessible broadband and Wi-Fi. People used mobile phones to keep in touch with family and friends. One person used a computer tablet as an additional visual communication aid.

Good outcomes and new ideas were shared across the wider service. Daily handovers, meetings and forums and the Compass Group were used as avenues for listening to people and improving the service. Staff worked closely with other services involved with supporting people such as day services, health services and leisure service. Where appropriate, end of life issues were discussed openly with people, or their relatives. Staff had received training and were able to access specialist advice and support in this area.

Is the service well-led?

Our findings

People made positive comments about the leadership and management of the service. They said, "The manager and staff are amazing and committed" and "It is very much a family run organisation with people's best interests in mind." Staff said, "It is well run", "We have a good management team" and "It's a good service."

There was a manager in post who had been registered with the commission in October 2017. 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.

The registered manager was committed to the continuous improvement of the service and had a good understanding of people's needs. The registered manager had set out planned improvements and priorities for the service in the Provider Information Return. The service had recently signed up to the Driving Up Quality Alliance Code. This organisation provided a thorough self-assessment tool, which was specifically aimed at the improvement and development of learning disability services.

There was a management structure in place and staff were aware of their responsibilities and were confident in their roles. Staff were provided with job descriptions, contracts of employment, recently updated policies and procedures and a staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had received the training they needed and were well supported by the registered manager. Staff absenteeism was minimal and the retention of staff very good. Staff told us they enjoyed working at Healey Care Limited. They commented, "I love my job" and "I enjoy being part of Healey Care."

The registered manager regularly visited each of the three houses to review the quality of the service provided. This included observing the standard of care provided and asking people for their feedback. We observed people were relaxed in the company of the registered manager and it was clear she had built a good rapport with them. Staff described the registered manager as 'approachable', 'knowledgeable', 'thorough', 'lovely' and 'available at any time'. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received.

The registered manager and staff also carried out regular checks and audits in order to monitor the quality of the service. We were told the registered manager undertook audits in areas including medicine management, support plans, staff training and supervision and accidents and incidents. The team leaders/senior carers were responsible for undertaking health and safety audits, daily checks on personal monies and medicines and checks on the fire systems. The registered manager had already identified that improvements were needed to the auditing and monitoring systems. Following the inspection, we were advised a new audits tool had been introduced.

The registered manager was supported by the nominated individual and by other registered managers

within the wider service. We were told the nominated individual played an important part in the running of the service and was a visible presence in the service. This meant the nominated individual had a good knowledge of the people who used the service, their families and of the staff team and was known to them. Monthly meetings were held with the nominated individual and senior managers. The registered manager provided monthly reports to update the nominated individual regarding any issues in the service. There was a development plan that set out the aims and objectives for the service.

The service had signed up to the Voluntary organisations Disability group; this assisted the service to keep up to date and to contribute to and promote positive change within services. The service had achieved the Investors in People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. These demonstrated the registered manager and the provider were working to monitor, develop and deliver a high quality service.