

Pride Community Care Ltd

Pride Community Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Pride Community Care Ltd is registered to provide personal care for people living in their own homes. The agency provides support for adults with mental ill-health, to assist them to live independently in their own homes in the community. Pride provides support for people with medication oversight, shopping, preparing meals, assistance to maintain a structured daily routine and support with engaging in chosen activities. The service is available seven days a week between seven am and eight pm. At the time of the inspection there were 72 people using the service.

The service was managed by 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.

This was the provider's first inspection following a change of location.

During this inspection we found some improvements were needed to provide people with safe care and support. Therefore we have made a recommendation about ensuring clear information was available on people's capacity to make their own choices and decisions. We have also recommended the service improved their practice on supporting people with their medicines.

People using the service had no concerns about the way they were supported. Their comments included: "I feel safe with the staff; I need to trust them and I can," and "I feel safe with them." They had been informed about matters relating to safeguarding and protection. We found some arrangements were in place to help keep people safe. Risks to people's well-being were being assessed and managed. However, some risk assessments were not readily accessible for staff to refer to and potential risks around diet and healthy eating were not routinely considered. We found one person's financial records were not clear and accountable. These matters were discussed with the registered manager during the inspection and we were assured improvements would be made to provide further safeguards.

Character checks had been carried out before new staff started working at the service. Staff spoke with were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff said they had received training on safeguarding and protection.

Arrangements were in place to maintain appropriate staffing levels to make sure people received their commissioned support. There were systems in place to ensure all staff received regular training and supervision.

People indicated they were satisfied with the service. One person said, "I have been supported through everything." People had agreed to the support and care provided. Where appropriate, people were supported with their healthcare needs and medical appointments and their general wellbeing was

monitored. Where applicable they were supported with shopping for provisions, cooking, eating and drinking.

We found the service was working within the principles of the MCA (Mental Capacity Act 2005).

People made positive comments about the staff team including their caring approach and attitude. They described how they were treated with respect and listened to. They considered their privacy was upheld and they were actively encouraged to be independent. Staff spoken with understood their role in providing people with person centred care and support. One person who used the service told us, "They are incredible, sometimes I think they understand me so well."

Arrangements were in place to gather information on people's backgrounds, their needs, abilities, and preferences before they used the service. People's life and circumstances were reviewed in consultation with appropriate others including care coordinators and commissioners of service.

Each person had a support plan in place to direct staff on meeting and responding to their assessed needs. All the people spoken with were aware of their support plans and said they had been discussed and agreed with them. Staff expressed a practical awareness of responding to people as individuals and promoting their rights and choices.

There were processes in place to support people with any concerns or complaints. There was a formal system to manage, investigate and respond to people's complaints and concerns. People could also express concerns or dissatisfaction within their support reviews.

People who used the service and staff spoken with had confidence in the registered manager and the leadership arrangement's.

We found there were systems to check and monitor the quality of the service; this included obtaining feedback from people using the service. The registered manager had devised a business plan which identified areas for development within the next 12 months.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Although processes were in place to keep people safe, we found there was a lack of clarity about people's capacity to make their own choices and decisions.

We found further safeguards were needed around accountable, safe support with medicines and monies.

Risks to people's wellbeing and safety were being assessed and managed. However, some of the risk assessments were not readily accessible for staff to refer to. Processes were lacking in routinely screening and responding to risks associated with diet.

Staff recruitment processes included the relevant character checks for the protection of people who used the service. There were enough staff available to provide people with safe care and support. Staff were trained to recognise any abuse and they knew how to report any concerns.

Requires Improvement ●

Is the service effective?

The service was effective.

People told us they experienced good care and support. They were encouraged and supported to make their own choices and decisions.

Processes were in place to train and support staff in carrying out their roles and responsibilities.

People's health and wellbeing was monitored and they were supported to access healthcare services when appropriate.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People were supported when required, to eat and drink.

Good ●

Is the service caring?

Good ●

The service was caring.

People made positive comments about the caring attitude and approaches of staff. We observed friendly and respectful interactions between people using the service and staff.

People told us their rights to privacy and dignity were respected and upheld. People were supported and encouraged to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

People had a small team of carers providing their support.

Is the service responsive?

Good ●

The service was responsive.

Processes were in place to find out about people's individual needs, abilities and preferences.

People were involved with planning and reviewing their care and support. They were aware of their care and support plans and confirmed they had been agreed with them.

People indicated the service was flexible. Processes were in place to respond to their changing needs and preferences.

Processes were in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager who provided clear leadership and direction and was committed to the continuous improvement of the service.

The service's vision, values and philosophy of support were shared with staff and supported by the management and leadership arrangements.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Pride Community Care

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20, 21 and 25 January 2016. We contacted the service the day before the visit to let them know we were inspecting. We did this because they provide a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. We also spoke to the local authority contract monitoring team.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visited people in their homes. We spoke with five people who used the service and one relative. We also spoke with six members of staff, a team leader, a training provider and the registered manager. We also spoke by telephone to two care coordinators and a commissioning officer.

We spent time looking at a range of records during our time spent in the agency's office, this included five people's care plans and other associated documentation, three staff recruitment files, a sample of policies and procedures and quality assurance records.

Is the service safe?

Our findings

The people we spoke with indicated they felt safe with the service. Their comments included: "I feel safe with the staff, I need to trust them and I can," "I feel safe with them," and "I absolutely feel safe with them." None of the people spoken with expressed any concerns about the way they were treated or supported. One person commented, "They are not bossy in any way." Care files we looked at in people's homes, incorporated the service's policy statement on protecting them from abuse. This included the telephone number of the local authority safeguarding team. We noted people had signed in acknowledgment of this information.

We looked at how the service protected people from abuse and the risk of abuse. Information we held about the service indicated any safeguarding matters were effectively managed and appropriately reported, for the wellbeing and protection of people using the service. We discussed some of the previous safeguarding concerns with the registered manager. We were told of the action taken to ensure safeguarding and protection matters were appropriately managed and alerted to the local authority. A process was in place to record and manage any incidents of abuse and neglect.

We discussed the safeguarding procedures with the registered manager and staff. Staff spoken with expressed a good understanding of safeguarding and protection matters. One staff commented, "Our job to make sure people are safe and protected." They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting concerns. Staff said they had received training and guidance on safeguarding and protecting adults. We noted from the staff training records that all staff had completed 'in-house' safeguarding training within the last 12 months. Although Pride was not providing a service to children, we discussed with the registered manager the value of introducing child protection policies and procedures as children may be present when support was provided for people.

We looked at the way the service managed risks. We were told all the people using the service had capacity to make their own choices and decisions. And were receiving minimal support, with the focus being upon promoting independence and skill development. This meant people were positively supported to have choice and control about the risks they may take. The service worked closely with care coordinators from the CMHT (Community Mental Health Team) and relied upon information provided by them. This included assessed risks identified as part of the commissioned care package. However we found there was a lack of clarity to confirm people had capacity to make their own choices and decisions, which meant staff did not have clear information on providing safe support.

Records were available to show health and safety risk assessments had been completed by the service on environmental matters in people's homes. We found individual risks had also been assessed and recorded in people's care records. Measures had been defined to guide staff on how to manage and minimise these risks and appropriately report on any changes. One care coordinator told us, "They let us know of any incidents." People who used the service indicated an awareness of their risk assessments. This meant there

were processes in place to minimize risks and help keep people safe. However, we found the some of the risk assessments were not easily accessible for staff to refer to. We discussed with the registered manager and care coordinators, the value of routinely screening/assessing risks, around malnutrition and healthy eating, in accordance with current recognised guidance. This would help identify, monitor and respond to people where there may be risks associated with diet.

Staff spoken with had an awareness of people's risk assessments and how they provided support to keep people safe. One staff member told us, "There are risk assessments for service users and staff. They are reviewed with care coordinators, any changes are updated." All the staff spoken with were aware of the process to follow in the event of, incidents, accidents and emergencies. They had received first aid awareness training and had been provided with portable first aid kits. The service had a lone worker policy, which intended to protect staff when working independently in the community.

Processes were in place which aimed to provide people with appropriate support with their monies. However, we found one person's financial records did not accurately reflect the amounts involved, including transactions, debits and credits. There was no system in place to check the records and monies were correct. This meant there was a lack of accountability for the protection of the person using the service and staff. We discussed this situation with the registered manager who assured us action would be taken to rectify matters.

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of three members of staff. The recruitment process included candidates completing a written application form and attending a face to face interview. However we found records had not been kept of one applicant's response to interview questions, which meant information was lacking to verify this part of the assessment. The registered manager agreed to ensure such records were kept. The required character checks had been completed before staff worked at the services and these were recorded. The checks included an identification check, a medical questionnaire, clarification about any gaps in employment and obtaining written references from previous employers. We did note some copies of declared training certificates had not yet been obtained, however the registered manager said this matter was in hand. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff spoken with confirmed the recruitment checks had been carried out and considered the recruitment process to be fair and thorough.

We found there were enough staff available at the service to provide support and keep people safe. The registered manager explained the processes in place to maintain staffing levels in response to people's individual support package and contracted arrangements. We review the rota planning system, which grouped staff into teams to cover 'rounds' in three designated locations. During the inspection we observed staff were available to provide people with support and respond to people's needs. One person who used the service told us, "They have never missed a visit. They have been occasionally late but they always let me know if they are held up," another person said, "They have never missed coming." Staff spoken with considered there were sufficient staff available at the service; they said, "We have enough travel time," "There are enough staff on the team" and "Not missed any calls." There was an on-call system in place during the times when staff were on duty, which meant someone could always be contacted for support and advice.

They were aware of the expectations of their role and confirmed they read the services policies and procedures. There were records available at the agency office to show staff had read and understood the policies and procedures. One staff spoken with explained that they were always made aware of any changes

in policy and procedures. Staff had been provided with a staff handbook, which included summaries of employee related matters and expected conduct. We discussed with the registered manager the value of utilising the handbook to convey key procedures, in particular around safeguarding, accidents and emergencies. The registered manager indicated there were processes in place to respond to concerns about staff's ability or conduct. We noted policies and procedures were available in support of this practice.

We looked at the way the service supported people with their medicines. We were told each person's ability to manage and have involvement with their medicines, had initially been considered/assessed by their care coordinator as part of their care package agreement. Some people had individual arrangements for safe storage of their medicines. The service had then been commissioned to provide support in response to people's individual needs, abilities and preferences. Most people were managing their own medicines or were receiving minimal support from the service. However, we found there was a lack of clarity on the outcome of the assessments and how decisions had been made, agreed and shared with the service. This meant staff were not assured they were providing safe support.

People spoken with confirmed they received minimal, or no support with their medicines. Most were responsible for ordering and collecting their own prescriptions. Staff spoken with described their role in prompting, reminding and monitoring people with their medicines. One staff member told us, "We don't handle their medicines, they manage their own," another commented, "We observe some medicines, they have to do it themselves."

There were medicine management policies and procedures which were available for reference. The procedures referred to only carrying out tasks as detailed in the person care plan. The procedure stated staff were to assist the service user to take prescribed medications by verbally reminding or prompting and never administering. We found individual care records included instructions for staff to follow on prompting and advising people with their medicines as appropriate. Records were kept of each prescribed item for staff reference. However we found the recording systems for staff to indicate their actions in observing or prompting people with medicines were not explicit in describing each prescribed item, the dosage instructions and confirmation of the support given. Including any non compliance with prescribed items. This meant the recording process was not accurate and lacking in clarity around support delivery and accountability. We discussed this matter with the registered manager who acknowledged our concerns and agreed to address this matter.

Staff responsible for providing people with support with medicines had completed medicine awareness training. There were some processes in place to monitor staff competence in providing support with medicines during 'spot checks' on their conduct. We also noted a review of medicine practices had also been carried out in people's homes in 2015. However we discussed with the registered manager the introduction of a more comprehensive assessment tool to ensure staff provided safe effective support with medicines.

- We recommend that the service obtains clarity from commissioners, regarding people's overall capacity to make their own decisions and choices.

- We recommend that the service consider current guidance on supporting people with their prescribed medicines and take action to update their practice accordingly.

Is the service effective?

Our findings

People we spoke with indicated they were satisfied with the service. They made the following comments: "If it wasn't for Pride I wouldn't be here now," "I have been supported through everything" and "Absolutely satisfied."

We looked at how the service trained and supported their staff. There were systems in place to ensure all staff received regular training. We asked people who used the service for their views on staff abilities. One person told us, "I think the staff are trained, they seem to be on the ball." We spoke with a training provider, who confirmed the service had made arrangements to provide recognised training in health and social care. During the inspection we observed a training event taking place at the service's office.

Arrangements were in place for new staff to complete an 'in - house' induction training programme. This included an introduction to the service's policies and procedures and three days of 'shadowing' experienced staff in the community. One staff member told us the 'shadowing' arrangements could be extended as needed, to ensure staff felt confident and capable in the role. We discussed with the registered manager ways of using the shadowing arrangements to constructively assess new employees in the work place.

Staff spoken with told us about the training they had received and confirmed that training and development was ongoing at the service. The registered manager explained the arrangements in place to deliver the ongoing training programme, in consultation with an appointed training provider. We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. The training programme included: first aid, dignity and respect, nutrition and diet, confidentiality, safeguarding and diabetes. The service supported staff as appropriate, to attain recognised qualifications in health and social care. The majority of staff had attained Level 3 NVQ (National Vocational Qualification) seen were working towards a level 3 QCF (Quality and Credit Framework) diploma in Health and Social Care.

Staff explained they received an appraisal twice per year. This provided staff with the opportunity to discuss their responsibilities and work experience and review their training and development needs. We saw records of the appraisals and noted plans were in place to schedule appointments for appraisal meetings. Staff also confirmed they also had ongoing support from the management team. They indicated they had regular contact with the management team and were kept up to date on any changes. One staff said, "We come into the office to read up on things on a regular basis."

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. During the inspection, we

observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. One person told us, "They always consult with me" and other said, "They involve me with things." People who used the service told us they had agreed to the support and care provided by Pride. We found care records included signed service agreements which outlined the basic terms and conditions of their support package. Records were kept of people's consent to aspects of their support and various signed agreements were in place. One person said, "I have agreed things." Prior to us visiting people in their homes, each person was asked to formally consent to this arrangement. This indicated people had been involved and consulted about decisions and that they had confirmed their agreement with them.

The registered manager explained that people's care coordinators took a lead role with capacity assessments and any applications to the Court of Protection. We were told each person using the service had capacity to make their own decisions and this formed part of the commissioning arrangements. The service had policies and procedures to underpin an appropriate response to the MCA. The registered manager was in the process of updating the policies to provide more comprehensive guidance. Records and discussion showed that staff had received training on this topic. Staff spoken with indicated an awareness of the MCA, including their role to uphold people's rights and monitor their capacity to make their own decisions. They said they would report any concerns or changes in people's ability to make decisions to the registered manager or care coordinators.

We looked at the way the service provided people with support with their healthcare needs. People confirmed with us they had received attention from healthcare professionals and that when appropriate, support was provided for routine appointments. Comments included: "They will help me with appointments," "They make sure I have my yearly checks" and "They take me out to the health centre." Health 'passports' had been introduced, which included details of people's medical history, any allergies and prescribed medicines. These were to be used when people accessed health care services, to help ensure they received safe coordinated care. We found the monitoring of people's general welfare, emotional needs and mental health was included within the care plan process. This meant support workers could identify any areas of concern and respond accordingly. One person told us, "They are keeping me well."

We found most people using the service received minimal support with eating and drinking. People independently chose, prepared and cooked their own meals. Where appropriate records were kept of individual likes and dislikes and specific dietary needs. Staff explained how they supported some people with shopping, also that they may offer advice on healthy eating and practical guidance with general cooking skills. Staff told us of the processes in place to monitor people's food and drink intake as necessary, in accordance with care package and that they liaised with GP's and care coordinators when needed. Staff had received 'in-house' training on nutrition and diet and the service had a brief policy on healthy eating.

Is the service caring?

Our findings

People spoken with made positive comments about the staff team at Pride. People spoken made the following comments: "They are good," "I have a mixture of people coming I don't mind who comes, I get on with everyone" and "I really have nothing but good things to say about the support workers." One staff member explained, "We respect people as individuals, including their race and culture."

People told us they were happy with the approach and attitude of staff and managers at the service. They said, "They never talk down to me," "They are kind and gentle," "They are respectful" and "They have a nice friendly attitude." We observed staff speaking to people in friendly and respectful manner, involving them in routine decisions and consulting with them on their individual needs and choices. One person said, "They always ask me if I want to talk and they listen to me always." We spoke with a training provider who had observed staff working with people using the service. They told us, "They were marvellous, very good listening skills."

We spoke with people about their privacy and independence. They said staff knocked on their doors before entering their homes and respected their property and belongings. When we visited people in their homes we noted the staff member accompanying us, knocked on the persons door and waited to be invited in. People indicated they were supported to do as much for themselves as possible. For some people this included confidence building to promote their independence and skill development. One person told us, "They help me with things, but they don't take over." A care coordinator spoken with said, "They are good at promoting independence."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices. They were knowledgeable about people's individual needs, backgrounds and personalities. Staff were familiar with the content of people's care records. The service has a policy statement on person centred care, which made reference to people's involvement with all aspects of their care, promoting dignity, non-discriminatory practice and social inclusion.

People were asked for their choices around care workers, including any gender preferences during their initial assessment. Where possible, arrangements were made to introduce staff to people using the service before they started to support them. If this was not possible staff had the opportunity to read through people's care plans and risk assessment records when they visited their home. The service had a 'keyworker system', this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. The 'keyworker' also acted as a point of reference for other staff members to liaise with. The service aimed to provide people with a continuity of staff support. People spoken with indicated they had a small team of carers providing their support. One person said, "I have mostly the same carers, they are all good." The registered manager explained that some people had been provided with a rota, so they were aware which staff was due to provide support.

There were policies and procedures available for staff which reflected the principles of caring for people in a

dignified way including, 'human rights' and 'equality and diversity.' Staff had training that focused on values such as people's right to privacy, dignity, independence and choice. One member of staff commented, "We promote dignity and encourage independence. Confidentiality is important; we know not to discuss things outside work."

The service had produced a fact sheet/leaflet for people using Pride; this described the aims and values of the service. Mention was made of promoting independent living, respect and dignity in a flexible, efficient way to meet each person's individual needs. Included were brief details of the staffing arrangements, staff training and the service's contact details. People had also been provided with some information about the service in their care records. Included were summaries of the safeguarding policy and service's confidentiality of information policy. There was no specific reference to advocacy services. However the registered manager said each person had been given details of advocacy services and we noted there was information on these services displayed in the agency office. Advocates are independent from the service and provide people with support to enable them to make informed decisions. We discussed with the registered manager the value of expanding upon this information, to further increase people's awareness of their rights and choices.

Is the service responsive?

Our findings

People spoken with indicated the service was responsive to their needs and they appreciated the support provided by staff. One person told us, "They are incredible, sometimes I think they understand me so well," another person said, "If I give enough notice I can change things, it's quite flexible." We had sight of letter of appreciation from a person who used the service which stated, "I have enjoyed my visits from Pride staff, I consider them a source of great comfort and support...my life has taken a complete turnaround."

We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager described the service's referral and assessment process. Support packages were initially devised by care coordinators, based upon people's assessed needs and abilities. The registered manager ensured the service always received initial information from care coordinators including risk assessments, before agreeing to consider the care package. The process then involved visiting or meeting with the person to gather further details, complete risk assessments and agree a schedule of care and support.

The registered manager said care packages were not agreed unless the service had sufficient suitable staff to respond to people's needs. The care records we looked at included detailed assessment information and a self-directed support plan produced by the care coordinators in consultation with each person. There was also an initial care/support assessment completed by a representative of Pride. This provided brief supplementary information and took into account people's individual needs and preferences and their likes and dislikes.

We looked at five people's care and support plans and other related records. This information identified people's needs and provided guidance for staff on how to respond to them. The care and support plans included people's preferences and details about when and how they wished their support to be delivered. Pride was also commissioned to provide some people with an agreed amount of 'floating support' which meant they worked flexibly with people to support them with appointments, leisure activities and social inclusion. All the people we spoke with were aware of their care and support plans and confirmed they had been discussed and agreed with them. Their comments included, "I know what's in the care file, I signed it" and "They go through things with me and up-date it."

We spoke with a representative of the CMHT (Community Mental Health Team) who was responsible for commissioning services. They confirmed the arrangements place to review people's care packages and self-directed support plans annually, in consultation with management staff from Pride. We saw records of such reviews having taken place in people's care files. We noted adjustments had been made to care packages and agreements, as appropriate in response to changing needs and preferences.

Processes were also in place for people's individual needs, preferences and circumstances, to be monitored and reviewed, in consultation with their care coordinators. One care coordinator said, "Some are monthly and some are ongoing. They let us know if any incidents have occurred." Another care coordinator explained, "The care package is reviewed annually, but we are kept up to date on key changes. There are

good communications." One staff member said, "The care coordinators are involved, we report any changes and pass on information to keep them up to date."

Staff spoken with described how they delivered support in response to people's individual needs, abilities and preferences. They expressed a practical awareness of responding to people as individuals and promoting their rights and choices. One staff member said, "We provide support and encouragement to take part in activities, to motivate and encourage their confidence." People told us how they were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests. One person told us, "I know if I have (staff member) with me I will feel much stronger." We found positive relationships were promoted and people were being supported as appropriate, to maintain contact with relatives and others.

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with had an awareness of the service's complaints procedure and processes. During the inspection we got the impression people would feel at ease and confident in raising any concerns. One person said, "I know if I had the slightest problem I could ring them and they would deal with it," another person commented, "I would ring the manager if I wasn't happy, they would sort it out straight away." We found the service was proactive in seeking people's views and opinions during day to day discussions, reviews and surveys. The representative from the CMHT told us any problems would be considered and addressed as part of individual reviews, but that any complaints would be pursued using the complaints procedures. Staff spoken with expressed an awareness of the service's complaints processes. One told us, "They have every right to complain. I would get them to contact the registered manager about any complaint, if they were not happy things would be improved."

We looked at the complaints procedure which had been shared with people using the service. This described the approach and assurances around encouraging people to voice their concerns in order to make improvements. The procedure described how complaints would be managed and included the contact details of the Commission. However, there was no indication of the expected time-scales for the investigation and response to complaints, or contact details of other agencies that may provide support with complaints. The registered manager agreed to ensure the procedure was appropriately updated.

We found processes were in place to record, investigate and respond to complaints and concerns. There had been 14 complaints logged at the service since June 2015. We reviewed the complaints and found they were mostly 'soft information' such as minor concerns and grumbles. This provided a clear indication that all matters raised were being taken seriously and responded to. We did find there was a lack of clarity in some of the records as to what action was taken and if the complainant was satisfied with the outcome. However we found the registered manager had kept more detailed records when any significant concerns had been raised.

Is the service well-led?

Our findings

People spoken with had an awareness of the overall management structure of the service. They did not express any concerns about how the service was managed or the leadership arrangements. We asked people about their overall view of the service, one person said, "They have been absolutely wonderful they have literally saved my life." Staff comments included, "It's a good company to work for" and "I enjoy working here they are lovely to work for." Care coordinators spoken with said, "They do a good job" and "One of the better agencies I work with."

There was a manager in post who had been registered with the commission since 2011 and at the current location since October 2015. The registered manager had responsibility for the day to day operation of the service. Throughout the inspection they expressed commitment to the ongoing improvements and explained the plans in place to develop various systems and processes. The registered manager was qualified, competent and experienced to manage the service effectively and was receiving peer supervision and support at a professional level from a qualified practitioner.

There was a management team in place which included the registered manager, a team leader, who had a recognised leadership qualification in health and social care and a trainee team leader, who had commenced this course of learning. Both shared some responsibilities for the management and leadership of the service. Staff spoken with indicated the managers were approachable and effective, their comments included, "The manager is approachable, no problems," "The manager is good, she sorts things out straight away" and "The manager is approachable and enthusiastic, she is a good boss." Arrangements were in place for one of the management team to be based at the agency office, between 9:00 and 17:00 each day during the week. There was an on-call system for management support at the weekends, early mornings and evenings, when staff were on duty providing support in the community. One staff member said, "There is always somebody to ring." There was also a part time office administrator providing additional management support.

In October 2015 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. We found staff were enthusiastic and positive about their work. They were well informed and had a good working knowledge of their role and responsibilities. There were clear lines of accountability and responsibility. Staff indicated they had been provided with job descriptions, contracts of employment and the employee handbook which outlined their roles, responsibilities and duty of care. They told us they were aware of the service's policies procedures, vision and values. Regular meetings were held with the management team and staff. Staff spoken with told us they could raise and discuss any issues. Comments from staff spoken with included, "We can speak up in staff meetings," "We can share our ideas" and "I suggested a change it was followed up." We saw minutes of the meetings held during our visit.

The registered manager used a range of processes to monitor the effectiveness and quality of the service provided to people. This included gaining feedback from people who used the service, staff and other stakeholders. Some people spoken with confirmed they had completed an annual survey about the service

provided by Pride. The last quality monitoring survey was carried out in 2015. We noted the results had been evaluated and action had been taken to respond to any matters raised. This had included to adjusting staff work schedules and work-rounds to improve continuity of care and support. At the time of the inspection there were no overall quality monitoring systems undertaken by the CMHT commissioning team. Each person's satisfaction with their support was reviewed on an individual basis. A representative of the CMHT commissioning team said, "It's the service user's choice, as long as they are satisfied with the support package." We noted the evaluation of the staff survey carried out in March 2015 included positive outcomes relating the management of the service.

Arrangements were in place to carry out unannounced observational checks on staff's competence and conduct when they were providing care and support. The checks included ensuring appropriate personal protective equipment (PPE) was in use and reviewing the care records kept at the person's home, to ensure they were appropriately completed. Records showed such checks had been carried out in June 2015 and the registered manager indicated further checks were being arranged.

The registered manager showed us the quality monitoring systems in place. There were audits and reviews of various processes, including staff training, care plans, safeguarding and the 'keyworker system'. We found some of the service's auditing processes and monitoring tools could be further developed to provide a more effective and comprehensive governance system. We discussed this matter with the registered manager, who assured us action would be taken in respect of this matter. We had sight of the service's business plan which identified development aims and objectives for the next 12 months. Reference was made to meeting legal requirements and developing a strong leadership team at the service.