ID Support Limited

ID Support 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?	**Good**
Is the service well-led?	**Good**

Overall summary

We undertook an announced inspection of ID Support Limited on 8, 15 and 16 December 2014. We last inspected ID Support Limited in June 2013. At that inspection we found the service was meeting all the regulations we inspected.

ID Support Limited provides personal care and support to people living in their own homes, or in a shared tenancy, for people living in Newcastle upon Tyne and Gateshead. The service is aimed primarily for people with a learning or physical disability. This allows people to live their lives in their own homes and within their own communities.

The service had a registered manager who had been in post since December 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they were well cared for and felt safe with the staff who provided their support. One person told us, "I like the people who come here. I

Summary of findings

feel safe with them and there is always someone here to help me." Health and social care professionals we spoke with told us they thought the support staff were well trained and felt people were supported appropriately and safely. One health professional told us, "I'm very happy with the staff. They respond appropriately to people's needs and I've noticed in reviews that their reports are accurate. I have no concerns about the underreporting of safety concerns." Another health professional commented, "Staff are acutely aware of the risks involved in looking after people with mobility problems when taking them out in the community. I have noticed that staff adapt the way they provide care to ensure people are safe when out and about."

We found staff were recruited appropriately and they had the skills and knowledge to safely care for people. Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff. Staff understood what abuse was and knew how to report abuse if required. We also noted the service had a whistleblowing policy. This meant staff could report any risks or concerns about practice in confidence with the provider.

People told us and we saw staffing levels were appropriate and we noted that there were sufficient staff to provide a good level of support to people.

People were assisted with their medicines in the right way. The provider had a detailed policy in relation to medicines, so staff had access to information and were clear about what was good practice. Staff competency regarding medicines handling was subject to regular supervisory observation checks and medicines training was refreshed annually.

The service followed the requirements of the Mental Capacity Act 2005 (MCA). MCA assessments and 'best interests' decisions had been undertaken by the relevant supervisory body where there were doubts about a person's capacity to make decisions.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. People were also supported to make sure they had enough to eat and drink.

Staff knew the people they were supporting and provided a personalised service. Staff told us they were able to build caring relationships with people by supporting them to take part in activities important to them. One person told us, "Every week I go to a disco and staff go with me, its loads of fun." Another person told us how much they liked going out shopping with staff. Where they were able, people told us they were able to express their views and be involved in making decisions about their care, treatment and support. People told us they felt involved in their own care and staff listened to their requests and responded appropriately. One person commented, "I can ask for anything I want. I love special coffees and the staff got me a great coffee machine that they help me to use." Staff had a good understanding of the importance of maintaining people dignity and treating them with respect.

Information and contact details of advocacy services was included the in provider's service users guide. This meant advocacy information was easily accessible to people and their relatives. Advocacy ensures that people, especially vulnerable people, have their views and wishes considered when decisions are being made about their lives.

Care support plans were in place detailing how people wished to be supported. Risk assessments were also in place to effectively manage identified risks. Care support plans were up to date and had been regularly reviewed. People were supported to access their communities and pursue leisure interests and educational opportunities.

The provider had a written complaints policy and procedure. This detailed the process that should be followed in the event of a complaint and indicated that complaints should be documented, investigated and responded to within a set timescale. An easy to read format with picture symbols which explained how a person could raise concerns or complain and who could help, was also available in care support plans kept at people's homes. People we spoke with about making complaints told us they were aware of how they would make a complaint and were satisfied that any concerns would be taken seriously and dealt with promptly.

Systems were in place to monitor the safety and quality of the service and to gather the views of people. This included whether they were happy with the quality of the services provided. The provider supported care workers

Summary of findings

and managers through effective inductions, training and supervision and with regular meetings to share best practices. Staff had the necessary knowledge, skills and experience to meet the needs of the people they supported.

Summary of findings

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. There were effective processes in place to help ensure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures.

There were safe and robust recruitment procedures to help ensure that people received their support from suitable staff. People had confidence in the service and felt safe and secure when they received their support.

People and their relatives told us staffing levels were suitable and they generally received care and support from a consistent group of staff.

People's medicines were managed correctly and they received them safely. Staff had access to information relating to medicines and a detailed policy was accessible.

Is the service effective?

Good

The service was effective. People received care from staff who were provided with effective training and support to ensure they had the necessary skills and knowledge to meet their needs effectively.

Mental Capacity Act 2005 (MCA) assessments and 'best interests' decisions were in place for people who couldn't make some or all decisions for themselves.

People were supported to make sure they had enough to eat and drink, have access to healthcare services and receive on-going healthcare support.

Is the service caring?

Good

The service was caring. People told us staff who provided their care and support were kind and caring and treated them with dignity and respect. One person told us they enjoyed spending time with staff because they felt listened to and respected.

Advocacy information was easily accessible to people and their relatives. Advocacy ensures that people, especially vulnerable people, have their views and wishes considered when decisions are being made about their lives.

People were involved in making decisions about their care and the support they received and we saw people were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive. Care support plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

A complaints process was in place and people told us they felt able to raise any issues or concerns.

People were supported by staff to access their communities, pursue leisure interests and educational opportunities. This reduced the possibility and risk of people becoming socially isolated.

Summary of findings

Is the service well-led?

Good

The service was well-led. The service had a registered manager who spoke enthusiastically about her role.

Management regularly checked and audited the quality of service provided and made sure people were satisfied with the service and support they received.

Meetings were regularly held to keep staff informed of best practice and to discuss essential issues and support staff we spoke with told they felt supported at every level of the organisation and that they believed the organisation's cultures and values were focused on providing people with the best possible level of support and care.

ID Support 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.

This inspection took place on 8, 15 and 16 December 2014 and was announced. We gave the provider two working days notice of our visit. This was because of the domiciliary care services provided to people living in their own homes. We also needed to be sure people in the supported living services would be in when we visited. The inspection was carried out by two adult social care inspectors.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also reviewed a whistleblowing report and complaints that had been received about the service.

We spoke with four people being supported by the service by visiting them in their homes, with their permission.

Following the inspection, we contacted a clinical psychiatrist, a local authority commissioner for the service, a care and wellbeing assessing officer, a nurse behavioural therapist and a social worker and did not receive any information of concern.

We also spoke with the registered manager, the administration manager, a service manager, the provider's quality assurance manager, eight support workers and two senior support workers.

We spent time looking at a range of records during our inspection, this included records kept in people's homes and the provider's main office. We examined the care records and support plans held in the provider's main office for four people. In addition, we examined the care support plans which were held in four people's homes and six people's medication records. Furthermore, we examined selected documents including policies and procedures, staff training, supervision and appraisal records, recruitment records for five staff members, quality assurance audits conducted by managers, surveys and minutes of staff and service user meetings.

Good

Is the service safe?

Our findings

People using the service told us they were well cared for and felt safe with the staff who provided their support. One person told us, "I like the people who come here. I feel safe with them and there is always someone here to help me." Another person told us they felt safe and confident in their home and they were well supported by staff.

Following our inspection, we spoke with a clinical psychiatrist, a local authority commissioning officer, a care and wellbeing assessing officer, a nurse behavioural therapist and a social worker who worked with the service and the people they supported. They told us they thought support staff were well trained and felt that people were supported appropriately and safely. The clinical psychiatrist told us, "I'm very happy with the staff. They respond appropriately to people's needs and I've noticed in reviews that their reports are accurate. I have no concerns about the underreporting of safety concerns." A clinical psychiatrist commented, "Staff are acutely aware of the risks involved in looking after people with mobility problems when taking them out in the community. I have noticed that staff adapt the way they provide care to ensure people are safe when out and about."

A safeguarding adults policy was in place and all new staff were required complete a safeguarding competency tool as part of their induction period. This was to confirm their understanding of their role as a support worker, types of abuse and how to report their concerns. The service had a safeguarding referrals file and we saw that the service had contacted the relevant local authorities on 12 occasions for advice and consideration during 2014 and this had resulted in four safeguarding referrals being made.

We saw staff had received training in safeguarding vulnerable adults. We spoke with eight support workers and two senior support workers about safeguarding and protecting people from harm. They were confident they knew what action they would take if an allegation was made. Staff were able to describe appropriately the procedure for dealing with and reporting an allegation and confirmed they had received safeguarding training. The registered manager, the administration manager and the service manager we spoke with, were all clear about their roles and responsibilities in dealing with any safeguarding concerns.

We also noted the service had a whistleblowing policy. This meant staff could report any risks or concerns about practice in confidence with the provider. Staff were able to explain whistleblowing procedures and said that they would feel confident using them if they needed to. One member of staff told us, "It's one of the best policies ever written, it means everyone here is extra safe." Financial recording systems and arrangements were also in place and the service had taken reasonable steps to identify the possibility of financial abuse, and prevent it before it occurred. .

We saw and staff confirmed risks for individuals were assessed and plans were in place to minimise risks. These were regularly reviewed and updated to reflect any changes. For example we saw risk assessments were in place for one person in relation to travelling in taxis and other vehicles to maintain their personal safety whilst out in the community. Another person's risk assessments included the use of cookers and microwave ovens and their preparation and handling of hot food. We talked with staff who were able to give examples of how risks were managed for one individual and described how specific training had been provided. One support worker told us, "We have really good training in moving and handling and how to manage hazards (in the person's home)."

The registered manager and the provider's quality assurance manager told us accidents and incidents were reviewed and monitored monthly. This was to identify potential trends and to prevent reoccurrences. Both the registered manager and the provider's quality assurance manager told us, where appropriate, care support plans and risk assessments would be reviewed to ensure people were kept safe.

People told us and we saw staffing levels were appropriate. We noted that there were sufficient staff to provide a good level of support to people. During our visits to people's homes, we spent time with people during their lunch. We found there were enough staff to help people to eat comfortably and safely. Staffing levels meant people were able to have the company of staff during lunch if they wanted it. Support staff told us told us they were happy with the staffing levels. They felt staffing levels were appropriate and there were sufficient staff to keep people safe and meet their essential needs. One support worker

Good

Is the service safe?

and a senior support worker both told us staffing levels were responsive to people's needs and that managers were able to supply extra staff if a person needed extra support. For example, to take part in an activity or outing.

We examined five records for staff who had recently been employed at the service. We found the service operated appropriate and safe recruitment practices. We saw each file had a completed application form, detailing their employment history, reasons why their employment had ended and proof of their identity. We also noted that security checks had been made with the Criminal Records Bureau (CRB), or the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. At least two written references had been obtained and verified, where possible, from a previous employer.

People received their medicines safely and were encouraged to take responsibility for their own medicines, according to their ability. Arrangements were in place to ensure people received their medicines in a safe way and the provider had a detailed medicines policy, which gave staff access to relevant information and identified good practice.

We looked at six people's medication administration records (MARs) and found them to be accurate, up to date and supported by the information contained in people's care support plans. Where medicines were administered, this had been accurately recorded and we found no errors, or discrepancies in stock. We found people's medicines were stored safely and according to the manufacturer's guidelines.

The provider's quality assurance manager told us she delivered staff medicines training and along with senior managers, conducted competent persons direct observation and assessment checks of support staff handling medicines. She also described the systems used and what happened if any concerns were identified which involved further training, additional supervision and a repeat of the competency checks.

We spoke with staff about the safe management of medicines. One senior support worker told us, "The medication training is very good because we get to practice with actual medication records, so we can see exactly how we should be administering medicine." The registered manager told us, and staff we spoke with confirmed, that the safe handling of medicines was covered during induction. Support staff were required to undertake three separate observations by a line manager, before they were deemed competent to handle medicines. Staff told us that if they were not fully confident with the safe handling of medicines, managers would provide further training and supervision.

Adverse incidents and accidents reported, were subject of initial review by a senior support worker, or team manager and were then analysed and discussed during monthly management meetings between the registered manager and the provider's quality assurance manager. This was to prevent reoccurrences and to ensure any potential learning could be identified and whether care support plans and risk assessments needed to be reviewed and updated.

We also saw contingency plans were in place in case of a fire, flood, loss of utilities, or other emergency. The registered manager told us, and records confirmed, the provider operated an out of hours contact facility where staff were able to contact a duty manager for advice and in the case of emergencies.

Good

Is the service effective?

Our findings

People were complimentary about the staff employed by the service and told us they enjoyed spending time with staff and they were well cared for. One person told us, "I really like the night staff, we have a laugh together. I get a good night's sleep but I know that staff are always here if I need them."

The health and social care professionals we spoke with all told us they thought staff were appropriately trained and were able to provide an appropriate level of support. The nurse behavioural therapist we spoke with had delivered specialist training to staff, to help the service provide support to people with complex behaviour that challenges others. The nurse behavioural therapist told us, "The provider is effective at referring staff for challenging behaviour training. We did have concerns that some staff were not engaged with the training and were not able to explain what might cause or contribute to challenging behaviour. This situation was easily resolved by the provider's management."

We spoke with four people who used the service by visiting them in their homes. Staff were present during each visit. We saw staff were kind, caring and patient and had developed communication techniques to ensure people could be understood. For example, staff had developed a communication dictionary to help one person indicate whether they were happy or unhappy. Another person was encouraged to indicate they wanted something to drink, by making to a certain sound. This had been developed by this person's support workers to improve this person's ability to make requests. One support worker told us, "We've had brilliant training here but the real learning happens when you get placed with someone to support. We see the same people consistently, so they feel relaxed and we learn how best to communicate with them."

The registered manager and the provider's administration manager told us all new staff received appropriate induction training. This included a period of shadowing an experienced and established colleague before working unaccompanied. The registered manager told us that all staff undertook an initial induction period and were required to complete their common induction programme within 12 weeks of the commencement of their employment. The administration manager told us that immediately following the common induction programme, all support staff were enrolled on a diploma, or apprenticeship and embarked on gaining health and social care qualifications. Staff suitability to perform their role was reviewed regularly, during a six month probationary period and would be extended if required. One support worker told us, "The induction is very clear and useful. It is an 11-part process and you get brilliant support for the whole time. Being able to put my classroom training into practice in the home I work in was a great experience and I also had a lot of shadowing and initial supervision."

We saw training records were kept in an appropriate form. Induction training was recorded and staff confirmed new staff received training to ensure they had the skills they needed. Staff told us they had received support from other staff and were accompanied when they first started work. Staff we spoke to confirmed they had received the training they needed. We saw and staff told us they had undertaken and completed mandatory safe working practices training. For example, equality and diversity, safeguarding adults, fire safety, food hygiene, moving and assisting, emergency first aid and infection control. Training records ands certificates examined confirmed, support staff received training that was specific to the needs of individuals they cared for. For example, dementia and autism awareness and paediatric first aid. One support worker commented, "Overall the training is very good but I would like more frequent safeguarding training. The infection control and moving and handling training is spot-on, really great."

During our inspection staff told us, and records confirmed that one to one meetings, known as supervisions, as well as annual appraisals were regularly conducted. Supervision sessions are used, amongst other methods to check staff progress and provide guidance. Appraisals provide a formal way for staff and their line manager to talk about performance issues, raise concerns, or ask for additional training. Staff files and records we examined showed that regular supervisions and annual appraisals were being carried out.

The registered manager, the administration manager and staff we spoke with told us they were aware of and had received training on the Mental Capacity Act (MCA) 2005. The administration manager told us, MCA and Deprivation of Liberty Safeguards (DoLS) were covered during initial induction and were refreshed annually during the course of safeguarding adults training. The MCA supports people in England and Wales who can't make some or all decisions

Good

Is the service effective?

for themselves. The registered manager and staff we spoke with told us that MCA assessments were not conducted by the service. Where there was any doubt or concern that a person may not be able to make some or all decisions for themselves, then a referral would be made to the person's relevant health care professional, or social worker. Staff told us they had positive relationships with local health and social care professionals and they were able to arrange urgent appointments for people when needed. This ensured that appropriate capacity assessments were undertaken. One support worker told us, "Before we're allowed to work with anyone, we have to spend time studying their care plan. We have training in the Mental Capacity Act and in DoLS and so if we know in advance what people's capacity is; we can provide the best support for them."

We saw there was evidence that mental capacity assessments had been undertaken where people were not able to make an informed decision about their own care. We saw family and health and social care professionals were involved in these decisions. We saw that there was a full record of the decisions made and staff were aware of these. These decisions had been made in the best interests of the person. It was evident the service recognised the need to seek assessments where there were concerns about people staying safe and were unable to make some or all decisions for themselves. For example, one person's understanding of the cost of an annual holiday, selling an item of furniture, and another person's decision making around their weekly finances, budgeting and expenditures.

We examined the care records and support plans held in the provider's main office for four people and in addition, we examined the care records support plans which were held in five people's homes. We found a consistent approach to involving appropriate medical professionals when required. Records confirmed the involvement of health and social care professionals and evidenced that staff followed the advice given to them about people's care. Support staff we spoke with told us any changes in a person's medical condition was included as part of shift handovers. We found further evidence of this by reviewing handover records. We found staff were knowledgeable about people's care and treatment needs and that they were able to use a robust procedure to book medical appointments when needed. One health professional told us they felt staff were very responsive to people's needs and that they had no concerns in that area.

People were supported at mealtimes and were able access food and refreshments of their choice. We noted support workers had received training in food hygiene and infection control. We discussed people's nutrition and diets with support workers, who told us where possible, weekly menu plans were discussed and compiled with people who were able to make their requests and choices. Support workers told us they used these requests and matched them with their nutrition training to be able to provide people with a well-balanced diet. We found visual menus were used to help people to understand what their options were for each meal. This meant that people were able to make informed choices about food that they enjoyed and that staff were able to support these requests. One person told us, "I love the cooking of (support worker). They always make my favourite meals, but I know I have to have healthy stuff too." Another person told us that they enjoyed the baking and coffee made by certain staff. A senior support worker commented, "We encourage a sociable atmosphere at mealtimes. The evening meal is very much a social part of the house. We encourage everyone to sit down and catch up with each other and enjoy their meal."

Good

Is the service caring?

Our findings

People who used the service gave us positive feedback about the care provided and the staff who provided their support. One person told us they were happy with the support they received and that they enjoyed spending time with staff. Another person told us they enjoyed spending time with staff because they felt listened to and respected.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. We saw staff were aware of and understood people's moods and requirements and that they were able to adapt their communication and approach to care around this.

Staff told us that they were able to build caring relationships with people by supporting them to take part in activities important to them. One person told us, "Every week I go to a disco and staff go with me, its loads of fun." Another person told us how much they liked going out shopping with staff. We found that staff were proactive in encouraging people to be able to keep themselves safe when out in the community by talking to people about bullying and personal safety. One person told us that they had found these discussions very useful and that they would now know what to do if they felt threatened by someone.

Where they were able, people told us they were able to express their views and be involved in making decisions about their care, treatment and support. We saw staff took time and care to involve people in the running of their homes and people were supported to make their own decisions. Three people told us they felt involved in their own care and staff listened to their requests and responded appropriately. One person commented, "I can ask for anything I want. I love special coffees and the staff got me a great coffee machine that they help me to use."

Staff had a good understanding of the importance of maintaining people dignity and treating them with respect. During our observations we saw support staff were caring and spoke to people politely. We also noted staff were attentive and gave people information in a way that was appropriate to their needs. Staff also ensured any personal care was discussed discretely with people and carried out in private.

Support staff gave us practical examples as to how they delivered care to achieve this aim. For example, we observed when staff wanted to check on one person whilst they were in their bedroom, they knocked first and waited for a reply before entering. We also saw one person being assisted to use the toilet in a way that respected their privacy and without drawing unnecessary attention to them. One support worker told us, "We talk to each person every morning, one-to-one, and tell them who will be working in the home that day. We have photographs of each member of staff if the person finds verbal communication difficult. We also explain what the planned activities are for the day, but of course people can change their mind if they want to."

The registered manager told us no people were using an advocacy service at the time of the inspection. Advocacy ensures that people, especially vulnerable people, have their views and wishes considered when decisions are being made about their lives and have their voice heard on issues that are important to them. We noted that this information and contact details of advocacy services was included the in provider's service users guide. This meant advocacy information was easily accessible to people and their relatives. The local authority care and wellbeing assessing officer we spoke with told us, "They (support staff) appear to have an excellent relationship with (the person)... They also advocate very well on their behalf when required."

Good

Is the service responsive?

Our findings

People we spoke with informed us the service was responsive to their needs. Health and social care professionals also confirmed the service was responsive to their needs. One person told us how they enjoyed trips out into the community with staff. They said they were well looked after and particularly enjoyed attending a local disco and meeting new people. The local authority care and wellbeing assessing officer we spoke with commented, "In general I have found the service from front-line staff to be very good. Staff always seem to have a good rapport with service users and appear very good at problem solving and supporting people with all of their needs."

Before the service commenced, each person's individual care needs were assessed to confirm what care and support they wanted and needed. People's care support plans included details of important contact details, so staff were able to contact people's relatives and health and social care professionals if they were any concerns regarding their health or well-being. Care support plans were reviewed and updated regularly, and contained important information. For example, known allergies and medical conditions, emergency information, weekly timetables of activities, and 'Things I like' and 'Things I don't like' sections. This ensured support workers had all the information they needed to support that person. All were up to date and had been regularly reviewed.

We noted people were supported to access their communities and pursue leisure interests and educational opportunities. Care support plans examined showed people were supported to attend local colleges, day centres, shopping centres, swimming pools, pubs and restaurants, trips and outings and other places of interest. We observed one person being assisted to write their Christmas cards and list. We saw support staff were patient and had a good knowledge of this person's family and friends. One support worker told us, "Flexible and adequate staffing means that we are responsive to individual requests, likes and dislikes. Because we work with the same people consistently, we have an excellent knowledge of people's personality and temperament and we can plan for activities accordingly."

We saw the provider had a written complaints policy and procedure. This detailed the process that should be followed in the event of a complaint and indicated that complaints should be documented, investigated and responded to within a set timescale. An easy to read format with picture symbols which explained how a person could raise concerns or complain and who could help, was also available in care support plans kept at people's homes.

We spoke to three people about making complaints. They told us they were aware of how they would make a complaint and were satisfied that any concerns would be taken seriously and dealt with promptly. Two people told us they had not had to raise any concerns. One person told us they had previously raised an issue regarding previous support staff and had not complained formally. They told us they had spoken with managers and that the had been dealt with promptly and that they had been satisfied with their response and the action taken.

We examined the complaints file held by the service. The registered manager told us, and we saw seven complaints had been received by the service during 2014. We noted one complaint was still being investigated and another six complaints had been finalised. Records confirmed these six complaints had been documented, investigated and resolved, where possible to the satisfaction of the complainant and there was evidence to confirm a response had been given to the complainant. The registered manager told us she regularly reviewed complaints received to identify emerging patterns and trends and to identify any potential risks.

We examined the compliments file for the service and saw in April 2014 a community nurse had contacted the service to compliment the support staff at one supported living service and one support worker was singled out for particular praise. We also noted in October 2014 a local authority social worker had also contacted the service complimenting the support provided and at times, at short notice and commented, "(Service user) has established such positive relationships with your staff."

Good

Is the service well-led?

Our findings

The service had a registered manager. She joined the service in 2004 and had been in post as the registered manager since December 2010. The registered manager spoke enthusiastically about her role in ensuring the care and welfare of people who used the service. People and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability. Two people we spoke with told us the managers visited their home regularly and they enjoyed spending time with them. One person also said they knew how to contact a manager if they needed to talk to someone other than their support staff. They said that when they had contacted managers in the past, they had found them to be very helpful and friendly.

The provider had submitted statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends, or concerns.

People were consulted about the service they received. This was done by means of an annual quality questionnaire, to obtain their views and feedback on important issues. The registered manager told us the returned questionnaires were reviewed by herself and the quality assurance manager. She told us any negative comments were investigated and the complainant and/or family members would be contacted by letter and invited to attend a meeting with management in order to confer and address any issues raised. We saw two examples where negative comments had previously been received. Formal letters had been sent to people's family members inviting them to discuss the issues raised and outlined the option for the issues to be addressed as a formal complaint. The registered manager also told us she intended to send out the questionnaire every six months in the future to improve quality of service provided. We noted in the September 2014 service user questionnaire, people were satisfied and positive with the overall service provided.

The registered manager told us people using the service were invited to join ID Support's client consultancy group – 'Voices for Choices.' The group met at the provider's main office every two months. People using the service were provided with lunch and travelling expenses and the focus group discussed key issues that had arisen, staff recruitment, arranged friendship visits between people and assisted the provider refreshing and updating important policies and procedures in order to improve the services provided.

The registered manager and the provider's quality assurance manager told us, and records confirmed, a range of systems were used to monitor the effectiveness and quality of the service provided to people. Weekly and monthly audits included medicines and financial checks, needs assessments and support plan documentation, environmental and health and safety checks. Senior support workers undertook monthly spot-checks to confirm all staff had read, understood and signed people's medication risk assessments. The registered manager told us, she regularly conducted spot-checks and these included direct observation of staff working practices and to directly supervise support staff at the services they worked in.

Staff were asked their opinions by means of an annual employee satisfaction survey. 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.

Staff told us, and minutes of meetings confirmed, that staff meetings were held regularly. These meetings were used to keep staff informed of best practice and to discuss essential issues. For example, safeguarding adults issues, an updated policy in relation to staff working at heights (ladders and steps), introduction of new induction procedures and recent staff appointments.

Three support staff we spoke with told us they felt supported at every level of the organisation and that they believed the organisation's cultures and values were focused on providing people with the best possible level of support and care. One support worker told us, "I can't fault the managers. Mine goes above and beyond to help; there's always someone there to ask for help." Another support worker commented, "We have a great team leader; they are really on the ball – any training we need they can provide." A senior support worker said, "Managers are very good. You depend on managers to give you guidance and support; which they do."