

## Derbyshire Autism Services Group

# Derbyshire Autism Service

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own house. It provides a service to children, young people and adults with Autism and associated conditions and other disabilities.

We carried out this inspection on 19 December 2017. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to talk with us.

At our last inspection on 19 July 2016, we found that the service was meeting all standards assessed. It was compliant with the regulations and no concerns were identified.

A registered manager was in post. 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.

There was a strong ethos of delivering high quality, person centred care and this was a culture which was embedded with the staff team. There were strong support systems in place for staff which enabled them to feel valued and motivated to provide innovative, high quality support to people.

People and their relatives spoke very positively about the management of the service and felt that the registered manager was professional, readily accessible, approachable and always very helpful.

Oversight of the service and staff, both formal and informal, enabled the management team to regularly monitor the service provided and ensure all care and support was consistent, responsive and reflected people's ongoing and changing needs.

People, relatives and professionals told us that staff were kind, caring and compassionate.

Staff were appropriately recruited, trained and supported. They had undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for and supported.

The provider had detailed policies and procedures relating to medicines management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicines training was updated appropriately. Staff understood what support people needed to manage their medicines safely and these were given as prescribed. There were processes in place to audit the

accuracy of recording medicines.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. Staff we spoke with were able to explain how they considered capacity and consent when they supported people.

People received support, where appropriate, to eat and drink sufficiently. People were also supported to access a range of healthcare professionals, as and when required.

Staff respected people's privacy and dignity. They encouraged, enabled and supported people to be as independent as possible and there was a strong focus on working with people, as opposed to working for them. People's individual communication needs were assessed and they were supported to communicate effectively.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and their relatives told us they knew how to make a complaint, if necessary, and were confident that any concerns they might raise would be listened to, taken seriously and acted upon.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risks relating to people's care and support were assessed and appropriately managed.

People were protected by safe recruitment procedures which helped ensure they received care and support from suitable and appropriate staff.

Medicines were managed appropriately by staff who had received the necessary training to help ensure safe practice.

### Is the service effective?

Good ●

The service was effective.

Staff knew individuals well and understood how they wanted their personal care to be given.

People who use the service and their relatives were happy with the care and support provided.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and, where appropriate, decisions were made in people's best interests.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate, dedicated and highly motivated.

Staff had developed strong and trusting professional relationships with people they supported and they were committed to treating people with dignity and respect.

People were involved in making decisions about their care; they were consulted about their choices and preferences and these

were reflected in the person-centred care and support they received.

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

**Good** ●

The service was responsive.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

Personalised care plans detailed how people wished to be supported and their care reflected their individual needs, preferences and choices.

People's individual communication needs were assessed and they were supported to communicate effectively.

A complaints procedure was in place and people were able to raise any issues or concerns.

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

**Good** ●

The service was well led.

There was an open and inclusive culture within the service and a clear commitment to sustained, high quality service provision.

Staff felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles.

Accidents, incidents and risks were closely monitored to identify trends and help ensure lessons were learned and necessary improvements made.

The management regularly checked and audited the quality of care and support provided, to help drive service improvement and ensure people's needs continued to be met.

# Derbyshire Autism Service

## 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 took place on 19 December 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own home and we needed to ensure, if possible, the registered manager would be present. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR) and we took this into account when we made the judgements in this report. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We spoke with six people who used the service, three relatives, three family support workers, one team leader, a care services coordinator and the registered manager. We also looked at documentation, which included three people's care plans, incorporating comprehensive risk assessments, as well as three staff training files and records relating to the management of the service.

## Is the service safe?

### Our findings

People who used the service told us they were happy, confident and very comfortable with the service they received and said they felt totally safe with the care workers who supported them. Their relatives who we spoke with had no concerns about the care and support provided by Derbyshire Autism Services Group. One person told us, "I feel utterly safe, confident and reassured with my support workers; they all seem so experienced, they know exactly what they are doing and are always very positive." Another person said, "There is consistency with the staff who help and support me. I trust them and I know I can always go to them if I have a problem." They went on to say, "DAS (Derbyshire Autism Services) are the only people who have really helped me."

Relatives spoke very positively about the support their family member received and the reassurance and 'peace of mind' they felt, knowing their family member was safe and so well cared for. One relative we spoke with told us, "We're very confident my [family member] is safe, as [family member] would soon tell us if they were unhappy with anything." Another relative said, "Staff turnover is much better now and we feel the service is safe and there is much more consistency. There are always two staff who come here, usually the same ones." They went on to say, "[Staff] work to the risk assessments and any new staff always come with someone who knows my [family member]." Other relatives described how the support staff helped ensure their family member's safety while at the same time promoting their independence, by maintaining the right balance between supporting and encouraging people's independence.

Safeguarding policies and procedures were in place. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such concerns. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice to the registered manager and were confident any such concerns would be taken seriously and acted upon.

Potential risks to people were appropriately assessed and reviewed. People's risks were assessed, and where necessary a risk management plan had been created to keep people safe. Risk assessments had been completed for a range of risks both within people's homes and whilst they accessed the wider community. For example, people had risk assessments for moving and handling, risk of pressure ulcers, nutrition and activities such as shopping. Risk assessments contained guidance for staff on how any identified risks were reduced. Care records contained up to date risk assessments and staff told us individual care plans helped to ensure consistency and continuity of care. One family support worker told us, "We know the people we support very well and are risk assessing all the time. People can be so unpredictable and no matter how much paperwork is in place, you need to be constantly aware of potential risks." Another support worker said, "We have risk assessments in place for anything that could possibly happen. You need to minimise risk and be aware and prepared for anything." They went on to say, "So anyone identified as being at potential risk, in a particular situation – such as road traffic awareness - would be allocated 2:1 support."

People were protected because support staff were aware of and followed policies and procedures relating to the safe handling of medicines. People and relatives we spoke with said they, or their family member,

received their medicines safely and in a timely manner. Staff told us they had received training in managing medicines, which was updated regularly. Their competency to manage medicines was also regularly monitored. This was supported by staff training records and medicine audits we were shown.

People were also protected by staff following safe infection control procedures. People spoke about carers using protective clothing, such as gloves and aprons, when they were being supported with their personal care. Staff told us they were aware of the relevant procedures and understood the importance of effective infection control. We saw infection prevention and control policies and staff guidance to support this.

The registered manager told us any accidents and incidents were reviewed and monitored, to identify potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this.

People were protected by a safe and robust recruitment process. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

## Is the service effective?

### Our findings

People received consistent care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service and how reassured they felt by the care and support provided. There was a broad range of support hours provided by Derbyshire Autism Service (DAS) to the people we spoke with, from two hours a fortnight to sixteen hours a week. One person told us they would have liked more hours and said her Community Psychiatric Nurse endorsed this view. We discussed this issue with the care co-ordinator, who confirmed the hours for this person were being reviewed. However, on the whole, people were happy with the amount of hours they received and spoke positively about the staff who supported them.

One person told us, "They [support staff] have really helped me build my confidence to live independently. My keyworker helps me with sorting out shopping, bills, appointments and any mess I've got into. I've achieved a lot, I've gained weight, as I was anorexic, I'm cooking and I eat a normal diet now." Another person said, "Honestly if it wasn't for DAS, I would be dead by now. I've really struggled and had no support from anywhere else but [DAS] have helped me turn my life around." They went on to say, "My keyworker is amazing, so helpful and approachable. I can talk to her about anything and everything and she has built my confidence and skills up to be so much more independent than I was."

Relatives we spoke with were all very positive about the quality of service provided and the skills, knowledge and competencies of the support staff. One relative told us, "I like the way they've built the service up slowly over the years, so my [family member] can get used to doing more. The staff consistency is better now, they're always punctual, very thorough and they have the skills to work with [family member]."

Staff received an induction and completed training when they started working at the service. They confirmed they received support and the necessary training to undertake their roles and responsibilities. One family support worker told us, "There's a broad based training programme here, which includes eating disorders, anxiety and depression. I find all the training very useful and it has really helped me in supporting people appropriately." Staff also described how they 'shadowed' more experienced colleagues, when they first started work, until they felt confident and had been assessed as competent to work independently. We saw staff had received the appropriate training to carry out their roles and they demonstrated that they understood their responsibilities in relation to those roles. Records we looked at showed new staff received a comprehensive induction training programme which incorporated subjects such as fire safety, infection control and health and safety. Training was also provided in subjects such as autism specific support, positive behavioural approaches and epilepsy management.

The care co-ordinator spoke to us about providing care and support to people with specific conditions, including anxiety. They told us, "Anxiety features in almost all care plans and is a huge social barrier for many people we support. It is essential therefore that our staff have the appropriate training but also the life skills, awareness and confidence to deal with this condition and the often debilitating impact it has on so many people's lives. This was supported by members of staff we spoke with and training records we saw."

Staff received regular supervision, spot checks and appraisals. Formal supervision provides each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs. The care co-ordinator told us additional specific training would be sourced, as required. They gave the example of someone who had developed suicidal thoughts. As a direct result of this and as part of their care and support plan, suicide awareness training was introduced for all staff involved in the individual care package. Records we looked at showed staff also had access to further development opportunities. Staff told us they found the supervision meetings useful and supportive. The registered manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community.

The registered manager and staff had an awareness and sound understanding of the MCA and the service worked within the principles of the Act. Staff had attended training in this area and understood how the principles of the legislation related to their work and how it applied to the people they supported. We saw staff consistently applied the principles of the Act and all best interest meetings and decisions were appropriately documented in individual care records. Staff we spoke with also understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis.

Everyone supported by the service at the time of inspection had capacity to make decisions and care records reflected this. The specific training staff had received related to the MCA helped to ensure they understood their role when people did not have the capacity to consent to certain aspects of their care. Care records indicated that this had been considered and there was paperwork in place and appropriately completed, for if and when people required decisions to be made in their best interests. People were supported by staff who understood their individual and specific communication needs.

We saw people who used the service were included in planning and agreeing to the care they received. Relatives who we spoke with said that care staff routinely discussed with them the level of support required and always respected their decisions, regarding the care provided. People told us the care staff always respected their right to make their own choices. This included individual preferences regarding meals and receiving support, as necessary, with eating and drinking. Care plans we looked at included a signed contract and service agreement that identified which services were to be provided and confirmed people's awareness and consent to their personalised support. This demonstrated that people understood and had consented to the care and support they received.

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. Staff told us that if they had any concerns about a person's health they would liaise with the office for advice, or in an emergency situation they would contact the GP or the emergency services directly. This helped ensure people's individual health care needs were effectively met.

## Is the service caring?

### Our findings

People and their relatives said they were supported, with dignity and respect, by kind, caring and compassionate staff. We received positive comments from people who used the service and their relatives, which included, "over and above" "going the extra mile" and "very kind and compassionate."

People and their relatives gave us examples of ways they felt exemplified the caring approach shown by family support workers. One person told us, "I really like my keyworkers, they are very kind and helpful and can't do enough for me. I trust them and know I can contact them any time and they'll listen to me, which means so much and is very important to me." Another person told us, "It makes such a big difference when you've had bad experiences in the past. I'm usually quite negative but my support workers are just so amazing, very kind and caring. They can't do enough for me, they've helped me so much and I haven't got a bad word to say about them."

A relative we spoke with told us, "The staff are all very kind, they make [family member] feel special and it's so lovely to see. They also continue to support the whole family, which we really appreciate; it was lovely that they could take [family member] out, on one occasion, so we could go to a wedding." Another relative said, "I couldn't fault it, it's wonderful and the support staff are always happy to go that extra mile – which is so appreciated."

Without exception, all the people and their relatives we spoke with said they would have no hesitation in recommending the service to other families – and some already had done so. One person told us, "I've experienced many so called caring services in my time but nothing compares to this. Derbyshire Autism Service (DAS) – and the support workers they employ - is just amazing and I have certainly recommended it to friends." This demonstrated people who used the service and their relatives considered the service to be both exceptional and distinctive.

Staff we spoke with were all highly motivated and enthusiastic about their work and committed to providing high quality, compassionate care and support. One family support worker told us, "This is just the best job I've ever had. I love working closely with individuals to support them to develop. I've always wanted real job satisfaction – and now I've got it."

Staff were also very knowledgeable and showed awareness and a sound understanding of the individual preferences and care needs of people they supported. They were aware of and sensitively and effectively addressed people's individual communication needs related to their condition. For example verbal communication was used, where appropriate, for people who had difficulty reading and correspondence in large print was made available for people who may have had a visual impairment. Support workers told us, they enjoyed spending time with families, developing close and effective working relationships and really getting to know them and what help and support they need. They also spoke of the importance of routine and consistency, which helped ensure people received care and support in a way that reflected their individual needs and preferences.

The registered manager emphasised the need for effective communication and said regular formal and informal meetings took place to enable staff to discuss issues, relating to people's ongoing support plans. They said they were committed to providing high quality services and went on to say how the care and support an individual received was person centred and tailored to their individual needs. They told us, "We provide a bespoke service to the individual based on a very careful and comprehensive assessment of their needs." They went on to explain they were able to provide this service partly because of the "very interesting and diverse range of backgrounds" of the family support workers, currently employed by the service. These included early-years teachers, people with sporting backgrounds, academics and a practising vicar. They said this had inevitably resulted in more varied and creative approach to addressing people's care and support needs.

The registered manager told us the service promoted and embraced diversity both within their client group and support staff. They said each person received a "bespoke service" which met their needs and reflected their individual circumstances. We saw people were protected from discrimination through the comprehensive assessment and care planning process. People told us they received compassionate support which met their identified care needs in a sensitive and personalised manner. This was supported by the care co-ordinator who told us, "The client always comes first and it's a case of carefully matching the right support worker with an individual's identified needs. No one size fits all."

Staff recognised the importance of treating people as individuals, with dignity and respect. People and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. They described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. We saw that the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

## Is the service responsive?

### Our findings

People and relatives we spoke with told us they felt listened to and said care staff responded to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. They also described the thorough assessment process which they had been involved with, to identify and discuss what care was needed. People and their relatives said they had comprehensive support plans in place and spoke regularly with support staff about them.

One person told us, "They [Family support workers] listened to me, they encouraged me to try new things and I feel so much less stressed now." Another person said, "I was able to choose who works with me. There was nothing wrong with the previous lady but I chose [keyworker] as she's a bit older and we get on fine."

Relatives told us the service had carried out detailed assessments of people's needs before they began to work with them. We saw a range of assessment and planning tools were used to help ensure staff provided the appropriate support for people, to meet their identified needs.

A relative we spoke with told us, "I was able to discuss how to meet [family member's] needs. We have reviews and I always get good feedback. We've had reviews and I help update [family member's] care plan when things change. They've offered me the overnight respite service, we can even go ourselves as well, but my [family member] doesn't want to use this just yet." Another relative said, "I feel the service is flexible, they can react to different circumstances and take it in their stride. There were some issues to begin with but I feel they've really listened to my concerns and the service is much better now."

Another relative told us, "[Family support workers] listened to me and we now have an excellent service. [Family member] is doing lots more than they used to before, such as bowling, cycling, golf, swimming, internet café, and the art workshop. They're trying him with work experience and it's hoped he'll get some voluntary work out of it." They went on to say, "They [support staff] are good role models and have the right approach with [family member] and the skill of not saying 'no'. I like the way they give feedback at the end and wait until my [family member] says they can go." This demonstrated people were supported to follow their interests and take part in activities that reflected their social and emotional needs.

People were involved in making decisions about their individual care, treatment and support. Staff spoke of the importance of developing close working relationships with individuals and their families and being aware of any subtle changes in their mood or condition. One member of staff told us, "Because we know them [people who use the service] so well and how they are on a day to day basis, even if someone can't speak, you can tell how they are by their facial expressions or their behaviour." This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

We saw that staff responded to people in an individualised manner and it was clear when we spoke with staff they were very knowledgeable about people's needs and fully aware of their individual wishes and preferences. A care co-ordinator explained that before anyone received a service, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the

individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives.

From this initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed just how they wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. The provider had taken steps to identify accessible information needs during the assessment of people's care and this was evident in people's care plan. For example, we saw that, where appropriate, some support plans had been developed in picture format, so people could be more actively involved with them.

Care and support plans we looked at were comprehensive, concise and well maintained. They were reviewed regularly to ensure they reflected people's current and changing needs. People and their relatives felt 'in control' of their care and support and confirmed they had been consulted and actively involved in the writing and reviewing of their care plan. They also confirmed the plan accurately reflected their identified support needs. Plans we saw clearly demonstrated that people's preferences, likes and dislikes had been taken into consideration. People's relatives said they were also consulted regarding any changes to the care plan and had taken part in reviews. People and their relatives told us they felt confident their views were listened to, valued and acted upon where appropriate. This helped ensure people were actively involved in their individual care planning and meant the support they received met their identified needs.

Everyone we spoke with was aware and able to confirm that care plans were regularly reviewed. One relative described how a review had been held after their family member's condition had changed. They said following the review, the care plan was changed to provide additional support. This demonstrated that the service was responsive and the care support provided was personalised and met people's individual needs.

There was a complaints procedure in place to be followed should a concern be raised. This was also made available in a pictorial format. The registered manager confirmed that any concerns or complaints were always taken seriously and acted upon. People and their relatives we spoke with were confident they could make a complaint or raise an issue if they needed and said they had contact numbers for the service. They were happy with the service provided and were aware of how to make a complaint, if necessary. One relative told us, "I certainly know how to make a complaint, although I've never really had anything to complain about." This demonstrated that people knew how to make a complaint and were confident that any concern would be listened to and acted upon.

## Is the service well-led?

### Our findings

The service was well led, by a strong, dedicated and very experienced registered manager, supported by two care co-ordinators, all committed to best practice and the provision of high quality, person-centred care for people with autism in Derbyshire. People who used the service and their relatives told us they thought the service was well managed. They said communication was very good and they felt well-informed. One person told us, "I know I can always speak with [Registered manager] and she listens." Another person said, "Derbyshire Autism Service (DAS) have been amazing and [Registered manager] is brilliant. The support I've had has helped me turn my life around and my keyworkers actually make me feel like I matter to them."

A relative we spoke with told us, "I can speak to [Care co-ordinator] whenever. She understood my concerns and we have a really good service. She always makes sure any new staff are supported well enough before they work with my [family member]." Another relative said, "I can't fault the service, from the manager to the support workers, nothing is too much trouble and they will always go that extra mile - just wonderful and very much appreciated."

Support staff spoke positively about Derbyshire Autism Services and described the culture as, "Open and inclusive." All of the staff we spoke with said how much they enjoyed working at the service and were full of praise for the registered manager, who they described as, "Always approachable" and, "Very supportive." One member of staff told us, "Since I've been working here, I have been very impressed with how the service is managed. The manager and co-ordinators are so dedicated and professional and are all very committed to providing the best care and support for the clients."

During our inspection all staff we spoke with were open and helpful and shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture, which was centred on the needs of people who used the service and their families. Staff spoke positively about the open and inclusive environment, the "team spirit" and the effective communication throughout the service.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities. We saw the provider, as required, had displayed their previous rating on their website.

The provider placed a strong emphasis on continual improvement and had clear business and development plans in place. There were effective and robust systems in place to monitor and improve the quality of the

service provided. Regular service audits were completed, such as care records, medication records and reviews of the individual support people received. We also saw that audits had been carried out to seek feedback from people who used the service, their relatives and other stakeholders. This included sending out surveys and telephoning people who used the service and their relatives. We saw examples where changes had been made and 'lessons learned' as a result of feedback received, including care staff being replaced if not considered suitable. We also saw evidence of effective partnership working, including with the local authority. This demonstrated the service was committed to improving standards and quality of service provision.