Clark James North Lincolnshire Limited

Headquarters

Inspection report

Sovereign House
Arkwright Way, Queensway Industrial Estate
Scunthorpe
North Lincolnshire
DN16 1AL

Tel: 01724231100

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Headquarters is a domiciliary care agency that supports people to live in their own homes. The service provides personal care and support services to people living in North Lincolnshire. Services provided range from a few hours support several times a week, to 24 hour support every day. People who used the service included; older people, people with dementia, learning disabilities, autistic spectrum disorder, mental health needs, physical disabilities, sensory impairments, children 0-18 and
people who misused drug and alcohol. At the time of our inspection the service was providing a service for up to sixty one people of all ages.

The service had a registered manager 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 person's'. 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 first inspection of the service since they had moved office location in March 2016. It is an established agency in the area.

We found staff were recruited in a safe way; all checks were in place before they started work and they received a comprehensive induction. Staff received training in how to safeguard people from the risk of harm and abuse. They knew what to do if they had concerns and there were policies and procedures in place to guide them when reporting issues of potential abuse.

We found not all staff had received training in more specialist areas, for example mental health and autism, which they may not have the skills and experience to support people with these needs..

Safe systems were in place for the administration, storage and recording of people's medicines.

The registered manager ensured staff had a clear understanding of people's support needs, whilst recognising their individual qualities and attributes. Staff were positive about the support they received from their manager.

Records showed people had assessments of their needs and support plans were produced; these showed people and their relatives had been consulted and involved in this process. We observed people received care that was person-centred and care plans provided staff with information about how to support people in line with their personal wishes and preferences.

Staff supported people with their nutritional and health needs. Staff liaised with healthcare professionals on people's behalf if they needed support accessing their GP or other professionals involved in their care.

Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took

steps to minimise risks to people's wellbeing without taking away people's rights to make decisions.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support, and what to do if people lacked capacity to agree to it.

There was a complaints procedure in place which was available in a suitable format, enabling people who used the service to access this information if needed. The service had developed systems to review the quality of service provision and highlight areas which required further action. Action plans with identified timescales had been produced to address shortfalls.

People told us staff treated them with respect and were kind and caring. Staff demonstrated they understood how to promote peoples independence whilst protecting their privacy and dignity.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of avoidable harm because the registered provider had systems in place to manage risks.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff received training about this.

Robust recruitment procedures ensured people were only supported by staff that were considered suitable and safe to work with them.

People's medicines were managed safely by staff that had been trained.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Although staff received appropriate induction, training, supervision and appraisal, more specialist training was not available to all staff to ensure they had the right skills to care for people.

People who used the service were supported to maintain their physical and mental health needs. Staff supported people with their nutritional needs.

Staff understood the Mental Capacity Act 2005 (MCA) and took appropriate action to ensure people's rights were upheld.

Is the service caring?

Good

The service was caring.

People who used the service told us they were treated in a kind and caring manner and were encouraged to be independent. Their privacy and dignity was respected.

People told us they were happy with their care and had

developed positive relationships with the staff.

People were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and plans of care were developed so that staff had the information they needed to provide person-centred care.

People were able to raise concerns and complaints and arrangements were in place to manage these appropriately.

Is the service well-led?

Good

The service was well-led.

There were effective systems to assure quality and identify any potential improvements to the service.

The culture of the service was described as open and focussed on providing a quality service to people who used the service.

Headquarters

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 registered 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 the 23 and 27 June 2016 and was carried out by one adult social care inspector. During the inspection we visited two people receiving a service to gain their feedback. The inspection was announced and we provided the registered manager with 48 hours' notice of our intention to visit. The reason we announced the inspection was to ensure someone would be available at the registered office.

Prior to the inspection we reviewed the information we held about the service. We also contacted the local authority's contracts monitoring and safeguarding teams. Where any issues had been identified by these parties we included them within our inspection.

During our inspection we spoke with four staff, three managers and the registered manager. We also visited one person in their own home and spoke with a further five people who used the service and three professionals, following our visit to the registered office. A further ten staff returned questionnaires to us following our inspection.

We looked at the care records of ten people who used the service; this included support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff following their visits to people. We reviewed records relating to the management of the service including policies and procedures, quality assurance documentation, accident and incident reports and complaints. We also looked at staff rotas, training records, supervision and ten staff recruitment files.

Good

Is the service safe?

Our findings

When we asked people about the timeliness of calls people told us that in the main their calls were made on time, unless there was a specific problem at an earlier call which caused the carer to be delayed, in which case they would be informed and another carer would be sent out. The people we spoke with emphasised that they had not had any experience of their calls being missed and told us, "The agency is very flexible and are able to work me when this needs to be arranged. This means that I can do things for myself, and re charge my batteries knowing [Name of spouse] is in good hands and safe. I actually went on holiday, which is something I would never have considered previously."

Another person told us, "I have very good staff; it is a good service. They come when they say they will and they leave when they are supposed to." Comments from other people who used the service included, "I can't fault them, I would never change from my current agency," "There have been no problems and I do feel completely safe," and "They are very good with their timekeeping." Another told us, "I feel safe with staff and them being here," and "There has never been any [staff] that I have had to ask the service not to send anymore, and I like them all."

The registered manager and staff told us the rotas were planned for each call and travelling time was included between calls to enable staff to arrive punctually. Care supervisors and the care manager were allocated supernumerary hours which meant they were available to cover any shortfalls on the rota or in emergency situations. A group of bank staff were also maintained to provide cover for sickness, annual leave and training.

People were protected from discrimination, abuse and avoidable harm by staff that had the knowledge and skills to help keep them safe. The registered provider had policies and procedures in place to guide staff and advise them of what they must do if they witnessed or suspected any incident of abuse. One staff member we spoke with told us, "It is our responsibility to keep people safe and people shouldn't be doing this job if they aren't prepared to keep people safe."

Training records showed that staff had completed training about safeguarding vulnerable people from harm and abuse. Staff we spoke with confirmed this and they were able to describe the different types of abuse. They told us they would report any concerns they had straight away and they described the relevant agencies for both adults and children, who they would report such abuse to including the local safeguarding teams and CQC. Staff were also aware of the importance of disclosing concerns about poor practice or abuse and understood the organisation's whistleblowing policy.

Discussions with the registered manager and staff confirmed that where safeguarding concerns had been identified they had been referred appropriately and fully investigated. We reviewed the safeguarding incidents records that had occurred at the service. Records showed that where staff had acted inappropriately in any way, disciplinary action had been taken. Staff we spoke with told us they felt confident approaching the registered manager or any of the other senior managers' and they felt they would be taken seriously.

The registered manager and registered provider completed an analysis of all accidents and incidents in the service. The information was used to identify emerging trends or patterns or to identify if someone's needs were changing and a review of their care was required. Any identified changes in people's needs were promptly shared with other professionals involved in the person's care and acted on by the service.

Professionals we spoke with confirmed that any issues identified by the registered provider were shared with them quickly and the agency worked closely with them in order to resolve them.

People who used the service had risk assessments in place relating to their health, and wellbeing. The care records we reviewed contained risk assessments for medication, moving and handling, use of equipment and nutrition. Environmental risk assessments were also completed regarding the properties of people who used the service. This ensured staff worked in safe environments. The risk assessments included information about action to be taken by staff to minimise the chance of harm occurring.

We looked at the files for ten staff and saw checks had been undertaken before the employee had started working at the service. We saw references had been taken from previous employers, where possible, and that potential employee's had been checked by the Disclosure and Barring Service (DBS). DBS checks return information from the police national database about any convictions cautions, warnings or reprimands. DBS checks help employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. The recruitment records we viewed showed us that the registered provider was taking appropriate steps to ensure the suitability of workers.

The staff we spoke with told us the recruitment process had been thorough and they had been informed they would not be able to begin working until satisfactory checks had been carried out and suitable references obtained. One staff member told us, "I was asked about my previous experience as well as my personal values, to see if I was right for the job. I then had to wait for all of my employment checks and references to be done before I could start my induction."

Staff were seen to wear uniforms when visiting people in their homes and provided with photo identity badges, unless a particular request had been made for staff not to wear uniforms. In these situations we saw that records of this were documented within people's care files. Staff we spoke with also told us they were provided with personal protective equipment (PPE) including gloves and aprons. People we spoke with told us staff used gloves and aprons appropriately, when they were supporting them. This showed us that the registered provider was taking steps to ensure good hygiene practice, reducing the risk of infection or cross contamination

We looked at the records maintained for people's medicines and saw that the registered provider completed risk assessments and care plans which included how people preferred to take their medicine. People told us, "When I am not here to care for my relative, the staff will administer their medication and they do it in [my relative's] preferred way. So I know they are safe."

Training records showed staff received training on how to manage and administer medicines in a safe way. The registered manager completed medication competency assessments on staff practice and regular on-going checks were carried out, through observations of staff practice. Records of these observations were in place.

Medication administration records (MAR) were used to record the medicines staff had either administered or prompted the person to take. These were regularly checked by the agency office to ensure medicines were administered as prescribed.

We saw that on any occasions where medication administration records had not been completed correctly, an investigation had taken place and staff had been asked to complete medication training again. Following this further competency checks were carried out by senior members of staff to ensure the staff member was competent to administer medicines, before any further involvement with medicine administration.

Systems were in place to identify and manage foreseeable risks. The organisation had a business continuity plan which addressed risk to the running of the service such as a power failure. Staff also had mobile phones which the office could use to send messages and contact carers at any time.

Requires Improvement

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who met and understood their needs. People who used the service told us, "They first came to support me after a stay in hospital; they were extremely good then and continue to be," and "They are excellent in their moving and handling techniques and are knowledgeable and competent, which is very reassuring." Another told us, "They are very efficient and organised and they are skilled to do the tasks asked of them." They continued, "I have a small consistent team, all of whom provide an excellent standard of care to me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for people in the community must be made to the Court of Protection and the registered manager confirmed that currently one person had a court of protection order in place.

Staff we spoke with they told us they had completed training in the Mental Capacity Act 2005 (MCA) and were aware of the legislation. One staff member we spoke with was unable to provide examples and demonstrate their understanding clearly, despite having received MCA training. We spoke to the registered manager about this who told us they would ensure they attended further training and support to develop their understanding. Other staff we spoke with were able to demonstrate knowledge of the MCA and how they would apply this in practice.

The registered manager and staff told us that most people had the capacity to say how they wanted their care delivered in their own homes. Where people had limited capacity we found they were often living with a spouse or relative who had shared caring responsibilities with the care workers. They [staff] confirmed they would involve care management teams where appropriate. Professionals we spoke with confirmed these discussions and appropriate referrals took place.

We checked whether people had given consent to their care, and where people did not have capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures about these subjects were in place. Records showed people who used the service or those acting on their behalf [relatives with power of attorney with the proper authority to be agreeing to decisions on their relatives behalf] had signed their care plans to confirm they had agreed to the care and support outlined in the records.

People we spoke with told us staff always sought their consent prior to assisting them. Staff told us how they would seek consent prior to assisting people with their care and support. They understood people had the right to refuse care and in such situations they would always contact the office for further support and advice. Comments included, "I always check with the person and gain their consent. Sometimes when they

decline it may be that they want their routine changed slightly that day, or that they are feeling unwell, in which case we would get in touch with the doctor and let the office know."

Staff told us they provided people with any support they needed at mealtimes and with meal preparation where required. When we spoke with staff they were able to describe the action they would take if they felt someone was not eating and drinking sufficient amounts. This included, recording people's intake and reporting their concerns promptly to the senior management team and family members. Staff told us they always ensured people had access to food and drink before they left for their next call.

When we spoke with staff they were able to describe how they supported people with their health needs. Staff were aware of their responsibilities for dealing with illness or injury and told us they would call an ambulance or doctor if required and report any concerns to the office and the person's relatives. Staff told us they would support someone to contact a health professional if they felt this was needed or the person requested this.

The registered manager and care coordinators confirmed that senior staff would make referrals to appropriate professionals if they felt someone needed additional support, or required further assessments as their needs had changed. Professionals we spoke with confirmed this process to be in place and told us communication with the service was very good and they were regularly updated of any changes involving their clients. Records showed the agency had accessed support from care managers, occupational therapists, community nurses and physiotherapists when required.

A comprehensive induction programme was in place for all new staff joining the service. Staff were required to review the organisations policies and procedures, complete training that the registered provider had considered to be mandatory training to support them in their role and shadow experienced staff. They were regularly monitored during their probationary period to ensure they were confident and competent in their position. Staff we spoke with told us, "The induction was good and very informative; it gives you the opportunity to meet people and get to know them and how they like things done, before you start to support them." Another staff member told us, "It gives you the knowledge and skills to prepare you for the job."

The registered manager told us that all new starters were enrolled to complete the Care Certificate when they commenced their employment, and all staff were also automatically enrolled on the Qualifications and Credits Framework (QCF) level 2 diploma in health and Social Care on completion of their probationary period. The Care Certificate is a set of standards that social care and health workers work to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

Staff we spoke with told us they felt they had enough training and were able to approach the registered manager if they felt they required any additional training and were confident this would be provided. Training provided included a mixture of in house face to face training, external training and some e learning.

When we reviewed the training plan we saw that staff had access to a range of training including; protection of vulnerable adults, medication administration , infection control, food hygiene, moving and handling, dementia, end of life, first aid, MCA and DoLS. More specialist training included, epilepsy, percutaneous endoscopic gastrostomy feeding (PEG), skin integrity, catheter care, learning disabilities, gastroscopy medication administration and managing critical incidents. However we noted that not all staff had accessed specialist training in relation to children, autism and mental health conditions.

When we spoke to the registered manager they acknowledged that only a small group of staff had received more specialist training. This had meant there was a potential for less choice of staff being available to support people accessing the service with these specific needs. The registered manager confirmed training had been booked for additional staff to allow for more flexibility in supporting children or people with these specific needs and showed us the booking confirmation for this.

Staff we spoke with told us they felt supported in their role and received regular supervision and appraisal. Records we reviewed confirmed this. However, we found the records of supervision completed by one supervisor did not show any updated actions from the previous meeting. We spoke with the registered manager about this and they told us that the supervisor was new to the post and still learning and offered assurances they would address the issue with them. Other supervision records we reviewed reflected all of the actions that had been put in place following the previous meeting with the staff member.

We spoke with staff who confirmed that senior staff regularly worked alongside them and observed their care practices. The registered manager and staff told us that regular team meetings were held. We saw records of care observations and staff meetings.

People told us that staff understood their needs and knew how to support them in the way they preferred. Comments included, "They (staff) always ask what we want and we tell them. They involve us all the time." and "They listen to other professionals who are involved in our care, I can't praise them enough." A relative of someone using the service told us, "The care staff are bothered about me too as a carer for my relative and consider my needs too."

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care and support they received. Comments included, "They are lovely people. They are all so caring when they come; it is like having friends come to visit." Another person told us, "The staff always respect my privacy and dignity, treating me the way they would want to be treated themselves. I was with a different agency before, but this one is so much better and the girls are so professional and competent. Based on my previous experience, I had no idea care could be as good as what I get now." A relative of someone using the service told us, "The staff are good at supporting me in my caring role, making sure everything is done the way I like it. They even make sure that he can see my picture from where he is. It is in his care plan so everyone knows, that means a lot to us both."

People we spoke with told us that they received care from a consistent group of staff in line with their wishes and preferences, and this allowed them to build up trusting and enabling relationships which they valued.

Some of the people we spoke with told us initially when they were first referred to the service they had been unable to have their calls made at their preferred time. They told us that during their initial assessment with the agency their preferred time had been noted, but staff had explained that it may not be possible to accommodate this. Following the assessment people had been given options of times that were available to choose from and the opportunity to go onto a waiting list for their preferred time, when this was available.

When we asked people who used the service and their relatives if they were involved in their care they told us, "Absolutely, we worked as a team together the family and the carers, involving everyone in discussions and decisions," and "We worked closely together, [my relative] has trusted them implicitly and they [staff] are respectful, reliable and kind and provide very good care." Another commented, "We are involved in making decisions about the care we receive; we are fully consulted, but more importantly, we are listened to."

Each person received a service user guide which provided them with key information about the service and ensured people were aware of the standard of care they should expect.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they provided the support that people needed but were mindful of retaining people's dignity. One staff member said, "We should care for people as we would like to be treated." Another told us, "It can be quite difficult when intimate care is needed. In these situations we have to be mindful of how people may feel and put them at their ease, while maintaining their privacy and dignity."

The staff we spoke with demonstrated a good knowledge of the people they supported and their care needs and were able to describe people's personal preferences and details of their life history. Staff confirmed they read people's care records and this provided them with enough information to support them effectively.

One staff member told us, "For some people their care needs may change quite quickly; for example, we

may notice someone's mobility is not as good, which hadn't been a problem before. This may be a sign they are starting with an infection, so we may need to call the doctor. Sometimes it may be the person is deteriorating and in these situations we always contact the office and get an assessment done so the person has the right equipment to help them to maintain their skills and independence as well as keeping them safe."

Staff understood the importance of promoting people's independence and this was documented throughout the care records we looked at. Outcomes people wanted to achieve were recorded, along with specific details of how staff could support individuals to achieve them. One staff member told us, "We need to remember that although people may take a bit longer to do things, it doesn't mean that they can't do things for themselves. We need to continue to support them and encourage them to continue to do things for as long as they are able." Another told us, "We need to make sure everything is recorded properly to reflect any changes so information can be shared within the team as things can change very quickly and people are able to get the support they need."

Staff understood the importance of keeping people's information confidential. They explained about not speaking about people's care needs in front of others and stated that information should only be shared with other staff members on a need to know basis.

The registered manager showed us the secure computer system where information about people who used the service and staff was held. They confirmed that computers were password protected and only staff who needed to have access were aware of the passwords. Any paper files were held securely in locked cupboards and only accessed by staff with permission. Everyone who worked at the service understood the importance of maintaining confidentiality.

Good

Is the service responsive?

Our findings

People told us the service was person centred and responded well to meeting their needs. Comments included, "All the carers took time to get to know me and my family" and "Any time we need to change the team for whatever reason, I am always introduced to new carers before they begin to support me, which is really good." Others told us, "I am really happy with everything, I know I can call the office at any time to ask for advice or request changes and they will help me," and "When I first started with them, they came out to see me and talked to me about what I wanted as well as what I needed. They listened to me and have provided what I requested; what else can I ask for ?"

Relatives told us the carers went "over and above" to ensure people who used the service had everything they needed and communicated well with them, keeping them up to date with any information they felt they needed to know.

People were supported by staff to contribute to the planning and delivery of their care. People told us they were involved in helping plan their own care and support package. Care records we looked at showed that people who used the service, their relatives and professionals (social workers and district nurses) were involved in contributing and reviewing how care packages were provided.

Before a service commenced a manager or care coordinator completed an assessment of the person's needs and information was provided to help staff understand the care and support that was required. This information was used to create initial support plans and risk assessments that were then amended over time and more information was added as people's needs changed.

Staff we spoke with told us, "People's care plans get reviewed and updated when something changes," "Any changes are shared with us quickly so consistency of care can be provided" and "We are also given regular updates via our phones if needs change quickly."

The staff team understood the care and support needs of each of the people they supported and were able to describe their individual needs and how these were met during discussion with ourselves. They also had a good understanding of people's preferences for the way their support was delivered. One person who used the service told us, "All the girls are good. They know how I like to have things done and that is what they do." Another told us, "The girls are excellent, I had a small sore after surgery, and they looked after it so well, along with the district nurse, and now my skin is perfect. They also told us, "I am not afraid to speak up as the girls are very interested in what I want and involve me in all decisions about my care."

Care records described people's preferences and what people could do for themselves to maintain their independence. People's preferences, life histories and interests were recorded so that staff had holistic information about each individual. This helped to ensure that people received individualised care and support, in line with their preferences.

Each person who used the service received a plan of their care which detailed who would provide the calls,

when they would be provided, the duration of the call visits and details of what support was required during each call. Staff completed daily communication records, which detailed the relevant support which had been provided to people, for example, food and fluid consumed, their physical and emotional well-being and medication administered. This information provided staff with an overview of what had happened for individuals on a daily basis and provided accessible information for staff between care calls.

Any concerns about people's well-being or anything considered to be unusual were immediately reported to the registered manager, for further advice and support. Staff spoken with gave an example of an occasion when they had been unable to waken the person they supported. They had called for an ambulance and then contacted the office to inform them.

The service had complaints and compliments procedure in place and the registered provider followed this procedure to respond appropriately to people's concerns and complaints. People were provided with a copy of the complaints procedure when services commenced. The procedure detailed how concerns and complaints would be dealt with.

People told us they knew what to do if they were unhappy with the service. Comments included, "I've never had the need to complain, but would ring the office if I did" and "I have no complaints, but I have raised a concern in the past and it was sorted straight away." Another person told us, "People come out from the office all of the time to check how things are and if we are happy with things." A professional told us, "Some of the people they work with have very complex needs. One client had been to every other care agency and none had been able to sustain them. When they came here, although there were issues raised by the client, they were willing to work with them and myself to resolve these. They have successfully been supporting them for over two years now."

We looked at the way the registered provider managed and responded to concerns and complaints. Records showed people's concerns had been documented and responded to in an appropriate timescale. Staff had been informed about issues raised and any changes or improvements needed with their practice were addressed through supervision or at staff meetings.

Good

Is the service well-led?

Our findings

When we spoke with staff about the management of the service, they told us they felt supported and all the comments we received were positive. These included, "Yes if I ever have a problem I can call the office at any time for help and support if needed" and "Staff morale is good because we know we can go and talk to the manager about things and if changes are needed they will be put into place." Other staff commented, "I feel I can always go to any of the management with any issues. They have always helped me out when I have needed them to."

Staff told us they received enhanced rates for working weekends and on completion of the QCF levels 2 and 3 awards. A monthly 'staff in the spotlight award' was also in place where any staff could be nominated for anything they had done, which was considered to go over and above what was expected of them and they were rewarded with a gift voucher.

A notice board in the office displayed information for staff, including newsletters, safeguarding contacts, training, meetings, events and information about advocacy.

People who used the service told us they were able to contact the office and their query would be dealt with. They told us, "The senior staff come out quite regularly and check up on the girls and see if we are happy with everything" and "We are sent questionnaires to fill in to see what we think about things." Other people told us, "They want to know what we think about things" and "I know I can pick up the telephone at any time and anyone I speak to will always make time to speak to me."

The registered manager was a registered nurse and an experienced manager. They told us they considered they had a democratic management style where they tried to ensure staff were developed in their roles and had the opportunity to build on their skills. Staff were encouraged and valued and we were told the person centred approach applied to the staff team as well as the people who were receiving services.

There was a management structure in place to support the registered manager; this included two managers, a care manager, four care supervisors and a team of senior care staff.

The registered manager considered each of the senior managers to be fair and consistent in their approach towards the staff team. They told us they encouraged and supported their staff team to be passionate about providing the best quality care and support.

The registered manager was aware of their responsibilities to notify the Care Quality Commission (CQC) and other agencies of incidents that affected the safety and wellbeing of people who used the service.

The registered provider promoted 'a challenging bad practice' initiative, providing staff with opportunities through supervision and staff meetings and to question practice and discuss what was and was not working.

The registered manager and senior staff were involved in different networking groups including 'end of life

care' within the local community, in order to keep updated on best practice. Managers also subscribed to professional journals and received regular updates from the Health and Safety Executive and Department of Health websites on best practice initiatives.

The registered manager had systems in place to gather the views of people who used the service, their relatives, staff and health professionals. They also met with people who used the service regularly to seek their views further. We reviewed questionnaires completed by people who used the service, and the feedback provided was very positive.

The outcome of the meetings and surveys completed were analysed and a report produced which detailed the findings, any areas of concern and how these were to be addressed. An example of this was when following a safeguarding concern being made by staff, the client had asked for different staff to support them. The senior management had provided this, but during the process had identified that any further requests for staff changes in the more specialist areas of autism and mental health may be difficult to accommodate. Following this they had arranged additional specialist training for staff to ensure the service would be able to maintain a flexible service if required to do so.

Audits were completed by the management team to ensure the service was running smoothly and effectively. These included audits in relation to health and safety, staff training, care records, daily records and medication. We saw that time limited action plans were put in place to address any shortfalls identified. This helped to ensure the service was continually developing with the involvement of people using the service and that people were receiving a quality service.

A weekly meeting was held, in which managers reviewed information records held on an electronic portal in relation to incidents, accidents, complaints and safeguarding issues. We saw that these were also investigated and action had been taken where this was required.

The registered manager told us how they monitored information relating to incidents, falls and accidents to make sure people were kept safe and to protect people's wellbeing. For example, senior staff told us that often people said they were able to do things independently and in some cases they had found their own 'workarounds' to do things. However these were not always found to be safe. These situations were reported and referrals made to the appropriate professionals for further assessment and any equipment required.