

Accredo Support And Development Ltd

# Accredo Support and Development 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out our inspection on 11 and 12 February 2016. The inspection was announced. We gave the registered manager 48 hours' notice because we needed to be sure that someone would be in.

Accredo Support and Development is registered as a domiciliary care service to provide personal care for people living in their own homes. Their service is divided into three areas; supported living, alternative day services and outreach support. The provider mainly provided support to people living with learning disabilities and autistic spectrum disorder.

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

People felt safe using the services of Accredo Support. They felt safe because they were confident that staff had the skills required to protect them from harm when they supported them in their own home or in the community. Staff knew how they would keep people safe from harm and abuse. They supported people to understand any risks to their own safety. They also provided opportunities for people to raise any concerns they had about their safety. People's risk assessments were comprehensive and enabled them to remain as independent as possible.

People had the appropriate level of staff support to meet their assessed needs. The provider completed relevant pre-employment checks which assured them that staff were safe to work with people.

People received their medicines as prescribed by their doctor. They were involved in completing their own records. Records showed that people's medicines were administered correctly.

Staff received the training they required to provide support that met people's individual needs. Staff were supported to reflect on their practice in order to challenge themselves to provide a good quality of care to people. They were supported to reflect on their practices by using the Care Quality Commission's key questions to ensure that people received a safe, effective, caring, responsive and well-led service. Staff had regular supervision and were confident in the training and support they received.

People were supported in a way that met the requirements of current legislation and guidance. Staff creatively involved and sought people's consent in their care and support.

People were supported to remain healthy and well. Staff empowered people to be involved and take ownership of their own health needs. They achieved this by supporting people to make healthy food choices and undertake exercising. Staff sought prompt support from healthcare professionals where this was required.

Staff were kind and compassionate when they supported people. People complimented the care they received. They told us it made a positive difference in their lives and that they felt that they mattered. Staff provided the information and support that people required to make their own choices. They worked collaboratively with other professionals to develop creative methods which enabled people to make decisions about their own care and support.

People were actively involved in the development of their own care plans. Their care plans included comprehensive details of how they would like to receive their care and support. Staff supported people as they had chosen in their care plans. People's support was regularly reviewed and staff readily adapted to any changes in people's needs. People had access to a variety of activities in the community. They had opportunities and the support they required to follow their interests.

People and their relatives had various opportunities to raise any concerns they had about the service they received. We saw that staff actively encouraged people to do so.

People had confidence in the registered manager and how the service was run. People who used the service were empowered to be involved in the running of the service. The provider had a clear culture that people were at the heart of the service it offered. Staff had a shared commitment to make sure that people were empowered to live as independently as possible and be included in the local community. There was robust quality assurance systems in place to monitor the quality of service people received. The manager took prompt actions to address areas where improvements were required.

## 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.

Staff were knowledgeable about risks to people's safety. They knew their responsibilities and how to safeguard people. They were clear on how they would apply the provider's protocols to report any concerns they had.

People's care records included comprehensive risk assessments of their daily living tasks. These were reviewed regularly to ensure that these continued to promote people's safety and independence.

People's medicines were stored and managed safely. Staff involved people in the management and administration of their own medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were supported and enabled to undertake training that allowed them to meet people's individual needs. The managers readily supported them through regular supervision and offered opportunities to develop themselves.

Staff were encouraged to regularly reflect on their practice to ensure that they supported people to achieve positive outcomes.

People were supported in accordance with relevant legislation and guidance. They were involved in decisions about their care and support. Staff understood their responsibilities under the Mental Capacity Act (MCA) 2005.

Staff enabled people to achieve positive health outcomes. They did this by providing support that empowered them to manage their own health needs. They readily sought support and guidance from healthcare professionals when required.

### Is the service caring?

Outstanding ☆

The service was caring.

Staff treated people with kindness and compassion. They demonstrated genuine interest in the wellbeing of people they supported.

People were actively involved in how their support was provided. Staff worked collaboratively with relatives and other professionals to creatively enable people to communicate their views about care and daily activities. People who required support from advocacy services received this.

Staff had a good understanding of people's individual preferences and communication styles. They promoted and respected people's dignity and privacy.

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

**Good** ●

The service was responsive.

People's support was centred on their individual needs. Their care plans included comprehensive information about how they would like to receive their support. Care plans were flexible and adapted to people's changing needs.

Staff applied the information in people's care plans to support them to become more independent.

People and their relatives were encouraged to raise any concerns or complaints. The service provided several opportunities that enabled people to do so.

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

**Good** ●

The service was well-led.

The provider had a clear culture that kept people at the centre of the service it provided. People were empowered to contribute to the development of the service.

Staff told us that they received the support that they required to meet the standards that the registered manager expected of them.

The managers were visible within the service. They had effective systems to monitor the quality of the service that they provided. They responded promptly to address areas where improvements were required.

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

This inspection took place on 11 and 12 February 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available.

The inspection team consisted of an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law.

During this inspection we visited Accredo's head office in Oadby. We also visited one of the provider's supported living accommodation services at The Wellhouse, Dunton Bassett. We spent time observing one person who used the activity room in the head office.

We gathered our evidence of how people experienced the service by looking at the care plans of four people who used the service. We had telephone conversations with seven people who used the service, two relatives and a social work professional. We had face to face conversations with five members of the staff team. This included two support staff, one team leader, the registered manager and the operations manager. We also reviewed the recruitment and personnel records of three members of staff, the provider's training records and their quality assurance documentation. We reviewed records of people's staff roster to

determine if there were enough staff deployed to meet people's needs.

# Is the service safe?

## Our findings

People who used the services at Accredo were protected from avoidable harm and abuse. People felt safe because they were confident that staff had the skills required to protect them from harm when supporting them at home or in the community. A person that used the service said, "I always feel safe. I am in good hands." Another person told us, "I always feel safe when they [staff] take me out."

Staff that we spoke with knew how they would recognise when people were at risk of harm or abuse. They knew what their responsibilities were, the action they would take, and how to report any concerns. We reviewed people's care records which showed that staff supported them with recognising the importance of their own safety and encouraged them to raise any concerns they had. For example, we saw records related to when a support staff became aware of a person's activity on social media. The staff member followed the provider's protocols to report and work with other people involved in the person's care. Staff supported this person to understand the importance of their safety online, and evaluate the risk of activities that may put them at risk of abuse. Staff also supported the person on how they would raise any concerns if they became worried about their own safety. They ensured that they made provision for this person to have regular time with their key worker to discuss any concerns or anxieties they may have had.

People's care records included comprehensive risk assessments for all areas of their daily living. This identified where people required additional support to remain safe and be as independent as possible. We reviewed records which showed that staff had read and understood the risk assessments and the support that they would provide for people to remain safe.

The provider had robust systems for recording incidents, accidents and any safeguarding concerns. We saw that such incidents had been thoroughly investigated by the managers. They also had a clear trail of actions taken, and the actions that were required to prevent a reoccurrence of such incidents in the future. These records also identified which member of staff was responsible for carrying out the action plan. This showed an inclusive approach of both support staff and managers when learning from incidents and making necessary improvements.

There were enough staff to keep people safe and meet their needs in a person centred manner. People told us that there were enough staff to support them. The provider determined staffing levels based on people's assessed needs. People who required additional support, such as needing two staff members, received this. People told us that their support staff kept to the times as agreed in the care plan and were also flexible if required. One person said, "They [staff] are usually on time but if they are going to be late someone rings to warn me." Another person said "They are generally on time. They went on to talk about odd occasions of staff lateness. They said, "It is very rare and they will ring me to let me know."

We reviewed staff records which showed that the provider had safe recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe with the people who used the service. Where staff have been involved in incidents of concerns regarding people's safety, the provider investigated this and followed their disciplinary procedures where necessary.

People who required support with their medication received their medicines as prescribed by their doctor. A person using the service said, "They change my morphine patches regularly and there has never been a problem. They also give me Oramorph when the pain is bad." When staff supported people with their medicines, they completed their medication administration records (MAR) charts to show that they had supported them to take their medicines. People who used the service also signed their MAR chart to confirm that staff had administered their medication as was recorded. Staff had protocols to guide them when administering medicines which were prescribed on an 'as required' basis. People's medicines were stored securely within their own homes.

## Is the service effective?

### Our findings

People were supported by staff who had received the training they required to provide the support that met people's individual needs. People and their relatives all agreed that staff had the appropriate training they required. One person told us, "They [staff] are definitely well trained." Another person said, "I am happy with them". Staff told us that they received good induction on commencing their role, and when they were required to support other people using the service in order to cover their staff absence. They told us that their induction included 'shadowing in'. This is where new staff spent time with a member of staff the person using the service was familiar with. This was so that the person could become comfortable with the new member of staff while the new member of staff learnt their routines. A person using the service told us, "I have been told they [staff] have more than a week of induction and are very confident after that." One member of staff told us, "We get quite a lot of training." Another said, "We have done necessary training and we get refreshers."

We reviewed the provider's training records which showed that staff received the relevant training they required to carry out their roles and responsibilities. This included mandatory training such as safeguarding and specialist training that enabled staff to meet people's individual needs such as managing actual and potential aggression. This enabled staff to provide support when people behaved in a way that may challenge others. The provider had recently introduced the care certificate which is a national training which would enable staff to demonstrate the knowledge and skills that they required in their role. The service worked with other professionals and organisations to ensure that staff were equipped with knowledge about best practice in care delivery. We saw that the provider had won several awards from the local college for their proactivity in providing staff training through vocational qualifications and apprenticeships. A person using the service told us, "Yes, they [staff] have had additional training from the district nurses for my patches and I am really impressed that my carer has watched whilst the district nurse dresses my wound, took notes, and has passed the information on to other carers." The manager also told us that they had recently introduced 'mindfulness training' to staff. This is training to support staff to learn to manage their own thoughts and emotions more effectively. The manager said that they hoped that this would support staff to be more reflective in their personal lives and professional practice when supporting people who used the service. They told us that they would evaluate the impact of the training in the future.

Staff told us that they received sufficient support and supervision from their manager. They told us that they were encouraged to progress professionally. The registered manager told us that they nurtured staff who showed leadership qualities to take up management roles when the opportunity arose. One member of staff that we spoke with told us that they worked closely with the operations manager which had helped them to develop and broaden their own skills and experience. They said this also provided additional opportunity for guidance and informal supervision. We reviewed records that showed that staff received regular supervision.

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The provider made applications to the Court of Protection for people who required this.

We reviewed records that showed that staff had received training in the MCA. We also reviewed people's daily records which showed that staff sought the consent of people in accordance with the MCA. Staff that we spoke with had a good awareness of the MCA and how they would apply it in their role. People care records included a 'decision making support plan' which guided staff to assess people's capacity to make decisions about various aspects of their care and support. We found that the plan complied with the requirements of the MCA.

During our visit to one of the provider's supported living projects, we saw displayed in the staff area, information on MCA and prompts to guide staff on how they would use MCA in their day to day practice. We saw that staff applied this as directed. For example, staff told us that they would have to ring a person who left to attend to an activity to obtain their consent for staff to enter their room to retrieve their medication records for us. Staff also sought people's consent to check they were happy to allow us into their home.

People were supported to maintain a healthy balanced diet. We saw that staff supported people with their shopping and meal preparation. A member of staff told how staff supported a person with planning a healthy weekly menu. They said that staff supported the person to choose from a selection of food using pictures of food ingredients from different food groups. This gave the person an opportunity to try other foods outside their usual choices and also achieve their health outcomes. A person using the service told us that they were going to the shop later to buy ingredients to make cupcakes to share with other house mates. They told us that staff supported them with preparing their own meals. We saw from a person's care records that staff supported them with meals that met their cultural and religious needs.

Staff supported people to remain healthy and well. They supported people to have access to healthcare services when they required this. During our visit, a person who used the service told us that their next activity for the day was to go to the gym. We saw that staff supported this person to achieve this. We reviewed their care records which showed that this person was supported to complete this activity as part of their on-going health monitoring. People's records showed that staff completed a fortnightly health checklist which supported them in monitoring any changes to people's health. This included regular weight monitoring. We reviewed the provider's health appointment records which showed that they referred people to healthcare professionals as soon as they required. A social work professional told us how staff had worked with other professionals to support one person who had complex health needs. They said, "They [staff] always attend multi-disciplinary meetings. They attended ward rounds when [person using the service] was in hospital. They were not shy to ring community nurses if they were not sure of something."

## Is the service caring?

### Our findings

People enjoyed support from staff who were compassionate. People we spoke with were very complimentary about the caring approach and attitudes of the staff who supported them. One said, "I am really happy with them [staff]. I can't fault it [the care]. They really put their heart into it." Another person said, "The carers treat me well. They are lovely." Relatives were appreciative of the care staff provided.

People received support from staff who were very passionate about their role. Staff spoke fondly about the people that they supported. They demonstrated that they saw their role as that of an enabler to support people to live as independently as possible. One member of staff told us that they liked working in their role because it gave them an opportunity, "To give service users a more fulfilling life which leads to more independence." They went on to say, "When you see the little changes and progress they [people using the service] have made, it means a lot."

There was a shared ethos and passion for seeing people who used the service flourish and feel that they mattered. This was promoted by the provider and managers. One way they did this was, the provider organised an annual award to celebrate the achievements that people using the service had made in their daily lives, for example by becoming more independent. They used this event as an opportunity to celebrate the achievements of people who used the service, and motivate staff to provide the support that enabled people to achieve positive outcomes towards independence.

We reviewed records of several compliments from people using the service, their relatives and others on how staff had enabled them to achieve things. This included a commendation from a staff at the local college, appreciating staff's professional and caring attitudes whilst supporting some people who used the service in the college. Another example was a letter from a person who used the service complimenting the support that their support worker gave them. They said, "It made me feel very happy, and enjoying life."

People were supported by staff who knew them. They knew their likes, dislikes and personal preferences. We saw that staff applied this knowledge when they supported a person we had met at the service. We saw that this person was relaxed around staff, and staff readily understood their body language and non-verbal communication.

People were supported in ways that were centred on them. Staff understood and respected people's individuality. They were innovative, for example in the way they helped people to express their views about their support and to be involved in the planning and review of their care. For example, when we observed one person at the service, we saw that they had chosen their own activities and staff responded and supported them to complete these activities. Staff had also developed photo cards which this person used to communicate their wishes and preferences to their support staff. A member of staff told us how they had worked creatively with the local Speech and Language Therapy professionals to develop a choice book which included visual aids to enable a person with limited verbal communication to express their choices and views in the planning of their daily routine and general care and support. The staff member went on to tell us how this had achieved some positive outcomes for the person some of which included managing behaviours that may have challenged others.

Staff explored different communication styles in order to empower people and maximise their involvement in their care and support. Staff used their knowledge of people to develop 'communication passports' which had information on how each person liked to communicate, and how they may respond in different situations. They developed this in collaboration with other people who were involved in the individual's care, for example, their relatives. Staff reviewed people's 'communication passports' annually to ensure that they continued to reflect people's communication styles. We saw records of team communication that reminded and encouraged staff to record people's information in a way that ensured that the person who used the service was able to understand the information.

People were in control of the way they were supported. Staff empowered people to be as independent as they wanted. We reviewed records that showed that staff had supported people in a way that took into account their preferred level of external involvement and their level of independence. For example we saw that staff supported a person to access the community independently using public transport on routes the person was familiar with. Their records showed that this was important to them. Staff supported this person to the bus stop, and would wait for them at agreed times to support them back home. Their care plan took into account how the person's support needs could vary at different seasons of the year and how to manage any associated risks. People's care plans were reviewed regularly and amended to reflect any changes and fluctuations in people's long term and short term needs.

People were treated with dignity. People we spoke with told us that staff treated them with utmost respect. They all agreed that staff always respected their privacy. One person said, "They [staff] help me with personal care and always respect my privacy and dignity." Staff understood their role in promoting the dignity of people who used the service, plus the way in which they would achieve this. We observed that staff sought people's permission and consent to show us around their home. One of the ways the service put people's dignity at the forefront of service provision was to appoint a 'dignity champion'. This was a member of staff who promoted the interest and dignity of people who used the service. We saw an example of this at the supported living project we visited. People had a 'dignity tree' where they put examples of how staff had supported their dignity and privacy. They also used this to express ways where they would like further support in this area. One person requested support to decorate a lounge which they could then use as their private space to relax. We saw that this work was already in progress. We saw that staff had already supported another person to complete a similar request.

People's information was stored securely. We saw records that showed that staff were regularly reminded of the need to maintain confidentiality in their role.

Where required, people had access to advocacy services to support their independence and control in the provision of their care and support. People's care plan identified areas where they wanted other people, such as a member of their family to act on their behalf.

## Is the service responsive?

### Our findings

People's care and support was tailored to their individual needs. People told us that staff involved them in developing their care plan and in planning and reviewing their daily support.

We saw that people's care plans had a detailed assessment of their individual needs which allowed the reader to build the picture of the person as an individual. This included details of the person's history, preferences, beliefs and the level of control they chose to maintain over their care. Staff used this information to provide support that was centred on the person as an individual.

We saw that staff supported people with their long term goals such as increasing their level of independence. We saw staff support a person with improving their independent living skills. This was so that the person could then move from living at home to supported living services in the future. We saw in the person's care plan that it was important to them to achieve this as both they and their main carer (relative) got older.

The service was empathetic to the needs of people that used the service, especially the need for consistency to meet the needs of people living with autism. Staff provided the support that met their needs. For example, they ensured that people were supported by a regular team of staff. A member of staff told us that they worked in small teams to ensure continuity of care for people. They went on to say, "Service users like to know who to expect." We confirmed this when we reviewed people's staff rosters. Another staff member said, "We have regular staff meetings so that we are all doing the same thing with the same service users." People told us that they usually had the same carers, except during periods of staff holidays and sickness. When people were supported by a new member of staff, they had a period of shadowing. This allowed the person and the new staff member to adjust to the new arrangements. This meant that people had received consistent support which met their assessed needs.

People were not socially isolated. They were supported to be part of the community. A relative told us, "They motivate my daughter to go out, which is wonderful. It also gives me some time for myself". People had access to a social group which met regularly. The group accessed a variety of activities in the community. People also accessed other social activities outside the group. We saw staff supporting a person to go horse riding. We reviewed people's records of their planned activity for the week. People told us that staff were flexible when they made changes to their planned activities. For example, one person had recorded in their care plan saying, "It is important for staff to check my diary as my activities can alter due to other things happening." We saw that staff did so when required. A relative told us, "They [staff] are very good if I have to change times because of hospital visits and also they will sit with my wife. This gives me peace of mind." A social work professional told us that staff were flexible and regularly met with other professionals to meet the needs of a person with complex needs. They said, "They were willing to change things as we went along."

People were supported to follow their interests. We saw that people had access to volunteering and educational opportunities. One person told us about their interest in graphic design. They went on to show us some of the work they had done on their computer. They also showed us a selection of memorabilia they

had collected, which was another interest of theirs. We reviewed records of resident's meetings which showed that a person had indicated interest in gardening, and staff were to sort out the equipment that the person required to enable them do their own garden. We reviewed the provider's newsletter which showed that interested people could join a service user football team. There was also an advert for volunteers to support a person to practice their new hobby of nail painting. The newsletter had been developed and edited by a person who used the service. They had received regular support from staff to achieve this. A member of staff said, "[Accredo Support] is a good company. They try to develop the service users."

Staff were sensitive to people's cultural and religious needs. We reviewed a person's care plan which showed that staff provided support to help them access social inclusion activities that met their cultural and religious needs.

The provider had an activity room which people used for planned indoor activities. We observed a person while they used this area with the support of two staff. We saw that the person appeared to enjoy the activities, staff engaged with them and also participated in the activities chosen by the person.

The provider had arrangement to gather people's feedback about the support they received. The provider had identified in their 2014 review that other stakeholders had given feedback that they did not know how to make complaints. We saw that the provider had taken action to address this. Some of the actions they had taken included, updating their website so that people could easily raise any complaints or concerns online. They also empowered staff to remind and support people to complain. They did this by including this in their supervision agenda as part of regular staff supervision. We reviewed records that showed that staff discussed this with people when they reviewed their care plans.

The registered manager told us that they were developing a parents and carers forum and that this would also be another avenue for people to give their feedback. They told us that they have had good interest from parents, and had fixed a date for the first meeting of the forum. People we spoke with all agreed that they knew how to make a complaint. However, no one had done so. They told us that they had recently received questionnaires asking their opinions of the service. People who used the supporting living service could also express their views through regular resident meetings. We reviewed the provider's complaints log. We saw that complaints were thoroughly investigated and that they were responded to as stated in the provider's compliant policy. This included acknowledging the receipt of the complaint and providing a response following an investigation. This had been completed within the agreed timescales.

## Is the service well-led?

### Our findings

The provider had an evident culture of empowerment where people and staff felt included in the development of the service. People told us that they were confident in the registered manager and other members of the management team because they responded promptly to any issues they had. A social work professional told us, "They have good management, especially with leadership of [registered manager]." They went on to tell us how the registered manager had attended meetings and supported a family through their fears of their relative moving into supported living accommodation. Staff told us that they found the managers approachable. A member of staff said, "You can easily talk to management if there's a problem." People were empowered to contribute to the running of the service where possible. For example, we saw that a person using the service was responsible for compiling and editing the provider's newsletters. People who used the service were also supported to take part in the organising of the provider's annual awards ceremony.

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. The registered manager promptly sent notifications to the Care Quality Commission when required.

At the time of our inspection, the registered manager had newly been appointed as the director of the service. They were supported in their role by the provider. The registered manager also received support from other members of the management team including an operations manager, area managers and team leaders.

The registered manager showed that they were committed to provide a service that was inclusive and put people at the centre of the service they received. We observed that the staff we spoke with shared this commitment. They were enthusiastic about fulfilling their responsibilities to support people to lead more independent lives. Staff spoke fondly about the progress that the people they supported had made towards being independent. They celebrated people's progress in the annual awards ceremony. They told us how proud and ambitious this made people to achieve more.

The provider had a clear management structure. Staff had management support at various levels of the service. The provider had an effective on call system which staff accessed for management support and advice if they needed it out of hours. A staff member told us, "There is 24 hours support. You can ring on-call anytime." The registered manager sought to ensure that the managers were visible at the various services they provided. They said, "You cannot manage a service from behind a desk." They told us the operations manager and area managers spent most of their working week at the various sites they managed. The managers also used an online system to cascade information within the staff team. This improved their visibility and ensured that staff had the necessary up to date information they required to implement their shared commitment to provide a good quality service. People using the service told us they knew who the managers were. A person told us, "I have the mobile phone number of the local manager so I just ring if I have a problem."

Staff felt supported to meet the standards the managers required of them. They did this through training, competency assessments and regular supervision. At supervision meetings staff and their manager could discuss the staff member's on-going performance, development and support needs, and any concerns. We saw that the manager had incorporated the Care Quality Commission five key questions (safe, effective, caring, responsive and well led) as a mandatory part of their supervision agenda. This was to support staff to reflect on their knowledge and practice, and for managers to offer additional support and training where required. Staff also reflected on the 'mum's test' which helped them to question if they would be satisfied for their loved ones to receive the quality of service they were providing to people. We spoke to a team leader who told us about how they supported their staff to fulfil their role. They said, "It is about theory to practice – supporting staff to understand what we do, and why we do what we do." Another member of staff told us, "They are a good company. They support their staff. We are encouraged to develop."

The provider had robust arrangements in place to monitor the service they provided and drive the delivery of a high standard of care. They completed regular audits which included monitoring of incidents and accidents. Where issues had been identified, they checked that staff followed people's individual support plans and they sought professional support where required. We saw that the provider reflected on the reviews of their systems and sought to make improvements where required. For example, following a review of their 2014 feedback, the provider completed their 2015 feedback in a way that allowed them to analyse the responses based on service areas. They said that this would allow them to provide more targeted improvements where they were required and also ensure that a good quality of service was consistent across all Accredo service areas.

The provider had systems in place to gather the feedback of staff and also of people who used the service. This included questionnaires and surveys. Staff supported people to give their feedback through the resident meetings and at their review meetings. Staff also gave their feedback at supervision and through surveys. We saw that the provider had developed future recommendations following feedback from their latest staff survey. People could also use the on-line system to give feedback to the managers. A person using the service also told us that staff visited them to check that they were happy with the service they received. They said, "They [staff] sometimes just drop in to see if we are ok."

We reviewed records of several commendations from other services on the quality of care people received at Accredo Support. One example was a commendation from the local authority to the supported living service for the way they had worked in partnership with health professionals to achieve positive, dignified and person-centred outcomes for people. Another was from a neighbouring local authority praising the quality of people's care plans.