Positive Support in Tees Community Interest Company

Positive Support in Tees Community Interest Company

Inspection report

558A Yarm Road
Eaglescliffe
Stockton On Tees
Cleveland
TS16 0BX

Tel: 07920400764

Date of inspection visit:
21 March 2016
20 April 2016
21 April 2016
28 April 2016

Date of publication:
15 June 2016

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

The inspection took place on 21 March, 20 April, 21 April and 28 April 2016. The inspection was announced which meant that we gave 48 hours' notice of our visit. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available.

The service was registered with the Care Quality Commission on 14 January 2014. They were previously inspected on 30 January 2014 and found to be compliant with all regulations inspected at that time.

Positive Support in Tees Community Interest Company is a domiciliary care agency registered to provide personal care to people in their own home. At the time of our visit there were nine people receiving support that included regulated activity.

The service had a registered manager in place. 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 and their relatives told us they felt that care was delivered safely. Wherever possible the same staff attended calls which meant that people knew the staff that were supporting them. This was not always possible when new staff were recruited but new staff were never sent to a call without being accompanied by a member of staff who was known to the person.

There were systems and processes in place to protect people from the risk of harm. Individual risk assessments were in place and covered key risks specific to the person. They included things such as absconding, self-harm and epilepsy. These forms were regularly reviewed and updated as required.

The service had an up to date safeguarding policy and information on safeguarding was given to people who used the service in easy read format. Staff were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were also aware of whistle blowing [telling someone] procedures.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work.

The service had policies and procedures in place to ensure that medicines were handled safely. Accurate records were kept to show when medicines had been administered and any errors were appropriately recorded and reported.

Appropriate environmental checks had been done on people's homes to ensure health and safety of staff and the people they cared for.

The service recorded accidents and incidents in a dedicated accident/incident log and these were analysed monthly.

Staff received appropriate training and had the skills and knowledge to provide support to the people they cared for, this included specialist training specific to the needs of the people using this service. New staff underwent induction training which included shadowing a more experienced colleague.

Staff had a working knowledge of the principles of consent and the Mental Capacity Act and understood how this applied to supporting people in their own homes.

Staff received regular supervision and annual appraisals to monitor their performance.

People were supported to access external health services such as dentists and opticians to ensure their general health and wellbeing.

Staff were aware of people's dietary requirements and any extra support needed at mealtimes. Records were kept to ensure people enjoyed a suitable, healthy diet and maintained a good level of nutrition.

Staff were knowledgeable about the people they provided care to and were mindful of respecting people's privacy and dignity.

Staff were happy in their job and had a positive attitude about the care provided by the service. Relatives we spoke to felt that the staff delivered a good standard of care.

Care plans detailed people's individual needs and preferences which meant that they received support tailored to their personal needs. People and their relatives or advocates were involved in care planning.

People were supported to engage in activities that were important to them and reviews of what was working well were regularly undertaken.

The service had an up to date complaints policy, also available in easy read format. Complaints were properly recorded and fully investigated but outcomes were not always fully documented to include the complainant's response.

There were systems in place to monitor and improve the quality of the service provided. The registered manager audited paperwork and team managers conducted spot checks on staff practice regularly.

Feedback from staff was regularly sought via team meetings and staff surveys. Staff felt supported by management and colleagues and felt that they were able to voice their opinions and be listened to.

Relatives told us they felt comfortable contacting the service with any issues and that they received a good level of communication from the service.

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.

Individual risk assessments were in place for people and were regularly reviewed.

People were supported to access their medicines. Accurate records were kept and any errors correctly reported and investigated.

Staff had received safeguarding training, understood the signs to look for and felt confident to raise any concerns they had.

Appropriate pre-employment checks were carried out to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good

The service was effective.

Staff received regular training, including specialist training specific to the needs of the people using the service.

Staff were supported through regular supervision meetings and annual appraisals.

Staff understood the principles of the Mental Capacity Act 2005, and were able to describe how they supported decision making and obtained people's consent to deliver care and support.

People had access to health professionals to help promote their health and wellbeing.

Is the service caring?

Good

The service was caring.

The service supported and encouraged people to maintain their independence.

Staff respected people's privacy and dignity.

People and their relatives were happy with the standard of care being delivered. Staff demonstrated a good knowledge of the people they supported.

The service had procedures in place for organising advocates to support people and there were plans in place to arrange end of life care if the need ever arose.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and reviewed regularly to ensure they met people's current needs.

People were supported to access a variety of activities that were meaningful to them.

The service had a clear complaints policy and we saw evidence that this was correctly followed when issues arose.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the support they received from management. Relatives felt that communication was good.

Staff meetings were held regularly and covered a range of relevant topics. Regular management meetings also ensured good oversight of the service.

The registered manager carried out regular quality assurance of the service.

Positive Support in Tees Community Interest Company

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 March 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available. Further inspection activity took place on 20, 21 and 28 April 2016.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service. Notifications are details of changes, events or incidents that the provider is legally obliged to send us within a specified timescale.

The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The completed form was received by CQC on 12 February 2016.

During our inspection we spoke with the chief executive of Positive Support in Tees, director of operations, the registered manager, one team manager, one senior support worker and two support workers. We spoke with one person who used the service and the relatives of four people who used the service. We also contacted four social care professionals.

We reviewed the care records of four people that used the service, looked at four staff files, including recruitment information and checked records relating to the management of the service.

Good

Is the service safe?

Our findings

Relatives told us they felt their family members were safe from abuse or harm. One relative told us, "[person using the service] is definitely safe, no doubt about it." Another relative said, "If there was anything wrong we'd know straight away in the way [person using the service] behaved. [person using the service] is really happy." A person who used the service told us, "I know I am safe, staff help me and the doors are always locked on a night."

The service had an up to date safeguarding policy in place that took into account the Teeswide Inter-agency Policy, Procedure and Practice Guidelines and was regularly reviewed. People using the service were all given a copy of the Easy Read Service User Guide which contained information on safeguarding including who to report any concerns to. The registered manager told us that awareness sessions were being run to ensure that people were able to understand the information within the easy read documents.

Staff demonstrated a working knowledge of safeguarding procedures. They were able to describe types of abuse, the signs to look for and the correct action to take. One member of staff told us, "If there was money missing or if [person using the service] was quiet or withdrawn I would be concerned and would contact my line manager." Staff had all undergone safeguarding training and received refresher training every two years. Safeguarding was also included as an agenda item at staff supervision sessions and team meetings. This meant that the service safely managed the risk of abuse of people.

The service had a Whistleblowing policy that was available to staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. The policy included clear instruction on raising a concern internally, however, no guidance was provided on who staff could contact externally. We were told that the policy was already in the process of being updated to include a confidential email address for staff to use. Staff were aware of the whistle blowing policy and felt able to report concerns without the fear of recrimination. One member of staff told us, "I'd feel confident in taking concerns right to the top if I had to."

Support files contained environmental risk assessments that covered areas such as control of substances hazardous to health (COSHH) gas safety and smoke alarms. This ensured that staff and people using the service were in a safe environment.

People had individual risk assessments in place which included areas such as absconding, self-harm and epilepsy. These documents contained a good level of detail such as warning signs, triggers and recommended interventions. People's risk assessments were reviewed monthly and necessary changes implemented. This meant that the service monitored risks to people and took appropriate steps to minimise them.

The service recorded accidents and incidents in a dedicated accident/incident log and these were analysed monthly. Any actions that were triggered by the accidents or incidents were clearly recorded at the front of the file. This meant that there was an effective monitoring system in place that would identify any trends or

action needed and thereby keep people safe from the risk of accidents.

Support files contained a medication agreement form. This gave details of the support required regarding the administration, ordering, collection and disposal of medicines. People who were supported with medicines had individual medication files in place that contained a full list of their medicines including dose, frequency, reason for taking and any possible side effects. Up to date medicines risk assessments were in place and there were also detailed protocols explaining how best to administer medicines to each person and guidance on the use of 'as and when required' (PRN) medicines. People's medicine administration records (MARs) were also kept on this file. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The MARs we reviewed had been completed correctly to show when people's medicines had been administered. Weekly stock audits were recorded and there were also PRN medication logs that monitored stock levels. Staff had all received medicines training which was updated with in house refresher training every two years. Medicines competencies were also carried out on staff every six months to ensure best practice. There was also a policy detailing the steps to be taken should a medicines error occur. This meant that people were supported to take their medicines safely.

We looked at the recruitment records of four staff. Comprehensive pre-employment checks had been undertaken prior to staff starting work. Application forms were fully completed and we found there to be no unexplained gaps in employment. There were a minimum of two references on the files we looked at and Disclosure and Barring checks had been carried out for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. There was no identification or photograph on two of the staff files we looked at. When we fed this back to the registered manager they told us that identification was seen as part of the Disclosure and Barring checks but a copy was not always kept. They also confirmed that they would arrange for photographs to be added to all staff files.

There were sufficient staff to cover all calls. Staff were happy that they had the time necessary to meet people's care needs during calls. The service never used bank staff or agency staff. The registered manager told us, "We ensure any shifts can be covered by someone who knows the service user. The team manager or team leader would cover if no support worker was available rather than someone go in who wasn't well known to the service user. I know this isn't common practice for all providers but it is something which is important to us." Most of the relatives we spoke with told us that their family members received care from a regular team of staff. One relative told us, "There has been a high staff turnover whilst [person's name] has been using the service but it has been managed really well." Nobody reported any late or missed calls. One relative did say that there had been confusion over rotas on a couple of occasions but this had meant that extra staff had turned up so care was not affected.

The service had an up to date business continuity plan in place that contained information on how to deal with emergency situations such as fire, IT system failure, flooding and power failure. This meant that people would receive appropriate support in emergency situations.

Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves and that a backup supply was held at the office if needed.

Good

Is the service effective?

Our findings

Staff received mandatory training that included areas such as health and safety, food handling, infection control, moving and handling and safeguarding. Mandatory training is training that the provider thinks is necessary to support people safely. Staff also received additional training in specialist areas, such as Autism, Huntington's and Epilepsy. The registered provider monitored staff training on a training matrix, and this showed the dates that staff had completed training. The registered provider had a training policy in place that identified when refresher training was required in each subject however the dates refresher training was due was not included on the matrix meaning that monitoring this was less straightforward. The majority of staff were up to date with training but some updates were overdue.

As the service provided support to people with higher levels of risk, staff had all received training in Management of Actual or Potential Aggression (MAPA). The service had a Positive Behavioural Support (PBS) lead practitioner and had secured funding to train all support staff in PBS. PBS is a behaviour management system used to support people who display, or at risk of displaying, behaviour which challenges.

Staff we spoke with were happy with the training they received. One member of staff told us, "Training is really helpful. I know so much from the training that I feel more confident." Another staff member said, "We get good quality training, some of it's online but most of it is face to face."

New staff undergo induction training that includes completion of the Care Certificate. The Care Certificate was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. After their initial induction staff then shadow more experienced colleagues before being included on the rota.

Relatives we spoke with said that staff had the necessary skills to deliver care to their family members. One relative told us, "You can tell they have been trained." Another relative said, "They sent a [member of staff] once who had only shadowed twice before they put them on the rota. I can't have that because [person using the service] has a condition that's very complex. I complained and they took them off rota and gave them more shadow shifts."

Staff received regular supervision, every four to six weeks, and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records of these meeting on staff files. Areas discussed included training and development, personal responsibilities and the issues concerning people who used the service. Staff spoke positively about the process. One member of staff told us, "At your supervision you can ask about things you've done and make sure you've done it right." Another member of staff said, "You don't always see what you've done, how well you've done and supervision and appraisal helps." Staff also said they felt able to speak to their manager outside of these formal meetings. This meant that the service had procedures in place to monitor and support staff performance.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. All staff had received training on MCA and staff demonstrated some understanding of the basic principles of the Act.

We saw that capacity assessments and best interest decisions were utilised when required. There was also information within support plans that informed staff how to support people in making their own decisions, for example, "Do not make a decision for [person's name] without asking them what they would like to do. Don't rush them. Only one member of staff to communicate to avoid confusion." One member of staff told us, "When [people using the service] have to make a decision I make sure they understand the question. I will always try to ask them in another way if I think they haven't understood. I try to get them to repeat it back to me so I can be sure." Capacity assessment training had recently been scheduled for team managers and this was to be cascaded to all staff either internally or via further sessions with the external trainer.

Consent forms were in place for things such as information storing and sharing, medication and finances. Staff were able to explain how they obtained consent from people before providing care. One staff member told us, "We always ask them (people using the service) first and let them know what we're doing."

People were supported to maintain good health, they had health action plans in place that were reviewed on a monthly basis. We saw evidence that people were seen by health professionals such as dentists, opticians and chiropodists when needed.

People were supported to maintain a balanced diet. Food monitoring sheets were kept and people had eating and drinking support plans that detailed any special dietary requirements. We saw that where a need had been recognised people had their weight monitored regularly and were encouraged to make healthy choices regarding food. Staff had received food hygiene training and were able to tell us whether the people they supported had specific dietary needs and if so what they were.

Relatives reported being happy with the information they received from the service and the standard of communication generally. One relative told us, "There has always been good two way communication." Another relative told us, "We have regular meetings with staff, it's good because any problems can be ironed out there and then." Another said, "We communicate really well, if I don't get chance to speak to staff there is a book in his bag that they fill in. It's perfect."

Good

Is the service caring?

Our findings

A person who used the service told us, "[staff member] always supports me, if I'm down in the dumps I like to talk. The staff all help you, I love them."

The relatives we spoke to were all happy with the care their family members were receiving. One relative told us, "The care [person using the service] has had in the past has been nowhere near as good as Positive Support in Tees." Relatives also said, "The [staff] that come are brilliant, I've got no problems" and "[person using the service] loves to be with every one of them." A social care professional we contacted told us, "The level of care is down to individual workers, some have a very professional approach to their work, others less so."

Staff were happy in their job and had a positive attitude about the care provided by the service. One staff member told us, "I find the work very rewarding." Another staff member said, "I wasn't sure what to expect when I first started. I wanted to help people in the community to live the best life they could, a good life and this has shown me that can happen."

Staff spoke in a caring way about the people they provided support to. One staff member said, "[Person using the service] is hilarious, they keep us right, we have a lot of banter." One relative gave an example of staff exceeding the expectations of their role, they told us, "On one occasion when [person using the service] was out with staff they (person using the service) injured themselves. Those staff went over and above what they needed to do. They were off duty at 8pm but they stayed at the hospital with me and were still there at 11pm. They were really concerned and I really appreciated having them there with me."

We saw in people's support plans that independence was encouraged. One plan stated, "Staff are to encourage [person using the service] to do basic tasks to build their independence." Staff told us how they put this into practice. One staff member said, "We like to get people involved in making tea and things, not pushing them but encouraging them so they can see that they can do things." Staff also told us, "We always try to make them more independent. Cooking is a big thing at the moment. One person has started to ring for their own taxi. We try to involve them in managing and counting their own money too" and "A lot of people are able to be independent and it's important not to take over. You need to be a shadow and just step in if necessary." A social care professional we contacted told us that one care package had recently been reduced at the request of the registered provider. They told us, "This improved the person's self esteem and was recognition that the provider was providing the right amount of care to encourage autonomy."

We were told that staff are carefully matched to the people they support. Relatives we spoke with confirmed this, they told us, "[Person using the service] likes happy people and they're always laughing and happy. I think they are really well matched as [person using the service] wouldn't like anyone miserable" and "We get the opportunity to meet the staff and they do try to match them really well."

A relative told us, "They sometimes get new staff but they always send the new person with someone who knows [person using the service]. They wouldn't send two people who didn't know [person using the

service]."

Staff were able to describe how they promoted people's privacy and dignity. One staff member told us, "Staff don't wear a uniform and that means you are there as an individual so people you care for feel on the same level. It means when we're out and about people don't stand out and I think that's important for their dignity." Another staff member said, "I always cover [person using the service] when they get out of the shower. I make sure the doors and curtains are closed and I put their underwear on before we put creams on." A person who uses the service told us, "The bathroom door is always kept shut."

People using the service had access to independent advocates. An advocate is someone who supports a person so that their views are heard and their rights are upheld. The service had a contract with a local advocacy service to provide support to people when needed. It was part of the provider's complaints procedure that advocates were appointed to provide support.

The service had not supported anyone at the end of their life. The registered manager told us, "If this occurred we would work with the multi-disciplinary team to ensure it was comfortable and dignified and make any arrangements in line with the service user and their family's wishes."

Good

Is the service responsive?

Our findings

People's support plans contained a good level of detail and were written in a person centred way. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People's likes and dislikes were clearly recorded. The support plans were reviewed regularly and where people were not able to actively participate in the production of their plan we saw evidence that family members and advocates had been involved.

Staff told us that they found the support files useful and easy to follow. One staff member said, "The files are good to go through. It's good to have a plan to follow. Good to have guidelines but we also get to know the [people using the service] and develop a connection." A social care professional commented, "Care and support plans reflects a very much person centred philosophy within the organisation."

A goals and outcomes form was completed on a six monthly basis. This looked at what the person hoped to achieve in the future and monitored what had and had not gone well. This was an effective way of ensuring that people received care that helped them work towards personal goals and was regularly adapted to suit the changing needs of the individual. Staff told us, "If people have a goal they want to achieve we will try to get them where they want to be."

We saw that discussions took place around new activities, these were recorded on people's support plans. One person had cake decorating, theatre, Zumba class and knitting recorded as things they did or would like to do. It was documented that staff had tried to find a knitting class for this person but when they couldn't find one locally they had provided needles and yarn and were supporting the person to knit a blanket.

Staff told us how people chose to spend their time. One staff member said, "[person using the service] plays on the Wii (computer games console), they have a computer in their bedroom or sometimes they like to watch TV, it's really up to them." Another staff member told us, "[person using the service] chooses where they want to go on holiday and what they want to do there. They plan their week, where they want to go. [Person using the service] likes to go to the pictures. They always choose when they want to go and what film they want to go and see."

A person who used the service told us they enjoyed cooking, they said, "I like to cook, I make spaghetti bolognese and [member of staff] helps me, I did burn it the other night (laughed). I like to bake cakes too."

The service had an up to date complaints policy in place and had also produced easy read versions of the compliments and complaints procedure. Staff told us, "If someone wants to make a complaint I know I can refer to the policy, it's in the office. I would support someone to complete the forms if necessary."

We looked at the complaints file and saw that seven complaints had been received in the last 12 months. These had all been correctly documented and details from the investigations were also recorded. We saw that outcomes were recorded but that complainant satisfaction was not always noted.

The delivery of service at one location had a number of complaints linked to it. These complaints had also been received by Care Quality Commission (CQC) from the relatives of the people who had used the service at this location. Social care professionals we had contacted as part of our inspection process had also raised concerns. We discussed this at length with the director of operations. The provider had been open and transparent and had included details of the issue within their PIR return. We were able to see all of the correspondence linked to the complaints and were given more information about the situations that gave rise to the complaints being made. CQC do not investigate individual complaints and therefore we were not looking specifically at the details of this case, however, we could see that the provider had taken the appropriate action in relation to the recording, investigation and response to the complaint.

A person who used the service told us, "I could tell staff if I wasn't happy with something. I'm happy with everything." One relative told us, "We have regular meetings. They have always listened to my concerns and acted on them." Another relative said, "I'm quite happy and if I had any problems I know who to speak to."

The registered manager also used a 'comments and concerns' book to document any low level issues.

A social care worker we contacted described how one person using the service struggled with change and needed time to adapt so was introduced to the service over a period of time. They told us, "This was done very professionally and person centred. The support team were carefully chosen using a person specification and the person responded very well to the initial core team and looked forward to community visits." They went on to say, "A year on the service lacks consistency, the support team changes regularly and the client knowledge has deteriorated since new workers took over, this has affected all aspects of the support."

Good

Is the service well-led?

Our findings

Staff felt well supported by management and colleagues. One staff member told us, "The team's brilliant, all really supportive. We are all really close and that makes it better. There are monthly meetings but you can raise anything outside of these." Another staff member said, "I'm definitely well supported. As colleagues we support each other, we discuss ways to deal with behaviour and share ideas. If you need support from a manager they are at the end of a phone, nothing seems to be a bother."

The service held management group meetings every Monday morning to focus on what needed to be done in the week ahead. We were shown one of the documents that was looked at during these meetings. It was used to monitor topics such as which staff were due supervision, appraisal or medicines assessments.

Staff meetings were held every month. Staff told us that when the teams got together they discussed scenarios and they felt that this was a good way of ensuring consistency. One staff member said, "They are important to make sure you're giving the right support to a person. Our managers pass on anything we bring up." Team managers meet every two months and discussed areas such as health and safety, new procedures, training and development.

Staff felt that they were involved in developing the service. One staff member told us, "We put our opinions forwards and they do take it into consideration."

Relatives felt the service encouraged open communication. One relative told us, "From the beginning we could always go to [chief executive]. It's a bigger service now and busier so we mainly deal with other managers but the personal support is always there." Other relatives said, "If I have any issues I can email the manager, they are very quick and on the ball" and "They are a very supportive management team. They are always flexible if I need to change things around. I've had to change times this weekend and there was no problems." Staff also told us that they found the management team to be approachable. One staff member told us, "I feel I can come in anytime."

Feedback from professionals was mixed. One social care professional told us, "Yes, the service is well led. There is a good local knowledge and frequent communication with practitioners. Professionals feel the management team are accessible and will contact in the event of any issues." Another told us, "Managers are easy to contact but a number of changes have led to inconsistencies in the support."

The registered manager told us that the service was represented at the South Tees Learning Disability forum and that they had found this to be a good opportunity to exchange good practice. We were also told by a social care professional that as part of the Tees framework the service were regular attendees at the Tees task and finish group for adults with a learning disability who are leaving hospital.

The registered provider held consultation events in early 2016 as part of a self assessment of the service and we saw photographs from three workshops that were attended by people using the service and the company directors. As an outcome of these events an advisory group was being set up so that people using

the service can continue to be involved in decisions about the future of the service and independent advocates have been invited to support people with this.

Quality assurance checks of the service were undertaken regularly by the registered manager, for example risk assessments, medicines, finances and support files. In October 2015 the quality assurance was reviewed and new paperwork introduced to improve standards. The audits were a 'tick box' check list but with space for additional comments. We saw that dedicated action plans were drawn up to address any issues highlighted and evidence that these actions were followed up by the registered manager. Every six months each person using the service had their information fully audited.

The registered manager understood their role and responsibilities in relation to compliance with regulations and the notifications they were required to make to CQC.

The chief executive told us one of the challenges was having to change constantly to meet the demands of the service. They told us that recruitment could be tricky but that they were trying much harder with this. Staff were encouraged to develop and that due to the complex needs of the people they supported it was important that staff felt rewarded. One member of staff told us, "I was here for a year then got a senior support position. I'm now a team leader. Management have given me so much support, without it I wouldn't have progressed like this."

A survey was sent to people using the service but a very low number were returned. Staff surveys were conducted annually and we were shown the results from the 2015 survey. 92% of staff felt supported in their work, 100% knew where to get support when having difficulties and 100% had a good working relationship with their line manager.

One member of staff told us, "I think the service is run very well, I've no complaints."