

# Green Light PBS Limited

# Wheal Gerry

## Inspection report

33, 34 and 36 Wheal Gerry  
Camborne  
Cornwall  
TR14 8TY

Tel: 01209200544  
Website: [www.switchedoncare.com](http://www.switchedoncare.com)

Date of inspection visit:  
24 November 2015

Date of publication:  
12 January 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

We inspected Wheal Gerry on the 24 November 2015, the inspection was unannounced. This was the first inspection of Wheal Gerry since their registration with the Care Quality Commission. The service opened in June 2015. Wheal Gerry is one of a number of services in Cornwall which are run by the provider, Greenlight PBS Limited.

Wheal Gerry provides single person accommodation in three houses for people who have autistic spectrum disorders. At the time of the inspection two people were living at the service.

The service has 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.

As the service was new they were supporting two people in two houses at the time of the inspection. One person did not wish to meet with us. We met with one person who appeared to be settled in their home. We also met with a relative who shared their positive experience of the support they and their family member received from the service.

People were happy and relaxed on the day of the inspection. We saw people moving around their home as they wished, interacting with staff and smiling and laughing. Staff were attentive and available. Staff encouraged people to engage in meaningful activity and spoke with them in a friendly and respectful manner. Staff were knowledgeable about the people they supported and spoke of them with affection.

Staff had high expectations for people and were positive in their attitude to support. Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted. For example staff rotas were flexible to allow people to take part in activities which overlapped the default shift patterns. For example if people wanted to go out for the evening this was catered for.

The registered manager explained the in-depth transition work that took place with the person, their relatives and health and social care professionals. This work took time, and ensured that the transition for the person from their previous home to Wheal Gerry was undertaken sensitively. We saw detailed records of meetings in how each person's care needs were assessed to ensure the move was individualised for that person. This was completed at the person's pace.

The service was also new to the community. The registered manager met with people from the local community to explain what their organisation was about; The registered manager is a visible face in the community and has met with neighbours so that they know who to contact if they had any queries or concerns.

Care plans were informative and contained clear guidance for staff. They included information about people's routines, personal histories, preferences and any situations which might cause anxiety or stress. Details of how the person wished to be supported with their care needs were personalised and provided clear information to enable staff to provide appropriate and effective support. The person's care plan was presented in written and pictorial formats to enable them to read their plan and be involved in any changes or updates.

Risk assessments were in place for day to day events such as using a vehicle and one off activities. Where activities were done regularly risk assessments were included in people's care documentation. People had access to a range of activities. These were arranged according to people's individual interests and preferences. Staff identified with people's future goals and aspirations and worked with the person to achieve them.

Incidents and accidents were recorded. These records were reviewed regularly by all significant parties in order that trends were recognised so that identified risks could be addressed with the aim of minimising them in the future.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of the principles of the legislation and training was updated regularly.

Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. Staff said the training was relevant to the needs of the people they supported. New employees undertook a rigorous induction programme and told us this was beneficial and prepared them well for their roles. The staff team were supported by the registered manager and received regular supervision and staff meetings. These were an opportunity to share any concerns or ideas they had with the staff team and management.

The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of the people that lived at the service.

People knew how to raise concerns and make complaints. There were plenty of opportunities for people, relatives and staff to voice how they felt about the service and any concerns they had.

As the service was newly registered they were actively seeking people's, their relatives and views from the community. Surveys were circulated to all stakeholders and visitors were asked for their feedback. The registered manager was committed to engaging with families face to face where possible. Families were kept informed of any changes in people's needs or appointments.

The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. Staff told us, "Communication is really good," "We are really supported by management" and "I love my job."

The management team had a clear set of values which was also apparent in our discussions with staff. Staff told us they felt involved in the development of the service and that management listened to any ideas and suggestions they had and took them on board.

There were clear lines of accountability and responsibility at Wheal Gerry and at Greenlight. The organisational values were embedded in working practices and staff worked to provide a service which was

designed around the needs of the individual

## 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 confident they could keep people safe whilst supporting them to take day to day risks.

Staff had received safeguarding training and were confident about reporting any concerns.

Staffing levels met the present care needs of the people that lived at the service.

### Is the service effective?

Good ●

The service was effective. Staff were well supported through a system of regular supervision and training. This meant people were cared for by staff with up to date information and knowledge.

The service met the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

### Is the service caring?

Good ●

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People's privacy and dignity was respected.

The registered manager valued family relationships and helped ensure they were sustained

### Is the service responsive?

Good ●

The service was responsive. Wheal Gerry is a new service and has actively involved people, their families' stakeholders and the community in the introduction of the service to the local area.

Care plans were detailed and informative and regularly updated.

People had access to a range of meaningful activities.

There was a satisfactory complaints procedure in place.

**Is the service well-led?**

**Good** ●

The service was well-led. There was a clear ethos in place which focussed on ensuring people had both fulfilling lives and experiences.

The staff team told us they were supported by the registered manager.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

# Wheal Gerry

## **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 24 November 2015 and was unannounced. The inspection was carried out by one inspector. Before visiting the service we reviewed the Provider Information Return (PIR). The PIR 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. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Due to people's health care needs we were not able to verbally communicate with everyone who lived at the service, in order to find out their experience of the care and support they received. Instead we observed staff interactions with people. We spoke with the registered manager, Green Light's regional manager, deputy manager and three care workers. We also spoke to a relative to hear their views of the service.

We visited one person in their home, and observed how staff interacted with people throughout the day. We also looked at two people's care records, staff training records, recruitment records and other records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

Relatives told us they believed their family members were safe living at Wheal Gerry. On the day of the inspection visit we saw people moved around the building freely and were comfortable in their surroundings. People were relaxed and at ease in staff's company. When people needed support they turned to staff for assistance without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. The service had a safeguarding policy and records showed all staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of abuse, they told us they would report any suspected abuse and felt assured these would be taken seriously by the registered manager. Staff knew who to contact externally if they felt any concerns were not being acted on. The registered manager had previously informed the local authority and The Care Quality Commission of safeguarding concerns as required and taken all appropriate actions to ensure people's safety.

Staff supported people to take day to day risks whilst keeping them safe. For example people were involved in preparing meals and hot drinks. This was achieved by supporting people hand over hand when necessary. Care plans were well laid out and regularly updated to reflect people's changing needs. They contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person's work placement and associated activities.

People living at Wheal Gerry had a risk assessment completed about how they would respond to a fire alarm and what support they would need to ensure they left the building safely. One person actively helped staff by undertaking regular fire checks with staff. This allowed the person to take on some responsibility and gain a greater understanding of the importance of this area of safety. Risk assessments were regularly reviewed and offered clear guidance for care staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

Some people could become anxious or distressed which could lead to them presenting behaviour which could challenge others. Care plans clearly outlined the process for staff to follow in this situation. Staff were made aware how to recognise signs that could make a person anxious and take steps to avoid them becoming distressed. If an incident occurred this was recorded and a review was completed following any incident. These were analysed on a monthly basis in order to highlight any trends. All members of the staff team had received training in Positive Behaviour Support training in order to help ensure they were able to support people effectively when they became distressed.

Staff felt there were sufficient trained staff on duty to meet the needs of people who lived at the service. Commissioners assessed each person at the service to ensure the correct staffing levels were identified to meet the person's individual's needs. Staff told us they felt there were sufficient staff available to meet the needs of the people living at Wheal Gerry. Staff told us "There's always someone to support you even at 2.30am. There's never a staff shortage here." Staff rotas confirmed the assessed staffing levels were observed



at all times. Staff were able to spend time chatting with people about their day as well as attending to people's personal care needs. The support was unrushed and staff were able to give support as commissioned by the local authority. This meant that there were enough staff on duty to support people to take part in individual activities, attend appointments and engage in daily chores and routines. Staff rotas were flexible to allow people to take part in activities which overlapped the default shift patterns. For example if people wanted to go out for the evening this was catered for.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up.

There were appropriate storage facilities available for all medicines. We reviewed the Medicines Administration Records (MAR). We discussed the need to ensure that medicines carried over from one month to the next were recorded on the current MAR sheet to ensure that the correct amount of medicines were all accounted for. The registered manager agreed to address this. We checked the number of medicines in stock for one person against the number recorded on the MAR sheets and saw these tallied. Training records confirmed staff had attended, or were booked to attend medicines training. In discussion with staff we found them to be knowledgeable about the medicine that needed to be administered. There was clear guidance for staff when administering 'as required' medicines (PRN). For example we saw descriptions of the signs and symptoms the person may display that may require these medicines to be administered. There was guidance on how to administer the medicines, and who to inform. This meant there was clear guidance to help ensure a consistent approach from the staff team.

Is the service safe?

People were supported with their personal finances. Everyone had access to their own money using a cash card. Two named members of staff in the finance department at head office had access to people's Personal Identification Number (PIN). In addition some staff who had supported people to access money were also aware of PIN's. Greenlight had policies in place stating that where a member of staff with this knowledge left the organisation, PIN's were to be changed as a precaution.

# Is the service effective?

## Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. People had allocated key workers who worked closely with them to help ensure they received consistent care and support.

The registered and regional manager told us that, as well as preparing new staff for their roles, the induction allowed the organisation to get to know people and identify what services they would "fit into" best. The organisation liked to match staffs interest and hobbies with people they supported. For example staff told us "I am an outdoors person, and it's great I'm supporting someone who also likes to go out. We went bike riding the other day and had a great time."

The induction process had recently been updated to include the new Care Certificate. Staff told us the training covered all areas of the role and was relevant. One commented; "The induction helps us to get to know what's expected of you." A relative of someone using the service provided by Green Light had been involved in delivering training for the induction. This helped to personalise the training and make it more real for people.

Training identified as necessary for the service was updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided. For example training in autism awareness and communication techniques.

Staff attended regular meetings every six to eight weeks (called supervision) with their manager where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. The manager also held an annual appraisal to review their work performance over the year. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. This showed staff had the training and support they required to help ensure they were able to meet people's needs.

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. Staff had a good understanding of people's needs and used this knowledge to help people make their own decisions about their daily lives wherever 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service acted in accordance with legal requirements. Decisions had been made on a person's behalf and a decision had been made in their 'best interest'. Records confirmed that the registered manager had made appropriate applications to the Cornwall Council DoLS team. For example best interest meetings had been held when a person needed constant supervision and monitoring. These meetings involved the person's family and appropriate health professionals. This showed the service reviewed people's level of restriction and acted in accordance with legal requirements at all times.

People took part in choosing meals on a weekly basis using photographs of meals to facilitate this. People were supported to be involved with shopping and preparing meals. The registered manager said "We are led by (person's name) as to what meals he wants to have." We saw from daily records that the person had a variety of foods that they chose to eat. The registered manager told us the food budget was sufficient and people shopped locally for fresh produce. The relative told us they felt the service supported their family member to choose what meals they would like but also ensure that the meals were healthy. This had helped the person in the management of their weight. This meant that people were supported to maintain a healthy diet.

People were supported to access other health care professionals, for example GP's, opticians and dentists. Multi-disciplinary meetings were held as necessary to help ensure all aspects of people's needs were taken into consideration when planning care. People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. The registered manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant that the person received consistent care from all the health and social care professionals involved in their care.

# Is the service caring?

## Our findings

People were relaxed and at ease with staff. It was clear from our observations and discussions with staff, caring relationships had been developed and staff valued people. Staff spoke with people kindly and made sure people were comfortable and occupied. Staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter.

Relatives felt that staff had developed a positive relationship with their family members but also with them. A relative commented that staff supported them whilst they made the decision about their family member moving into full time care. This was carried out with sensitivity and patience and staff listened and responded to their questions to try and alleviate some of their anxieties. The relative commented that without the staff support the move to the service would have been a highly anxious time for their family member as well as for them.

Staff talked about the people they cared for fondly. Comments included; "I love my job. The other day I supported (person's name) and we went out for the day for a walk. It was great, we both enjoyed it. Staff also verbalised a sense of pride in how people had progressed and wanted to celebrate this. Staff commented "its great coming to work and making a difference. It's great to see people improve and progress."

Throughout this inspection visit a phrase was used by the registered manager, deputy manager and also by care staff repeatedly. The phrase was "We are led by (person's name)". This showed that the staff team all considered how they would support the person in their preferred way. When we raised with the staff that this phrase was used often, the staff team were unaware of this and replied "But that's how it should be." The registered manager added "This isn't just a place of work, this is the person's home, and you need to be respectful of that as you support people."

Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence. People were asked if they would like to speak with us and if we could visit them in their own home.

We were invited to one persons home and spent time in their living room and kitchen with their permission. It was decorated in keeping with their age and gender and reflected their personal tastes. We saw personal photographs and mementoes' were displayed in the room.

People's care plans showed that people's preferred communication skills were identified and respected. For example some people responded verbally and others also used picture symbols as a visual tool to assist them in understanding what activity they would undertake next. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Staff were aware that each person had their own way of expressing their views and were able to

communicate with them in their preferred manner. This showed that the service shared information with people in a meaningful way.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. Along with the person, staff had summarised what was important to them, which outlined their likes and dislikes, preferences, what others liked about them and what was important to and for them. For example, the registered manager and staff were aware that a person did not wish to celebrate any traditional events throughout the year, such as Christmas. Therefore staff considered how to reduce the amount of Christmas activities and traditions to respect their wishes, such as no Christmas decorations / cards displayed in their area of the service. This showed that staff respected this person's views but also considered how they could celebrate Christmas with the other people living in the service.

People had dedicated key workers who were responsible for updating care plans and leading on supporting people. These were chosen according to their experience and relationship with the person concerned.

People were supported to maintain relationships with families and friends. People attended events with their peers from some of Green light's other services. Relatives were able to visit when they wanted and staff supported people to keep in regular contact by telephone where they wanted to. The registered manager and allocated keyworker for the person spoke with relatives regularly and spoke of their commitment to supporting families to be involved in people's lives.

## Is the service responsive?

### Our findings

Wheal Gerry is a new service. Therefore people, relatives and staff needed time to get to know each other. The registered manager explained the in-depth transition work that took place with the person, their relatives and health and social care professionals. This work took time, in one case "years" to ensure that the transition for the person from their previous home to Wheal Gerry was undertaken sensitively. We saw detailed records of meetings in how each person's care needs were assessed to ensure that the move was individualised for that person. For example, there were introductory visits by staff to the person, and then planned timed visits by the person to Wheal Gerry. The decor of the person's home was also considered and parents were invited to support the person to choose colour schemes, and to take part in decoration of their new home. This all took time to ensure it was completed at the persons pace, and also their relatives pace. This ensured that the transition to the persons new home went as smoothly as possible and with everyone's agreement.

Following the move into Wheal Gerry plans were then agreed between the person, relatives, staff and health and social care professionals about how the person would be supported in settling into their new home. For example how often family members should initially visit so that the person's anxiety levels were not raised. This included using Skype, e-mails, phone calls and visits to and away from the service. A relative told us the transition, "Went better than I thought. It was hard at times but staff supported (person's name) and also me so that it has worked out well. (Person's name) is settled now. I know (person's name) is well cared for here now. It has made such a difference for (person's name) life and ours. Our health has improved."

Relatives told us they continued to meet with staff to talk about the care their family member received and the person also attended if they wished. They talked about what they had done well and what future goals they would like to achieve. For example, a person wished to attend a certain activity and this had been planned and had now been achieved. Relatives were, with the person's permission, given access to their daily logs so that they could see how the person settled into the service. The registered manager said this assisted with communication and allowed a more trusting, open and transparent relationship to be formed with the relative. A relative told us "Communication is great".

People were consulted about the support they received. We heard staff ask people what they wanted to do and how they wished to spend their day. In discussion with staff and the registered manager we heard how the service endeavoured to help people maintain relationships with family and friends. Staff arranged for people to see their families and supported them to meet up if necessary.

Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people, for example a person's daily routine was broken down and clearly described so staff were able to support people to complete their routine in the way that they wanted. Staff felt the care plans were informative and provided clear guidance in how to support people.

Care plans were up dated and reviewed on regular basis to ensure they reflected people's changing needs.

People were involved in reviewing their care along with other interested parties. The person's ideas about how they would like to develop their living skills were discussed in these reviews and agreement made as to how this would be achieved. For example, how personal care would be provided in a way that lessened the person's anxiety. This showed that staff listened to the person's wishes and worked with the person to achieve this.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover of care information and daily logs of people's activity were completed throughout the day. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being. Daily logs were audited monthly to identify any emerging themes. A communication book was also used to record any general information which needed to be shared amongst the staff team.

Care files identified people's likes/dislikes and interests which the service then tried to accommodate. People had access to a wide range of pursuits which were meaningful to them and reflected their individual interests. On the day of the inspection all of the people who lived at the service were taking part in various individual activities. The service had spacing here access to vehicles to use when supporting people to attend appointments or go out on activities

People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example, people regularly walked to the local shop, or attended a work placement. The person was being supported by the staff in these activities. The registered manager told us, although the service was new to the community, people were well known in the village and had formed some positive relationships with local tradespeople. They were supporting one person who undertook the local paper round. Staff described the local community as; "Very welcoming." One person particularly enjoyed chatting with people while out and about. Staff encouraged and supported this social interaction where appropriate.

The registered manager met with people from the local community to explain what their organisation was about. The registered manager is a visible face in the community and has met with neighbours to ensure that they know who to contact if they had any queries or concerns. The neighbours have contacted the registered manager to raise some issues which have been resolved. For example car parking was a difficulty and due to this funding has been agreed to change a front garden into a hard standing area. This will assist the car parking difficulty in the community.

The organisation had a complaints procedure which provided information on how to make a complaint. An easy read version was also available for people which used written and pictorial symbols so that it was presented in a more meaningful way. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. A relative told us they would have no hesitation to raise a concern if they felt the need to. We saw a complaints record which showed the service had received a formal complaint regarding noise levels from the community. This led to a full investigation and liaison with the community in how this could be resolved. Various alterations to the building were undertaken to reduce the level of noise and a review of the person's health needs occurred. The issue was resolved

Staff told us people living at Wheal Gerry may be unlikely to complain or speak up if they were unhappy or worried about anything. They described to us how they would know, by observing their behaviour whether there was something wrong and how they would support the person to share their worries. People

completed monthly satisfaction surveys which were an opportunity to ask if they were happy with the service.



## Is the service well-led?

### Our findings

Staff described an open and supportive culture at Wheal Gerry and in the Greenlight organisation as a whole. All referred to the closeness and supportive nature of the staff team and how accessible managers were. Comments from staff included "It's the best organisation I have worked for," "Even the managing director knows your name and something about you, its personal" and "It's the best thing I ever did." The registered manager and staff told us they found Greenlight to be a supportive organisation with a strong value base focussed on improving people's lives.

There was a clear ethos at the service which emphasised the importance of supporting people to develop and maintain their independence. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care documentation.

When potential employees applied to work for Greenlight they were asked about their values and beliefs, and the regional manager told us this section was particularly scrutinised during short listing. The induction included a session on the organisation's ethos and values.

Throughout the inspection the registered manager spoke of the value of establishing personalised relationships with all stakeholders. They talked of the importance of meeting people, families and other professionals, on a face to face basis. They demonstrated a clear commitment to developing an accessible, friendly and approachable service. For example in how they met with the community as the service was new to the area as detailed in the responsive section of this report.

Staff said they believed the registered manager was aware of what went on at the service on a day to day basis. Staff meetings and supervisions were held regularly and staff told us these were an opportunity for them to raise any concerns or ideas they had. They felt their ideas were listened to and acted upon.

The registered manager told us they had regular supervision and attended monthly managers meetings. These meetings looked at staffing issues, updates on people using the service and overall day to day management of the services. They also had access to on-going support from the regional manager as they needed it. They told us they felt supported in their role. Informal contact was also encouraged. An on-line chat facility enabled managers and staff to communicate at any time to access advice or support. In addition senior management were accessible and available at all times and the on-call system provided further support.

There were clear lines of responsibility and accountability within the service. The registered manager was supported by a deputy manager. People had assigned key workers with responsibility for reviewing and updating care documentation, organising appointments and co-ordinating care planning.

Senior management communicated with all staff using a variety of methods. For example, social media and newsletters. The managing director was known to staff and dropped in at the service regularly. Head office

kept the service up to date with any developments in the care sector and shared good news stories from different services across the organisation.

Accidents and incidents were recorded appropriately. Event forms were completed on-line which would then trigger an alert to the registered manager, regional manager and managing director. A recent addition had been to include the key worker in this reporting group in order to help ensure they had a "sense of ownership" about managing the occurrence. Event forms were analysed monthly to pinpoint any trends.

As a relatively new service, the quality assurance processes used by the service were still at an early stage of collecting and reviewing information. Regular audits were carried out to help ensure the service was running effectively and safely. For example there were monthly manager audits in respect of training and supervision records. Quarterly management reports covered all housekeeping areas as well as care planning documentation. The service gathered monthly feedback about the service from people, relatives and other health and social care professionals about how the service was run. Relatives told us they believed the service was well managed.

Greenlight has an effective quality assurance system in place to drive continuous improvement within the service.