Staff Management Limited

Active Assistance - Sevenoaks

Inspection report

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Ratings

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

Overall summary

The inspection was announced and was carried out on 01and 02 September 2015 by two inspectors.

Active Assistance is a domiciliary care agency. They provide specialist services for adults and children with physical disabilities. They specialise in supporting people living with spinal cord or brain injury and people with progressive and neurological conditions such as Multiple Sclerosis, Motor Neurone Disease and Muscular Dystrophy. They employ a nursing team and therapists who supervise the service they provide to their clients. The service operates nationwide and their headquarters are situated in Sevenoaks.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of recurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs. The provider followed safe recruitment practices.

Each person's needs and personal preferences had been assessed before support was provided and were regularly reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff knew each person well and understood how to meet their support needs. People told us, "They [staff] know me well; they know when I need my own space; We get on with our lives and they are there when I need them."

Staff had completed the training they needed to care for people in a safe way. They had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs.

All care staff and management were knowledgeable in the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the legislation.

Staff sought and obtained people's consent before they provided support. People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their support was delivered.

Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People's privacy was respected and people were supported in a way that respected their dignity and independence.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual support plans, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged them to do as much as possible for themselves.

People's individual assessments and support plans were reviewed regularly with their participation. People's support plans were updated when their needs changed to make sure they received the support they needed.

The provider took account of people's comments and suggestions. People's views were sought and acted upon. The provider sought and obtained their feedback on the quality of the service. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued under the manager's leadership. The manager notified the Care Quality Commission of any significant events that affected people or the service. Quality assurance audits were carried out to identify how the service could improve and remedial action was taken when necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse. Risk assessments were centred on the needs of the individuals and provided clear instructions for staff to follow. Thorough staff recruitment procedures were followed in practice.	**Good**
Is the service effective? The service was effective. All staff had completed the training they required to effectively meet people's needs. Staff were made aware of people's needs, likes and dislikes and developed effective professional relationships with them. The provider was meeting the requirements of the Mental Capacity Act 2005.	**Good**
Is the service caring? The service was caring. Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. Information was provided to people about the service and how to complain. People were involved in the planning of their support. Staff respected people's privacy and promoted people's independence.	**Good**
Is the service responsive? The service was responsive. People's needs were assessed before support was provided. People's support plans were personalised to reflect their wishes and what was important to them. Support plans and risk assessments were reviewed and updated when people's needs changed. People knew how to complain and people's views were listened to and acted upon.	**Good**
Is the service well-led? The service was well led. There was an open and positive culture which focussed on people. People and staff' feedback was sought and suggestions for improvement were acted upon. Staff had confidence in the manager's response when they had any concerns.	**Good**

Summary of findings

There was an effective system of quality assurance in place. The management team carried out audits to identify where improvements to the service could be made.

Active Assistance - Sevenoaks

Detailed findings

Background to this inspection

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

The inspection was carried out on 01 and 02 September 2015 and was an announced inspection. Notice of the inspection was given because we needed to be sure that the manager, staff and people we needed to speak with were available.

The inspection team consisted of two inspectors and three experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts-by-experience who took part in the inspection had specific knowledge of caring for people with complex needs. 390 people received support from the service at the time of our inspection. They were supported by approximately a thousand support workers and 40 care service managers.

Before our inspection we looked at further records that were sent to us by the registered manager or social services to inform us of any significant changes and events. We reviewed our previous inspection reports.

We spoke with 48 people to gather their feedback. We also spoke with the provider, the registered manager, the quality and governance facilitator, the customer service manager, two care coordinators, two care service managers and 12 members of care staff.

We consulted three local authority case managers who oversaw people's welfare while they received support from the service. We obtained their feedback about their experience of the service.

We looked at records that included ten people's support plans, reviews and risk assessments. We consulted six staff files, staff training records, satisfaction surveys, quality assurance checks, audits and sampled the service's policies and procedures.

At the last inspection on 22 August 2013 no concerns were found.

Good

Is the service safe?

Our findings

People told us that they felt safe when staff provided support. People told us, "I feel very safe, they listen to my instructions and are able to carry them out", "My personal assistant (PA) uses the equipment safely to transfer me from one place to another", "I have a van that the staff drive; it is a pre-requisite that staff have a clean driving licence; it all works smoothly I feel safe and I am strapped in with my seat belt" and, "I can't fault any of the workers I have had, they all know what they are doing and I always feel safe." A relative told us, "I am confident the staff who look after our family member can deal with situations during the night; they would use the suction machine and help him to settle, if he didn't settle they would alert us. We have no worries."

There were sufficient staff on duty to meet people's needs. There were approximately a thousand personal assistants and care workers deployed to provide support for 390 people in their own homes. A person told us, "I have a second personal assistant who steps in to fill the gaps if and when the first one is not available; they all know my needs." The registered manager told us, "We provide live-in support and bespoke care packages with enough staff to ensure people's needs are met and we have an extensive ongoing recruitment programme nationwide." This ensured there were enough staff to meet people's needs.

Care services managers reviewed the support needs for people whenever their needs changed to determine the staffing levels needed and increased the number of staff accordingly. They told us, "We calculate the numbers of support hours that people need and deploy staff accordingly, making sure we exceed the number so we can be ready to provide more support at short notice." We looked at a care package where a personal assistant had been removed at a person's request and had been replaced immediately to ensure continuity of support.

People were supported to manage their own medicines and medicines were administered safely when people needed help. People's needs and levels of independence in relation to their medicines were assessed at three separate levels and their medicine care plans contained clear guidance for staff to follow. When people needed medicines to be administered, staff competency checks were carried out by a supervising care service manager. People told us, "They follow exactly what they are supposed to do", "I am reliant on my care worker to give me my medication as I can be forgetful; they remember like clockwork", "I usually say when I am ready for my medication and then my care worker will get it for me and provide me with a drink to swallow them" and, "My medication is usually on time but it is up to me as well. I am responsible for my medication and I don't need to remind staff we just do it together." Another person said, "The staff pop my tablets out of the packaging for me but I take them myself."

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was up to date. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse. Two members of staff said, "I would speak out straight away if I felt a person wasn't safe and would contact my manager straight away or the local authority if she was not available" and, "Safeguarding is vital to our work, we have a duty to keep our clients safe." There was a notice board in the office that displayed names and photographs of seven managers who formed part of a designated safeguarding team. This team provided help and guidance for other managers and staff regarding any safeguarding issues and held quarterly safeguarding meetings. There were appropriate polices in place in regard to equal opportunities, anti-harassment, and whistle blowing. A safeguarding policy that had been updated in June 2015 was kept in training rooms and on the website that was available to staff through their personal log-in.

Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people who may be at risk in the community. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Good

Is the service safe?

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to people and appropriate guidance for staff to follow. For example, a risk assessment had been carried out for a person who needed a particular medicine and regular blood tests. Other risk assessments were carried out when people needed help with aspiration to remove mucus and other bodily fluids, when they were at risk of infection, of developing pressure wounds, of choking or of experiencing pain. People's environment and equipment were assessed for any hazards and associated risks were identified appropriately. Each identified risk was included in people's care plans which contained clear instructions to the staff about how to manage the risks to keep people as safe as possible. There were plans in place that identified measures and resources available during an emergency, such as when people may be unable to call for help or give access to their property while they were in bed. A personal assistant told us, "The care plans are devised in relation to risks and as we follow the care plans, everything we do minimise the risks to our clients."

There was a robust accident and incidents reporting system that was monitored by the case service managers, the registered manager and the director of quality and governance. Reports of incidents such as falls or hospitalisation were analysed to identify trends and see if lessons could be learned and future risk of recurrence minimised. They were discussed at monthly risk management meetings that included all care service managers and their regional clinical manager. The registered manager told us, "This means we can give our immediate attention and also identify whether staff have additional training needs." All care staff were trained in first aid and had access to advice and guidance from a paediatric nurse consultant and a respiratory consultant. This meant that people could be confident that staff considered their safety effectively.

The provider ensured that the office premises were secure. Access to the premises was secured with a code system. Fire alarms were checked weekly and evacuation fire drills were practised twice yearly. During our inspection the premises had to be evacuated. We observed that there was an efficient system operated by designated fire marshals to ensure people were safe. All fire protection equipment was regularly serviced and maintained. Evacuation plans were clearly displayed in the office.

Good

Is the service effective?

Our findings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. People's overall comments were very positive about the service's effectiveness and efficiency. People told us, "I feel very confident that staff know what they are doing; so much so we are even discussing having a short break and we haven't had one for years", "We have met the new carer and she has come during the day to meet our son, they have gone through the care plan together and looked at our expectations; they will now shadow for two more occasions and then be signed off to give assistance", "The staff are pretty well trained and most are pretty well informed", "I have been with this agency so long because they specifically train the care workers in the needs of someone with a spinal cord injury ; this gives me confidence in the skills they have when they start with me. All right, we all do things slightly differently but at least they have the basic skills, particularly when it comes to bladder and bowel management which is so important to me."

Staff had appropriate training to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. We spoke with the training manager who explained the procedures care workers followed during their induction. Care workers were subject to an assessment of their driving and language competencies. They attended a five day local or residential training course prior to starting work, where essential training was provided. This included care standards, regulations, health and safety, infection control, medicines and record keeping. Training was developed and complemented with additional courses and refresher courses throughout the year. The training manager had explored the possibilities to incorporate the new care certificate that was introduced in April 2015 in their induction and training programme. This care certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. The training manager told us, "This was not fully effective for our service however we have selected what could be of use to us."

We spoke with three newly recruited care workers who were training in bowel management as part of their induction. They told us, "This is first class quality training, very thorough and not just theoretical", and, "This is the type of practical training we need to become competent."

Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific for the needs of people they supported. Care workers received specific training that included awareness of the needs relating to epilepsy, diabetes, cerebral palsy, motor neurone disease and spinal cord injury. Enhanced competency training was provided in 'tracheostomy care' when people had a tube surgically inserted in their throat, suction techniques, how to use 'cough machines', nebuliser and oxygen. Specific training was provided on 'autonomic dysreflexia' which is a potentially life threatening condition that can be considered a medical emergency. A relative told us, "My son has very complex needs and the staff from Active Assistance work very closely alongside NHS staff; they make sure they are doing all the right things for him."

The staff we spoke with were knowledgeable about the specific needs of each person they supported. A member of staff was able to tell us about a person's allergies and described to us the steps they took when they helped a person exercising. They followed instructions in the person's care plan and the guidance that had been provided by a neurological physiotherapist. Another member of staff described how they helped a person who had a tube surgically inserted in their stomach and how they ensured the site was clean and not obstructed. The ways to provide this specific support were included in the person's support plan and records indicated these were used in practice. This meant that people could be confident that their care was effectively delivered according to their care plans.

Support workers had access to an effective network of support. Each support worker had access to a named care service manager who ensured care was delivered in accordance with people's care plans and who provided clinical supervision. There were support worker supervisors who carried out on-going competency assessments, mentored and supervised support workers every three months. All staff were scheduled for an annual appraisal. All the staff we spoke with told us they felt well supported to carry out their role. One member of staff said, "If in any

Good

Is the service effective?

doubt about anything at all, know I can call my supervisor or the care service manager at any time and they will be amazing." Two care coordination teams, for 'live-in' and 'live-out' care packages scheduled support workers' shifts and matched clients to support workers. A person told us, "The support workers are well supervised it is good to know" and, "There is a nurse that oversees the care, we agree it and staff sign after each shift, it works well."

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. A system was in place to assess people's mental capacity when necessary and hold meetings in their best interest. We saw an example where this system had been used appropriately. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. A support worker told us, "Our clients may need support with making their own decisions but it is theirs to make."

Staff sought and obtained people's consent before they supported them. People told us, "They always check if I want to do something", "I tend to direct my own care; they don't do anything unless I ask them to" and, "Consent is always sought as a matter of course."

Staff used specific communication methods with people when necessary. For example, one person preferred receiving emails that were highlighted in yellow so they could read them more easily. Another person used a communication board to express themselves. This contained words or letters and the support worker had received training in tracking the person's eye movement to interpret what the person expressed. In the person's communication care plan, the support worker was instructed to ask timely whether the person had finished a sentence to ensure the communication was complete and effective. The communication methods were clearly written in people's support plan and feedback obtained by the care coordinator showed that staff followed the guidance effectively.

Support workers helped people with the preparation of their meals when necessary. People were in control of their meal planning. A person told us they enjoyed teaching their support workers new recipes and that they usually liked to learn. Staff accompanied people to do groceries shopping when requested and reminded people to have plenty to drink during the day to remain hydrated. People told us, "They just cook and cut up my food; They are fine cooks; they help plan meals, it is nice for them to be involved", "They are good at cooking, it is always a joint decision and we always try to work as a team" and, "I can feed myself but they prepare the food; the cooking standard is very good." Staff reminded people about healthy eating. People told us, "We do consider healthy eating ", and, "They do help with that yes, but I am pretty aware of healthy living myself."

People were involved in the regular monitoring of their health and were supported to attend the doctor or other health care professionals when necessary and with their consent, for example when they had developed pressure wounds. Staff provided transport and reminded people about their appointments when necessary.

Good

Is the service caring?

Our findings

People told us they were satisfied with the way staff supported them. When asked how they found the support staff provided, people's comments included, "All good so far; they treat me in a very dignified way when they help me;", "The staff are really nice", "The staff we have are really good, very compassionate and caring, I can't fault them" and, "The support worker and I are very professional when doing 'care stuff' but a bit more relaxed like friends the rest of the day."

Positive caring relationships were developed with people. Staff told us they valued people they helped and spent time talking with them while they provided support. Two members of staff said, "This is not just a job, it is about enabling people to get on with their lives the way they want to" and, "Of course it is important to develop a good relationship of trust, so the person we help can be confident we can pre-empt what they want or what they need."

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. These were recorded before support was provided when people were involved with the planning of their care and support. Care coordinators researched people's initial assessments that included people's specific requirements and support workers profiles. They matched support workers with people according to their age, gender, and preferred activities. A care coordinator told us, "If a match is successful the care package will be successful, otherwise we pull out the support worker and try another match." A person told us, "When I need to replace a replacement support worker, I will be sent a selection of profiles to choose from; this is really useful and I value being given the choice; they know me and will usually select support workers who they think will fit my personality." For example, a person who enjoyed daily swimming was matched with a support worker who shared this interest. Another person preferred to be allocated to a support worker who was a football fan, and this had been facilitated.

Staff training included 'How would support affect a person; how would receiving care feel for the person". As part of their training, staff physically experienced how it felt when they were moved from one place to using specialist equipment. This promoted staff empathy so they could understand people's perspective.

Information was provided to people about the services available and how to complain. A 'care pack' that included information about what to expect from the service was given to people before care started and was available in a larger print to assist people with visual impairment. The service had an easy-to-use website that offered additional information about the services provided. People told us, "I have all the documentation in my home that has all the details I need, the agreed care plan and the contact details of the care service manager if I have any problem with the care package", "They were recommended to me at the hospital" and, "I was released from hospital with a different service who did not do bowel care and so I searched online and Active Assistance came up, with all the information I needed."

The service held information about advocacy services. An advocate can help people express their views when no one else is available to assist them. However this had not been used to date as people or their legal representatives were able to represent their views.

People's privacy was respected and people were supported in a way that respected their dignity. People told us, "Whenever I have visitors they know they are always welcome to stay in the room but they always take themselves off to a different room", "Privacy is awkward because due to the extent of my injuries I need assistance with everything; if I ask them to leave due to a phone call they will; they will close doors etc. when needed and treat me and everything with respect" and, "Privacy and dignity appears to be at the heart of this agency as I don't think they would employ anyone as a support worker who did not understand these basic issues." The staff had received training in respecting people's privacy, dignity and confidentiality. This meant that people were assured that they were cared for by staff who respected confidentiality and discretion.

People took part in a wide range of activities of their choice, supported by staff who respected their independence. For example, a personal assistant had supported a person while they had trained and taken part in Paralympics. A person told us, "I have had the same team for a long time now and they all know me really well; we hit it off but don't

Good

Is the service caring?

live in each other's pocket, they are there to support my independence." We spoke with a person whose care plan included 'what is important to me'. The person had requested to be as independent as possible, to retain the right to privacy, dignity and respect and to make decisions about their care. This person told us the staff met their needs and had ensured their independence and their rights were respected. A relative said, "The agency is very good; they stand back and let the staff organise things directly with our son, it works very well for us."

When people had expressed their wishes regarding resuscitation or when they had made a 'living will', this was appropriately recorded. A living will is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. People had a pain management plan when appropriate and the staff followed guidance from local hospice palliative teams when necessary.

Good

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. People told us they appreciated being provided with profiles of prospective support workers so they could select staff that may be most appropriate to meet their individual needs and requirements. They told us, "When I just couldn't get on with my assigned support worker I told the care service manager and they sorted it out for me", "I like the fact that I am asked for feedback about every single new care worker; the agency genuinely seems to want to know and will call me to chat about how things have gone" and, "They [staff] know me well; they know when I need my own space; We get on with our lives and they are there when I need them." A relative told us, "The staff take our son to the gym regularly and work out with him; this is just what he needs, people of his own age who understand him."

The care service managers carried out 'needs assessment outcome reports' before the support was provided. These assessments identified what people wanted their care package to achieve, and whether any previous care package had failed so that new and improved care packages could be planned. Comprehensive information about people's specific requirements such as moving and handling, continence management and skin integrity was collected. At this stage, recruitment training requirements were identified, for example whether staff would need specific training on the person's condition and whether a respiratory nurse or a clinical skills trainer would be required to start the care package. Shift patterns were identified to match people's lifestyle and wishes. As soon as support began, these assessments were developed into comprehensive individualised support plans in a wide range of domains. These plans provided the information needed by staff to ensure people's individual requests in regard to their day and night routine and practical needs were met.

The staff were made aware of people's support plans to ensure they were knowledgeable about people's particular needs before they provided support. Support plans contained clear instructions for staff to follow, for example, when people needed to be repositioned, or if people were to become breathless or in pain. People's wishes, likes and dislikes were clearly included such as, "I do not want my personal assistant to talk to me through each task that they carry out", "I like to have a hot water bottle out with me when I go out", "I like to watch a DVD in bed" and, "I like spiders and do not like the personal assistants to harm the ones that are in my house."

People's support was planned taking account of their preferences and what was important to them, such as the goals they wished to achieve. Support plans were developed with people's involvement and included specific requests from people about how and when they wished to have their care provided. For example, they chose the days and specific times when they wished to be supported. A person told us, "I always tell the care workers about my own routine which I like them to stick to because it is tried and tested over many years." This responsive approach meant that people could be confident that their wishes were respected in practice.

People's individual assessments and support plans were reviewed every month by care service managers or sooner if people's needs changed. People were involved in these reviews and support plans were updated appropriately to reflect any changes. When people were not available to participate, for example if they were working, the managers contacted them by phone or internet to check whether the care packages were still responding to and meeting people's needs. A person told us, "They initially sat with me and we had a long chat about my needs and how they could support me; my care is regularly reviewed by my care service manager and because my health is deteriorating, we are currently exploring whether I need two live-in care workers full time."

Staff escorted people to provide practical support when they were going out, working or studying to ensure social isolation was reduced. They provided transport when this had been agreed during the planning of their care. This meant that people had access to all facilities in their community to carry out any activities they chose to. One person told us, "My care workers have to take me everywhere and it is really useful if they have a liking for the same sort of activities that I like to do; I am fortunate to live in beautiful part of the country and we spend a lot of time sightseeing when the weather is good." Another person said, "My regular care worker who has been with me for four years will change his dates to accommodate family events for me; if only I could replicate him".

The provider had a grievance policy and a complaint policy that had been updated in June and August 2015. People

Good

Is the service responsive?

were made aware of the complaint procedures to follow as this was provided at the start of their support. The registered manager told us, “We strive to address concerns straight away, before they become a complaint.” A person told us, “I have complained about not having a female personal assistant and the care service manager came to see me about this the following day; they were unable to change the assistant then but they did it as soon as they had a suitable candidate available; the system worked.” Care service managers reported any complaints to the director of quality and governance who analysed them to identify whether any lessons could be learned to improve the service. A further quarterly audit was carried out by the customer service manager, and the results of these audits were discussed at quarterly management meetings.

People’s views were sought and acted upon. Care coordinators continuously collected feedback from people by phone and sent survey questionnaire to people at the end of each live-in care package assignment. There was an annual satisfaction survey carried out via the internet. The customer service manager told us this was carried out by the care service managers who emailed people as they were aware of their needs and of how they preferred to be called. All feedback was acted on with remedial action, such as when people were not satisfied with a care worker or personal assistant. Complimentary feedback included, “I really like that the staff are trained in specific ‘autonomic dysreflexia’ [a clinical syndrome that develops in individuals with spinal cord injury], and this gives me great peace of mind”, “Very good service, all positive.” Staff feedback was sought during one to one supervision sessions. A comments and suggestions box was placed in each training room, which was regularly checked by the registered manager. However, staff told us they did not use this as they preferred to talk with the registered manager directly.

People were supported during transition periods. For example when they remained in a step-down facility after they had attended a spinal unit, while their accommodation was adapted to meet their physical needs. A supervisor told us, “It is really important to manage this transition well and help people get used to the changes in their lives.”

Good

Is the service well-led?

Our findings

Our discussions with people, the provider, the registered manager and staff showed us that there was an open and positive culture that focussed on people. Three local authority case managers who oversaw people's wellbeing in the community told us, "This is a very good agency; they offer an effective and specialised service that is vital for people with spinal cord injury", "Really good agency, very specialised, they know what they are doing" and, "They are well organised and well managed."

Members of staff confirmed that they had confidence in the management. They told us they found the provider "Clued-on and very involved" and, "A business person with a heart, very committed." The provider told us, "We focus on the person, not on the condition." The provider published regular articles in magazines and websites specialising in independent living. One article published in August 2015 addressed people's legal rights to education and acknowledged the impact of spinal cord injury on people whose education had been disrupted. The provider outlined how the agency provided personal assistants in schools and universities to enable people to resume their studies. They quoted, "It does not matter how slowly you go as long as you do not stop."

Staff told us they felt valued and supported by the registered manager and appreciated her style of leadership. Comments from staff that described the registered manager included, "She is amazing at her job", "A resolver", "Proactive, easy to speak to" and, "She will tackle anything and is not afraid to change." The registered manager spoke to us about their vision and values about the service. She told us, "This is a unique place; we have a holistic view of people looking at the person as a whole, caring for the person and everything around them, realise how difficult it may be for them; our job is all about helping people regain control of their lives". All the staff we spoke with indicated they shared this philosophy of care and had been inspired by the provider, the registered manager and the management team. Records of team meetings showed that the values of the service were prominent in all discussions about how to deliver care that empowered people.

Staff had easy access to the policies and procedures that were adapted specifically for the service. They were continually reviewed and updated. Attention was paid to changes ahead of new legislation that could affect the service. Policies indicated what the service aimed to achieve, what this meant in practice and how this related to staff specific training. This ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people.

A system of quality assurance checks was in place and implemented. The way that staff provided care for people was monitored by supervisors through regular checks that recorded staff performance. A director of quality and governance and a clinical governance and quality team ensured that a wide range of regular audits were carried out to identify how the service could improve. These included audits of incidents and accidents such as when people experienced pressure sores, infections, breathing related incidents or when they were hospitalised. These were discussed at each quarterly health and safety committee meetings. When the audits had identified how the service could improve, this was implemented. For example, as a result of an audit, a new improved policy on skin integrity had been developed; new forms had been introduced to record the healing progress; a protocol relevant to the care of people who used a ventilator had been altered to reflect the risks of chest infection. As a result of an audit of medicines records, a new medicines administration record form had been created to help staff understand prescriptions more clearly. A regional clinical manager or the quality and governance facilitator carried out audits of documentation to ensure that support plans and were appropriately completed to reflect regular reviews. A 'new client starter quality audit' form had been introduced to check that new care packages had been appropriately set up. All staff training was monitored to check they attended scheduled training and refresher courses.

The registered manager chaired a monthly meeting with all heads of department in the office and reported any issues that had been discussed to the provider. She participated in quarterly meetings with the provider, director of quality and governance. People's feedback was discussed and corrective action was discussed. For example, as a result from a person's suggestion, the 'terms of business' had been printed in a different format to help people understand them better. People's feedback and complaints was analysed to identify how the service could improve.

Good

Is the service well-led?

Remedial action was taken without delay by the case service managers when necessary, and discussed at management meetings to identify whether any lessons could be learned.

Staff were encouraged to make suggestions about how to improve the service. All the staff we spoke with told us they were invited to discuss practice issues during team meetings and supervision, and to comment on how the service was run. Records of team meetings confirmed staff were actively involved and consulted. A member of staff told us, “We communicate very well with our supervisor and our care service manager and also the manager in the office.” We observed the management team in the office sharing and discussing ideas and saw that people were placed at the heart of the service. The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service.

The registered manager kept up to date with latest research on spinal cord injury and associated topics. She consulted specialised websites, magazines, and subscribed to associations, forums and newsletters where latest research was discussed. The registered manager told us how staff enthusiastically took part in fund raising initiatives that benefitted charities. These charities such as ‘Back up Trust’ and ‘Wheel power’ were dedicated to helping people with spinal injury realise their potential. She told us, “These are close to our hearts; we sponsor by doing charity events with our clients, our care service managers, care coordinators and any other staff and relatives who would like to join.” Events included boat races, mountain climbing and camping. Children who lived with a physical disability were supported night and day during a week-long residential stay in a sport camp. People who received support from the service, staff and the registered manager were active participants. This approach ensured that links with community were maintained.

People’s records were kept securely. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to requirements and were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.