

Creative Support Limited

Creative Support - Salford Physical Disabilities Service

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 ●

Summary of findings

Overall summary

We carried out an announced inspection of Creative Support – Salford Physical Disabilities Service on 05 and 06 April 2017. The service was newly registered in 2015 and this was the first time it had been inspected.

Creative Support – Salford Physical Disabilities Service provides a 24 hour supported living service for adults with physical disability and other associated complex health needs. Accommodation consists of purpose built bungalows located in two residential streets within Swinton and a two bed flat within a nearby large housing complex. The accommodation is owned and maintained by Contour Housing with Creative Support – Salford Physical Disabilities Service providing the care and support to people who are tenants in these properties. At the time of inspection 11 people were using the service, however only nine were in receipt of regulated activities and included in the inspection.

People using the service told us they felt safe. We saw the service had appropriate safeguarding policies and procedures in place. Staff had all received training in safeguarding vulnerable adults and were able to demonstrate a good understanding of how to report both safeguarding and whistleblowing concerns.

Both people using the service and staff members felt enough staff were employed to meet people's needs. The service was utilising agency staff to cover any shortfalls on the rota whilst on-going recruitment was completed. People had been asked for their views and agreement on the use of agency staff.

We saw that robust recruitment procedures were in place to ensure staff working for the service met the required standards. This involved all staff having a Disclosure and Barring Service (DBS) check, at least two references and full work history documented. The service maintained a recruitment pack for each person which contained details of DBS certification, references, interview paperwork and other documentation to evidence what steps had been taken to ensure safe recruitment practices were followed.

Staff were complimentary about both induction and refresher training, and confirmed they received an appropriate level of training to carry out their role effectively. We saw all staff completed a comprehensive induction training programme, and a period of time shadowing experienced care staff, before being allowed to work with people who used the service. We saw the service had systems in place to ensure that staff received regular refresher training to ensure their skills and knowledge remained up to date.

We saw there was both a policy and systems in place to ensure safe medicines management was maintained. People we spoke with confirmed they received appropriate support to ensure medicines were taken when required and as prescribed. We saw the service carried out regular audits to ensure medicines had been administered correctly.

People spoke positively about the standard of care. People told us that staff treated them kindly, with dignity and respect whilst also promoting their independence wherever possible. People were fully involved in all aspects of their care and support and encouraged to set and achieve personal goals.

We looked at three care plans, which contained detailed and personalised information about the people who used the service. The care plans also contained individual risk assessments, which helped to ensure people's safety was maintained. We saw that people had been involved in planning their care and were asked for their feedback through completion of reviews and questionnaires.

We saw that there were a range of systems and procedures in place to monitor the quality of the service. Audits were carried out both internally by staff and the registered manager and externally by the locality manager, which included a regular comprehensive audit of the entire service provision. We saw that action points generated through the auditing process had been carried through and documented.

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

The service had systems and procedures in place to protect people from harm and keep them safe.

Staffing levels were appropriate to meet the needs of people who received support.

Safeguarding policies and procedures were in place and staff were aware of the process and how to raise concerns.

People we spoke with told us that they received their medicines safely and when necessary.

Is the service effective?

Good ●

The service was effective

Staff reported receiving enough training to carry out their roles successfully and were provided with regular support and supervision.

The service was working within the legal requirements of the Mental Capacity Act (2005).

People had consented to their care or decisions had been made in their best interest by their next of kin or representative.

People who required it, were positive about the support they received with nutrition and hydration.

Is the service caring?

Good ●

The service was caring

People told us that staff were kind and caring and respected their privacy and dignity.

Staff were knowledgeable about the importance of promoting independence and providing choice.

Alongside detailed care plans and risk assessments, people were provided with easy to read copies of key policies and procedures and other information relating to their care and support.

Is the service responsive?

Good ●

The service was responsive

Care plans were person-centred and individualised with information about people's life history, likes, dislikes and how they wished to be supported.

The service had a detailed complaints policy and everyone had a copy of this, along with information about how to make a complaint.

People were asked to provide feedback about the standard of care they received through care reviews and quality assurance questionnaires.

Is the service well-led?

Good ●

The service was well-led

Audits and quality assurance checks were carried out regularly and in a number of areas, to ensure good practice was maintained.

Spot checks and competency checks were carried out by seniors to ensure staff worked to high standards and address any issues noted with care provision.

Staff told us they enjoyed working for the service and felt supported in their roles.

Creative Support - Salford Physical Disabilities Service

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 took place on 05 and 06 April 2017 and was announced. We gave the service 48 hours' notice, as they provide a supported living service to people living in their own accommodation and we needed to be sure someone would be in the office to facilitate the inspection, as well as allowing time to arrange for us to speak to people using the service and staff members.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC) and an Expert by Experience, who carried out telephone interviews with people using the service and staff members on 07 April 2017. An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services.

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service. We also reviewed all the information we held about the service including statutory notifications and safeguarding referrals and contacted external professionals from the local authority.

As part of the inspection, we were unable to speak to the registered manager who was on holiday but spoke to the locality manager, the responsible individual for the service, eight staff members and seven people who used the service.

We looked at three care plans, three staff files and two Medication Administration Record (MAR) charts. We also reviewed other records held by the service including audits, meeting notes and safety documentation.

Is the service safe?

Our findings

During the course of the inspection we spoke with seven people who used the service and each one told us they felt safe in the company of the staff and also as a result of the care and support they received. One person said, "I feel very safe." Another told us, "Yes, I feel safe most of the time, the staff are all okay."

We looked at infection control practices within the service. We asked the seven people we spoke with if staff wore personal protective equipment when necessary. All confirmed that staff had done so with one person telling us, "Yes, they all wear this consistently." Appropriate hand hygiene systems were in place within the office, including the use of liquid soap dispensers, paper towels and hand washing guidance.

The service had robust safeguarding systems and procedures in place. The safeguarding file contained the reporting procedure, along with copies of both the providers and local authorities safeguarding policies. A checklist was in place to ensure all safeguarding concerns were dealt with correctly. This indicated what documentation needed to be completed, what needed to be submitted and to whom. A safeguarding log was also kept of all alerts raised; including those which the local authority did not believe met the threshold for reporting and investigation. The log also included any follow up information along with lessons learned and action taken.

We asked staff about their understanding of safeguarding and whether the service provided training in this area. Each member of staff told us they had received training and displayed a good understanding of how they would report concerns. One said, "Yes, I have done training for both vulnerable adults and children. We have to complete a refresher course every year." Another told us, "I have had training and this is refreshed. I have actually just been chatting about this as practical training is going to be every two years now, with an e-learning refresher in between. If I saw any abuse being carried out I would ensure the service user was safe, if necessary contact the police, document what I had seen as soon as possible and report everything to management."

The service had a whistleblowing policy, which gave clear guidance on how to raise concerns. Staff told us they knew how to raise concerns and would feel comfortable doing so. One member of staff stated, "We have a policy about this, if I had any concerns I would go to the manager, above them if needed or outside of the organisation."

We checked to see if safe recruitment procedures were in place. We saw the service had a dedicated file, which contained each staff member's application forms, interview questions and answers and at least two references. Disclosure and Barring Service (DBS) checks had also been carried out with the DBS number and date of issue clearly documented. A DBS check is undertaken to determine that staff are of suitable character to work with vulnerable people.

We looked at how accidents and incidents were managed. The service had individual files in place for each area which contained a copy of the relevant policy and procedures. Both files contained a log that included details of what had occurred, what action had been taken, feedback from the manager and lessons learned.

We saw any accident forms, regardless of the severity had to be sent to the risk and safety manager at the provider's head office, who reviewed these and provided input and recommendations where needed. Monthly audit sheets were in situ within both files, which the registered manager completed. These provided an overview of each accident or incident along with action taken, who by and any outcomes. We asked staff members about what they would do if they witnessed an incident or accident. Each member of staff confirmed they would report this to the manager and if necessary contact the emergency services. One told us, "I would document what has occurred, let the manager know or the on-call if out of hours and email or fax the completed report to head office." Another said, "I would make sure the person is safe, complete the accident or incident form and a body map if necessary, and give these to the manager to review."

We asked staff for their views and opinions of staffing levels. All staff spoken with told us staffing levels were satisfactory and welcomed recent efforts to reduce the use of agency personnel. One said, "Overall we have enough and we are currently recruiting." Another told us, "I would say so yes, definitely enough in the morning and at night, when we have two staff on call."

People using the service also told us staffing levels were adequate and they received the support they needed. One said, "Staffing levels are definitely fine". Another told us, "Not sure, I think so. I do get the support I need when I want it."

We looked at staffing levels at the service and saw they employed eight full time support workers, three bank support workers along with a senior support worker, a co-ordinator and the registered manager, all of whom completed shifts on the rota. We looked at rotas for the last five weeks and saw that all shifts had been covered and agency staff had been used on three of these weeks to cover shortfalls. The service had used the same agency staff on each occasion to aid consistency. This was confirmed by the locality manager who told us, "If needed we do use agency staff, however following our recent and ongoing recruitment, we are doing so less and less. We always use the same people, to ensure they know the service users which helps consistency." We also looked at the number of commissioned hours the service provided each week and noted current staffing levels were sufficient to meet this need.

In all of the care plans viewed, we saw comprehensive risk assessments, which were detailed, easy to read and follow and were person centred. These rated the level of each risk as either low, medium or high as well as detailing potential triggers, the likelihood of the risk occurring, who may be at risk along with an action plan or control measures for each one. Where necessary people had a separate moving and handling risk assessment in place, which contained detailed information about the equipment in place, including the colour of the sling and correct placement of the colour coded sling straps.

We looked at medicines management and saw the service had robust systems and procedures in place. People we spoke to told us that they were satisfied with the support received from the service. One told us, "I get them when I should. A while back it was an issue, but much better now as more checks are done." Another said, "I have no complaints at all."

Each person had a medication file in their property which contained a range of documentation and monitoring systems. A medication assessment was carried out on each person which assessed their capabilities in managing their medicines and the support required to do so safely and effectively. Alongside this each person also had a support plan in place, which detailed what medicines they took, any potential side effects along with detailed administration guidance. This ensured staff had all the required information to support each person with safely taking their medicines.

Checklists were in place for monitoring medicines which staff completed twice daily and were reviewed

weekly by the registered manager. These covered what medicines the person took, if the blister pack had been checked, if all medicines had been given, if the Medicine Administration Record (MAR) chart was signed correctly and stock levels were correct. Weekly stock checks were also completed by two staff members for all medicines.

We saw 'as required' (PRN) protocols were in place, these explained what the medication was, reason for taking and dosage to be given. Body maps were in place and used for recording the administration of topical medicines such as creams and lotions.

We checked stock levels and MAR charts for two people using the service. All medicines had been administered as prescribed and signed for correctly on the MAR chart, with the correct stock levels remaining. One person was prescribed Warfarin; this was being stored correctly in a separate locked cabinet and administered as signed for by two staff members.

The registered manager completed a 21 point monthly medicines audit, which assessed all areas including receipt, storage, administration and recording of medicines along with staff training completion and competency assessments.

Is the service effective?

Our findings

We asked people who used the service if they thought staff were well trained. One told us, "Yes, they understand me very well." Another said, "Yes, the staff seem to know what they are doing." A third stated, "Yes, once they get into the swing."

The staff we spoke with were also complimentary about training provided. One said, "At induction we did 10 sessions classed as mandatory training, you can apply to do additional sessions as well. Training is very good, lots provided." Another told us, "I completed three days shadowing before completing the mandatory training, this was very thorough." A third stated, "I'm quite new to this type of job, but the training I was given taught me enough to do the role."

The service had a staff training file which contained a copy of the training matrix along with training certificates and copies of applications for staff to complete refresher sessions, when previously completed training was due to expire. We noted from the matrix that all staff were up to date with their training, including key sessions such as safeguarding, moving and handling, infection control and medication. The provider had introduced a new training calendar, which was to be provided to all Creative Support services. As part of this process, the frequency with which some sessions would be refreshed was decreasing, for example safeguarding training would be completed every two years rather than annually, however additional e-learning sessions were to be introduced, which staff would need to complete every 12 months.

We saw evidence that the Care Certificate was in place at the service, with new staff that did not have previous experience in a care setting being enrolled on the course. The Care Certificate was officially launched in March 2015 and is the new minimum standards that should be covered as part of induction training of new care workers. Employers were expected to implement the Care Certificate for all applicable new starters from April 2015.

The staff we spoke with told us they received regular supervisions and appraisals. One told us, "Yes, we have supervisions every month." Another stated, "Yes, we have supervision regularly, about every 6 weeks. We have appraisals every year." We looked at the service's supervision policy which stated that supervision should be completed every three months. The supervision matrix showed that meetings were being completed in excess of this, with each member of staff receiving supervision every four to six weeks. Within each staff file we viewed, we saw a supervision notebook which was used to record notes from the meetings to supplement the official supervision record.

We saw new staff members had to complete an initial six month probationary period, as part of the terms of their employment. Performance review meetings were held with staff at three and six months, to discuss how things were going and resolve any issues. Following successful completion of the probationary period, staff had a further performance review at 12 months, before falling in line with the services appraisal framework.

Support provided to people to assist with nutrition and hydration varied depending on individual needs,

some people only required support to go grocery shopping, whereas others needed help with meal planning and preparation. Care files contained detailed information about each person's needs, wishes and abilities. People we spoke with were positive about the support they received with nutrition and hydration. One told us, "I only use them to go shopping, happy with the support I get." Another said, "They help me with this. I get the food I like and they help prepare it for me. I get enough to eat and drink."

Staff were aware of the importance of encouraging and promoting a healthy balanced diet, but accepting of the rights of people to make their own choices. One staff said, "Support varies, we support people to draw up a shopping list, support them to go shopping and to prepare meals. How much support depends on the person." Another told us, "Everyone's level is different, some are independent and make all their own choices, we advise on the benefit of a healthy diet but as all have capacity, all we can do is advise, suggest and encourage."

People we spoke with told us they had been involved in decisions about the care and the support they received. One said, "I am absolutely involved in my care." People were able to choose their own keyworker by providing the registered manager with a list of their first, second and third choices. We saw these preferences had been met. Each care file contained a detailed consent form. This covered a range of areas including consent to care and support, creation of the care plan, support with medicines, staff access to their property, disclosing of information and the drawing up of a missing person's action plan; this identified the action that would be taken if contact with staff had not occurred for an agreed period of time. People had been asked to tick which of the areas they wished to consent to, and then sign the form. All staff we spoke with were clear on the importance of seeking consent and people using the service told us staff consistently asked for consent before carrying out any care or support.

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.

We checked whether the service was working within the principles of the MCA. We found the service had an appropriate MCA policy and associated procedures in place and staff had all received training in this area. One staff member told us, "Everyone has capacity until proven otherwise; people here have the right to make bad decisions just like anyone else." Another said, "I have done training in this and DoLS." DoLS stands for Deprivation of Liberty Safeguards. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had a DoLS file in place, which contained confirmation from the local authority that people using the service did not meet the current criteria for DoLS, so such authorisations had not been required.

People's health needs were being met with each person registered with a local GP. Support with health needs varied from person to person, however everyone had a health section in their care file which contained a health action plan. This provided a variety of information including what the person was like when they were well, how they would communicate they were in pain or unwell. Each person had a health appointment matrix, which was used to record all medically related appointments throughout the year. Input and advice from any professionals involved had been clearly documented in care files.

Is the service caring?

Our findings

People who used the service told us that staff were kind and caring. One person told us, "They are really good. I find them very kind." Another said, "The staff here are all kind and caring." A third stated, "The staff are good, they are very pleasant." People also confirmed they felt treated with dignity and respect by the staff that supported them and their privacy was always respected. One person said, "Oh yes, I feel treated with dignity and respect at all times."

Staff members displayed a clear understanding of the ways in which dignity and respect could be maintained. One told us, "Always ask before doing anything, cover with a towel when providing personal care." Another said, "Cover with towels, get people dressed as quickly as possible, close doors and if safe to do so, stand in the hall when using the commode to give some privacy." We saw the registered manager was a dignity champion, with certification in place from the National Dignity Council.

People told us staff were keen to help them maintain their independence and always checked if they wanted to do something for themselves. We asked staff about this, one told us, "We let people do what they can and try to make things easier for them to do. For example one person likes to do their own washing up, we fill the bowl with water and washing up liquid and put dishes next to the sink, they then wash the dishes." Another said, "We ask people what they want to do and assist them only where needed. One person we support can't manage to put milk on their cereal but can put on the sugar, so they add the sugar then we pour the milk until they tell us that's enough."

People we spoke with told us that they were regularly offered choice by the staff. One said, "They ask me about what I want to eat and what activities I want to do, there are always choices." Another told us, "I am offered choice, obviously within reason, but I decide what to do with my day."

We saw that all people who used the service had their own care file which contained copies of all care plans, risk assessments and health information. The file also contained daily report sheets, which staff completed, a cleaning record to evidence the support offered and/or received to assist with cleaning the property, service user guide, complaints procedure and customer care guide, all of which were in easy read format. This ensured people had all the information they needed regarding their care and support.

A number of the services' policies and procedures had been re-written in an easy to read format, consisting of simplified text and pictures. These covered key areas relevant to people using the service including equality and diversity, paying for care, fire safety, safeguarding, person centred practice and moving on.

We saw that monthly reviews were completed with people and their key worker. These followed a set format which looked at the care package being provided and whether the person was happy with this. Questions included; what goals have been set since the last meeting, how are you doing with these, how are you feeling / any health issues, are there any activities you would like to do, do you have any concerns feel involved in how service and support is provided. Each month people were supported to generate goals for themselves to draw up an action plan of how these would be achieved. Progress was discussed at each

monthly review, with people recording what steps they had taken to achieve their goal, what they could have done to improve their experience and how the outcome had positively improved their life.

The service also sought feedback from people on a monthly basis, with a proportion chosen each month to answer a questionnaire. People were asked to comment on whether support had been provided in line with their wishes, if staff had been caring and understanding, if any support had not been provided as required, if they had been supported with nutrition, what's working and not working and any feedback or comments they would like to make. Action points had been generated based on feedback, with a description of how this had been addressed. Four people had completed the latest questionnaires, all stated they were happy and had no issues to report. One person had written in the feedback section, 'Staff have empowered me to make my own decisions'.

Is the service responsive?

Our findings

People using the service told us they had been involved in planning their care. One person said, "Yes I am involved, very much so." Another told us, "I was involved in designing my care." People also confirmed they had been involved in their initial assessment. One person stated, "We talked about what I needed fully." A second told us, "We went through everything and discussed my needs."

We looked at whether the service was responsive to people's needs. People we spoke with told us this was the case, commenting on the ability and willingness of the service to adapt to people's needs to ensure they could do things important to them. One said, "Yes they are [responsive], staff all know what I like." Another stated, "They are very adaptable, I'm very lucky with this. I get to do the things I like." We saw further evidence within people's care files. A new detailed support plan had been drawn up following one person's discharge from hospital as their needs had subsequently changed. This had been done immediately and with the support of the person, to ensure continuity of care. Another person had indicated they wished to work in the media or on television and had been assisted to create a profile on an 'extras' website, to try and attract work in this area.

We asked staff how they ensured care provided was person centred. One told us, "Ensure we talk to people, involve them in their support." A second said, "By asking daily what people would like, by promoting their independence and making sure activities are personalised." A third stated, "Adapt to people's needs, work around them and what they want, after all it's their routine."

Within the three care files we looked at we saw evidence of person centred practice and that people had been involved in all aspects of care planning as well as reviewing their programmes, with signed and dated documentation present to confirm this. At the start of each care file was a checklist to ensure all required documentation was present. This also contained the date when the contents were last reviewed and when the next review was due.

Collaborative agreements were in place in a number of areas such as support with medicines; with people indicating what they wished staff to do when supporting in this area and frequency of contact required per day, with people agreeing what actions the service should take if contact had not been made for a specified amount of time. These agreements were regularly reviewed, to ensure they still reflected the person's wishes.

Each care file contained a personal profile of the person, which covered their background history, likes and dislikes and how they wanted to be supported. Along with this each person also had a 'lifestyle support plan' which along with the person's name and photograph, contained the following statement on the front cover, 'Hello my name is..., I have worked with the staff team to develop this booklet.' The inside contained detailed information on the person's daily routines, support needs and preferences, for example one person had documented, 'I like to get up between 8.00 and 10.00 am...and have a bed bath each morning.' We saw though daily records that these wishes had been met.

People's support needs were also captured within the risk and support section of each care file. This section contained further detailed background information and medical history. The section also covered areas such as communication, social skills, daily living skills, work and leisure and gender, spiritual, race and sexuality. In each area the person's strengths and needs had been documented, along with how they wished to be supported. Throughout the care files we saw detailed guidance in place for staff regarding what support was needed and how this was to be provided, which ensured a person centred approach had been maintained.

Person centred programme reviews had been completed annually, with each person deciding who was involved in the process, when and where the meeting was held. The agenda for these meetings included people recording what others liked about them, what was important to them, what was important to them about their future and what support they needed to stay healthy, safe and meet their needs.

We looked at activity provision within the service. We saw each person was funded for six hours activity allocation each week with them being able to choose how they used this time. A staff member told us, "People are funded for six hours activity time per week. They choose how they use this time and what they want to do. They can choose to have an hour a day over six days, have two three hour outings or use it up in one go."

As people chose how to spend their time a daily activity schedule was not required or in place, however we saw that weekly activities were advertised by the registered manager which people could link in with. These were run by another Creative Support service and included things such as karaoke, discos, quizzes and bingo. The service also had a venue located nearby called 'The Hub', where activities and events took place which people could also link in with. People we spoke with were happy with the support they received in this area, commenting on support they had received to go fishing, have pub lunches and attend events such as a valentine's day dance.

We asked staff about how they supported people with activity completion and social inclusion. One told us, "We try to be flexible; people choose what to do during their allocated hours." Another said, "Everyone has an activity day, some go out more than others, we offer choice and suggestions and see what people want to do."

The service had a complaints, compliments and suggestions file in place, which included a copy of the provider's complaints policy and procedures. A complaints log was in situ which detailed the date of any complaint, a summary of the complaint, what action had been taken, lessons learned, the outcome and date of resolution. We saw that any complaints received had been looked into appropriately, with meetings arranged and held with the complainant and outcome letters sent. Each month any complaints received were also forwarded to head office for review. People we spoke with knew how to complain and confirmed that any issues raised had been dealt with promptly and to their satisfaction. One person told us, "I would report any issues to the manager. They always get sorted."

Is the service well-led?

Our findings

At the time of our inspection 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 the registered provider, 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.

The service had a clear management structure in place with the registered manager being assisted by a support co-ordinator and senior support worker. The locality manager, who was present during the inspection, also had regular input and provided support. All people we spoke with were complimentary about the management of the service, telling us the registered manager was very responsive. People said that management took any concerns seriously and tried to address them quickly. One person said, "They are very good if I have problems."

Staff were very positive about the management team and the support they provided. One staff member said, "I enjoy working with this company. They are very friendly and supportive". Another said, "It's a good team, a family; the manager is incredibly open and supportive. If I need advice it is always given". A relatively new member of staff said of the registered manager, "Even if I ask a stupid question, they never laugh at me, just gives me helpful advice". Another staff member talked of the service's 'open door' policy and said, "No one is scared. The manager really motivates me". Another stated, "The doors always open, you can just come in and have a chat."

We also asked staff for their opinions on the culture of the service. One told us, "It's a really good service, all the staff are flexible, hardworking and care about people." Another stated, "The culture here is very positive, we all get on well."

We looked at whether the service held regular staff meetings and saw these were completed monthly. We viewed minutes from the last three meetings and noted that agendas covered a range of areas including reviewing any incidents to promote learning and good practice, service issues, roles and responsibilities and any areas staff wished to discuss. One staff member told us, "We have meetings monthly, I find them really useful. They are good for finding out what's new and if anything has changed."

Records in staff files showed the service undertook spot checks of staff carrying out their roles, to ensure they were competent. Checks were completed for medicine administration, provision of personal care and communication skills. Staff confirmed these took place, both formally and informally. One said, "These are linked in with supervisions. I have had all my meds and personal care ones." Another told us, "We have standard observations which are documented, but [registered manager] and [co-ordinator's] are on active support, so they also complete informal observations when working alongside us on the rota."

Meetings were held with people using the service, entitled 'tenant meetings' every three months. The last meeting had been held in March 2017 and been attended by six people. During this meeting the registered manager had discussed the current use of agency staff whilst the recruitment process was completed, and

whether people were okay with this. All in attendance confirmed they were in agreement and happy to use agency staff. The meeting also covered the safeguarding procedure to ensure all were aware of what to do and felt comfortable raising concerns, any health and safety issues, any issues with staff or other people using the service and discussions around activities.

Each month the service gathered feedback from a selection of people using the service, through the monthly tenant feedback sheet. This incorporated a range of questions covering support provided and if they had any issues with this, whether staff were caring and understanding, if people had been supported with a healthy and varied diet, what's working and not working with the service, what needs to change and any other feedback. All feedback received during the last batch of questionnaires was positive, with no concerns raised.

We saw the service completed a number of quality assurance audits on a weekly and monthly basis. Individual audits for medication, safeguarding, accidents, incidents and complaints were completed with action points generated and signed off upon completion. The home also had a quality monitoring file in place which covered nine areas where audits or monitoring of service provision were completed. These were tenant feedback, daily five index; which was a sample of five files to ensure all documentation is in place and completed properly, analysis of key worker documents; which looked at the documentation completed by key workers with people using the service, such as monthly reviews and goal sheets, manager's spot checks, finance audits, senior manager site visit, monthly managers checklist, monthly tenant reviews and medicines audits.

During the monthly spot checks the registered manager ensured staffing on duty corresponded with the rotas, all medicines had been signed and administered, all cleaning tasks completed, support delivered as per care plan. Two care files were also audited with action points and times for completion generated.

Each month the locality manager completed a site visit, carrying out a comprehensive audit of the service. This covered five key areas; staffing, which included supervision, training and performance, quality; which included audit completion, safeguarding, complaints, accidents and incidents, service users; which covered whether files were up to date and all documents present, contract monitoring, voids and occupancy and an overall outcome of the visit. Actions required to ensure the service met CQC's key lines of enquiry (KLOE's) were also included as part of the process.

The registered manager also completed a monthly audit looking at care files and documentation, staffing levels, personal development plans, meeting completion and health and safety issues. We looked at the last two audits and saw a detailed action plan had been generated for any identified issues, with outcomes and date of completion documented.

In order to gather additional quality assurance information, questionnaires were sent annually to purchasers and professionals, family members and/or carers of people using the service. The questionnaires required people to rate the service in a range of areas using two scales dependent on the question. We looked at feedback from four relatives received in October 2016. Each person was 'very satisfied' with the support provided and stated the service was 'good' at meeting the needs of their loved ones.

The service had a range of policies and procedures in place. This included key policies on medicines, safeguarding, MCA, moving and handling and equality and diversity. Policies were regularly reviewed and updated centrally at provider level, so that the most up to date copy was always available. We saw evidence that staff had both access to and an awareness of policies and procedures.

