

## Crimson Hill Support Ltd

# Crimson Hill Support

## 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

This inspection was unannounced and took place on 25, 28 and 30 September 2015. The inspection was carried out by one inspector. The last inspection of the service was carried out on 17 October 2013. No concerns were identified with the care being provided to people at that inspection.

The service provides support and personal care for people with learning disabilities and mental health conditions who live in their own homes. The agency is

able to provide a service to people of all ages including children. They specialise in providing support to people with complex needs and behaviour that may challenge themselves or others. At the time of the inspection they provided support to approximately 50 people living in Somerset.

One of the providers is also the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage

# Summary of findings

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service had been involved and consulted in drawing up and agreeing a plan of their care and support needs as far as they were able. Where appropriate close members of their family had also been consulted. The care plans were detailed and set out the goals each person had identified that would help them gain greater independence. Risks to their health and safety had been assessed and people had been consulted and involved in drawing up measures to reduce the risks where possible.

People received support from staff who were caring, patient and understanding. One person told us "The care workers are all nice" and a relative described the staff as "gentle". Staff spoke with pride in their jobs and gave examples of how colleagues had gone 'above and beyond' their call of duty to help people become happier and achieve a better quality of life. Comments from staff included "Staff have a genuine affection for people. We care. There are some amazing staff."

There were enough staff to meet people's complex needs and to care for them safely. People were protected from the risk of abuse and avoidable harm through appropriate policies, procedures and staff training. Staff received relevant training to effectively support each

person's mental and physical health needs. Staff were positive and enthusiastic. Comments included "It's a wonderful place to work" and "They are a good employer".

The agency worked closely with health and social care professionals to ensure each person received a support package that was tailored to meet their individual needs. A social worker told us "It is refreshing to come across an agency who know what the service users need and are prepared to go that extra mile to meet that need."

Medicines were administered safely by staff who had been trained and were competent.

People were supported to participate in a variety of social activities in the community. The service had good local links to promote people's involvement in the community.

People were supported to maintain good health. Staff supported and encouraged people to eat healthy and nutritious foods. Staff from the service supported people to attend hospital and community appointments when needed.

The provider had a range of monitoring systems in place to ensure the service ran smoothly and to identify where improvements were needed. Action plans were in place to show how improvements would be made. People were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways. Regular staff meetings were held and staff told us they could speak out in these meetings. We also saw evidence of formal complaints raised with the manager and these had been investigated and responded to.

# 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.

People were protected from abuse and avoidable harm by robust policies and procedures. Staff were carefully recruited and trained to minimise the risks of abuse or harm.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

There were sufficient numbers of suitably trained staff to meet each person's individual needs.

Good



### Is the service effective?

The service was effective.

People with complex health and learning needs were supported to live their lives in ways that enabled them to have an improved quality of life.

People received effective care and support from staff trained in providing care for people with complex communication and support needs.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Good



### Is the service caring?

The service was caring. People were treated with kindness, dignity and respect. The staff and management were caring and considerate.

Staff understood each person's non-verbal means of communicating their choices and preferences.

People were supported to maintain family relationships and to avoid social isolation.

Good



### Is the service responsive?

The service was responsive and able to adapt promptly to people's changing needs.

People and their relatives were involved in drawing up and reviewing a plan of their support needs.

People, relatives and staff were encouraged to express their views and the service responded appropriately to their feedback.

Good



### Is the service well-led?

The service was well led.

The service promoted an open and caring culture centred on people's individual needs.

People were supported by a motivated and dedicated team of management and staff.

The provider's quality assurance systems were effective in maintaining and driving service improvements.

Good



# Crimson Hill Support

## Detailed findings

### Background to this inspection

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

This inspection took place on 25, 28 and 30 September 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on 17 October 2013 the service was meeting the essential standards of quality and safety and no concerns were identified.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During our inspection we spoke with the registered manager, one of the providers and 18 staff. We looked at the care records and visited the homes of five people who received a personal care service where we either spoke with the person, observed staff interacting with them, or we spoke with members of their family who were closely involved in their care and support. After the inspection we contacted 10 health and social care professionals to seek their views on the service.

We also looked at records relevant to the running of the service. This included staff recruitment files, training records, medication records, complaint and incident reports and performance monitoring reports.

# Is the service safe?

## Our findings

People told us, and we saw that people were safe. The people we met were relaxed and happy when staff were with them. One person told us they liked all of the care workers currently visiting them although in the past there had been one member of staff they did not like. They told us they had spoken with the provider who sorted it out immediately. They said they would not hesitate to speak out again in future if they felt a member of staff was treating them badly, saying “If I get any problems I would speak with (the provider).” Relatives also told us they were confident they could speak with the provider if they had any concerns, for example “We work alongside them. We make sure he gets the right support. I would not hesitate to pick up the phone if I was concerned.”

Risks of abuse to people were minimised because the provider made sure prospective new staff were thoroughly checked to make sure they were suitable to work at the home. We looked at the recruitment files of six staff recruited since the last inspection and these contained evidence of checks included seeking references from previous employers and checking that job applicants were safe to work with vulnerable adults. Staff we spoke with confirmed their recruitment process was thorough and they had not been allowed to start working with people until all checks and references had been completed and were satisfactory.

Staff training records showed that every member of staff had received training at the start of their employment on how to recognise and report abuse. They also told us they received annual refreshers on this topic. Staff we spoke with confirmed the training was thorough and they would not hesitate to report any concerns to the provider. They also knew how to contact the local safeguarding team, the Care Quality Commission or the police if necessary. Where allegations or concerns had been brought to the registered manager’s attention they had clear and detailed records of the concerns and actions they had taken. They had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Each member of staff was given a compact disc with copies of each of the provider’s policies and procedures, including policies on safeguarding and protecting people from abuse. This meant staff had access to relevant information on how to make sure people were protected from abuse.

People were supported by sufficient numbers of staff to meet their needs. At the time of this inspection approximately 100 staff were employed. The registered manager told us they were constantly recruiting new staff and this meant they always had sufficient staff to provide holiday and sickness cover when needed, and to meet the requirements of all existing and new packages of care. Relatives we spoke with confirmed people received a reliable service. One relative told us staff were occasionally a little late for understandable reasons such as traffic hold-ups but otherwise they had never experienced any missed visits. Each person received a weekly timetable which gave them the names of the staff who would be visiting them, and the days and times of the visits.

A member of staff was employed in the agency office to organise staff rotas. They used a computer programme to plan staff rotas and staff received these approximately two to three weeks in advance. Checks were carried out daily to make sure any unallocated shifts were covered. The computer system sent out text messages to staff every evening to remind them of their shifts the following day. Staff we spoke with told us they were confident the rotas were well organised and the risk of people not receiving support visits as planned was very low. Comments included “(The rota organiser) is fantastic – very well organised.”

Care plans contained detailed risk assessments that covered all aspects of each person’s physical and mental health and personal care needs. They also outlined the measures in place to enable people to safely take part in activities both inside and outside their homes. These had been regularly reviewed and updated. A social worker told us about one incident which potentially was a risk. They told us the registered manager dealt with the matter promptly and said “I have no concerns about it happening again.”

People received support where necessary with the administration of their medicines. Each person’s individual needs and abilities relating to the administration of their medicines had been assessed and plans had been drawn up to explain how any identified risks should be addressed. Care plans explained how to recognise when medicines prescribed on an ‘as required’ basis should be offered, such as pain relief, and how these should be offered. Information on ordering new stocks of medicines was also explained in the care plans, for example “I need you to order my

## Is the service safe?

medication and make sure I do not run out. There is a medication log that states when it will be needed to be ordered again.” Medicine administration records were completed for each medicine administered. At the end of each month completed records were returned to the agency office. Records we saw contained no unexplained gaps and provided evidence that all medicines had been administered safely.

Medicines were administered by staff who had been trained and their competency checked. Where people suffered from epilepsy and may require emergency rescue medication staff had received thorough training and had their competency checked before they were allowed to work with the person.

# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. New staff received induction training lasting three weeks at the start of their employment. This included an introduction to the company, safeguarding vulnerable children and adults, roles and responsibilities, principles of support, all required health and safety topics, and a range of topics relevant to the needs of the people they would support including epilepsy, autism, stepping stones to support and communication. They also received two days training on behaviour including physical intervention and de-escalation. This training is also known as Management of Actual or Potential Aggression (MAPA) and is accredited by British Institute of Learning Disabilities (BILD). Staff were encouraged to complete a range of training within their first six months of probationary employment leading to a Technical Certificate. They are then encouraged to complete a Diploma in health and social care either at level 2 or 3. This training gave staff the basic skills to care for people safely. All new staff will be undertaking the Care Certificate from October 2015.

Each year staff were required to complete updates on all essential health and safety related topics, and also any topics such as behaviour and physical intervention that was relevant to the people they supported. Training was delivered in a variety of ways, including 'in house' classroom based training, external courses, workbooks, DVDs, and computer courses. This meant staff received training in a range of methods to suit their learning styles. The provider employed a training manager whose role was both to deliver training and also ensure each member of staff received training and updates to meet their individual learning needs. Training was also delivered by team leaders with skills and expertise in specific topics. Staff were supported by the training manager and team leaders to gain relevant qualifications such as Diplomas. Senior staff and team leaders were encouraged to gain higher levels of qualifications, such as level 5 diploma for team leaders.

Staff we spoke with confirmed the level of training they received was of a high standard and provided them with the skills they needed to support people effectively. Comments included "The training is really, really high standard, especially MAPA", "The training is in-depth", "Without the training I would feel quite lost", and "The

training is relevant and good quality". Staff told us new training and procedures were based on prevention of aggression with the focus being on how to help them to understand how the person was feeling.

Staff received regular supervision on a one to one basis, and they were able to speak with one of the management at any time for advice or support. Regular staff meetings were held. Staff told us they felt very well supported. Comments included "I am very well supported – much better than the previous company I worked for", "We get good support. (A team leader) has been fantastic", "(The registered manager) is a very good boss, very approachable, gives good advice", "(The providers) are very approachable – more like family. They are really good – (the registered manager) is the first to help." A team leader told us "We take a person-centred approach to our staff. We care about our staff."

The training manager explained how they made sure all staff were kept up-to-date with current best practice. All senior staff who provided training had to undertake refresher training on a periodic basis to make sure their knowledge was up-to-date. The registered manager had undertaken degree level courses on various relevant topics. They subscribed to relevant publications and magazines and copies were available for all staff to read. They also used local colleges and reputable training organisations for some training courses, and the registered manager attended meetings and events organised by health and social care professionals where they were kept updated with current legislation and good practice. They told us "(The providers)

have invested in a number of resources to support my role as training manager to deliver the new care certificate as smoothly as possible whilst introducing new methods of delivery and new training content." They told us the company had recently invested in computer equipment to aid staff learning. They also said "(The providers) recognise the need to invest in their staff "

The agency specialised in supporting people with complex needs including people who at times may become angry or upset, and may either harm themselves or other people around them. The registered manager explained that staff had been trained to withdraw to a safe place whenever possible and only use restraint as a last resort. They used 'safe holding' rather than restraint that might cause pain. This was used only if the person was outside of their home

## Is the service effective?

in a public place where the person, members of the public or staff might be at risk. Staff had received in-depth training and instruction on how to keep themselves and the person as safe as possible, and this might sometimes include holding the person in the safest, least restrictive and non-painful way for the minimum amount of time until the person had calmed. Staff told us there were good procedures and support in place to help them deal with the aftermath of any violent outbursts.

We heard of a number of people supported by the agency whose levels of violent or angry outbursts had reduced significantly since their support from Crimson Hill began. This had been achieved by working with each person to agree their support needs. Support plans included detailed information on how to communicate with the person, how to understand the things they liked and disliked, how to recognise signs of upset or agitation, and how to support and guide the person towards activities they enjoyed and might help them to calm down. For example, staff described the support they gave to a person who had a history of violent behaviour in the past. They told us “We can see improvements in (the person). He is much more tolerant and accepting now. He has the freedom to make his own choices now.”

A social worker told us they approached Crimson Hill to provide a support package for one person because they knew the service was able to provide evening and on call night support that would meet the person’s needs. “Their flexible and consistent approaches in working with this young adult has reduced the number of hospital admissions for their self-harming behaviour. Crimson Hill gave careful consideration as to which workers would be best placed to meet their needs and help them feel relaxed to promote engagement with them.”

A relative told us the agency had recently begun supporting a person who communicated using sign language. They told us some of the staff had good sign language skills. The registered manager told us all staff had basic training on communication skills at the start of their employment. If they needed further training on communication, including sign language, this would be provided to enable them to meet the individual needs of people they supported.

People were supported to eat varied and nutritional foods according to their preferences and dietary needs. One person we visited told us about the food they liked. They had previously eaten a very restricted diet with no fruit or

vegetables. Staff had gradually encouraged them to try new foods and introduced fruit and vegetables into their meals. They told us they now enjoyed a range of home-cooked meals such as cottage pie, stew, soups and sweet and sour.

We met a relative of a person who was recovering from a serious illness. They had complex health and personal care needs. Due to their illness they had been fed through a tube into their stomach known as PEG (percutaneous endoscopic gastrostomy) feeding. Each member of staff had received training by specialist nurses before the person was discharged from hospital to enable them to carry out this process. The relative told us the staff team was consistent and reliable. “They are very good - like an extended family. Staff have the training they need.”

Staff told us they usually provided care and support to the same people each week and this meant they knew each person well and understood their needs fully.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. People were given choices, and their consent was sought before care was provided. One person told us if any of the support workers told him what to do he would tell them “I am not doing that!” He was confident all the staff understood this and always provided support according to his wishes.

We were given a number of examples of how staff supported people who had capacity to make decisions rather than restrict people, even though staff may not always feel this was in the person’s best interest. For example, a person who had a history of becoming agitated and violent sometimes decided they wanted to go out for a walk to vent their frustrations. In the past when they had received support from another provider the person had been restricted and restrained by staff who had decided this was in their best interest. Since Crimson Hill Support had begun to provide support the number of incidents had reduced significantly. Staff were given detailed information about how to accompany and support the person, and not to try to shut them in their house as this had been shown in the past to increase the person’s anger.



## Is the service effective?

The service arranged for people to see health care professionals according to their individual needs. They had drawn up their own 'hospital passport' for one person who

had difficulties accessing hospitals due to their behaviour and anxieties. This had been successful and they planned to introduce this for every person they supported who may need support to access medical treatment.

# Is the service caring?

## Our findings

We observed staff supporting people in a caring, supportive and encouraging manner. Staff were calm and reassuring, gave advice, but also accepted people's right to behave in ways that might not always be considered socially acceptable. For example, two staff described how a person who had a history of behaviour other people had found challenging had matured since they began working with them. They explained how they supported and encouraged the person to come up with ideas to improve their life, such as holidays and trips to places they were interested in, and games and books the person enjoyed, with comments such as "He loves that." They talked about the person's next goals and how the person was eager to do new things. The person had become more relaxed, and the staff had found this rewarding. They demonstrated a clear understanding of the person, and a determination to support the person to achieve a more fulfilling life.

Another person we met told us about the support he received from staff. He said "The care workers are all nice." He explained how staff understood and respected his wishes, for example he did not like the staff writing reports about him as it reminded him of the past when he had lived in hospitals. He described how staff sat down, explained and agreed things with him, and said he was happy with this. His support plan explained to staff the things that were important to him, including 'being listened to', 'being respected' and 'not being told what to do'.

The staff encouraged and supported people to keep in touch with family and friends. One person described a recent event organised by the provider which they attended with their mother. Another relative described the close contact they had with the staff team and told us "They keep in regular touch." Support plans included information about people who were important to each person such as families, friends and other professionals important to them.

A relative described a person's complex health needs and explained how they needed to be supported to move very carefully by staff who had a very clear understanding of their needs and health risks. They told us "The staff are all very gentle with (the person)".

The service encouraged people to take an active role in the organisation according to their abilities and wishes. For

example, one person told us they were sometimes asked to be involved in staff recruitment by joining interview panels. They felt their opinions on staff suitability had been listened to and respected.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions.

Agreements had been reached with people on how staff should respect their privacy and dignity. Care plans set out detailed instructions to staff on how this should be achieved. For example, one care plan contained information on a person's 'private time'. This explained how to respect and understand the person's sexuality, their feelings, and how to allow the person privacy when they wanted it.

Staff described the caring skills of their colleagues. For example, one member of staff told us "We have some amazing staff who have done some amazing things for people. Staff do 'above and beyond'. The right people in the right jobs." Another member of staff said "Staff have a genuine affection for people. We care. There are some amazing staff."

Staff also described how the whole staff team including the provider and registered manager cared for each other and supported each other. They described how they were supported through difficult times in their personal lives, and how this had enabled them to be more effective and caring in their jobs. Comments included "I couldn't ask for better support. They accommodate family circumstances. Very sympathetic and helpful. Everyone pulls together. The best team I can remember working with." We heard examples of staff who had been flexible and willing to work additional shifts at short notice to make sure people's needs were met, such as when a person became seriously ill and required high levels of support.

End of life plans had been drawn up for people with complex health needs. Staff had also received training on how to care for people at the end of their lives. There were no people receiving end of life care at the time of our inspection, although we heard how staff had recently supported people who had been seriously ill, and who had subsequently recovered from their illness.

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Each person had been supported and involved (as far as they were able) to draw up and agree their own support plan. People who were able to read and write had signed the plans to agree the content. Where appropriate, other people involved in their care were also consulted and involved in drawing up their support plan, such as care managers and close family members. The support plans were detailed, clearly set out, and easy to read. They provided a wide range of information about the person's preferred daily routines, their likes and dislikes, people and things that were important to them. The plans were written in the first person and gave explanations to the staff such as "I like to do.." "I will ask you to do.." "I will tell you to.." and "I am not keen on.."

Staff told us the care plans gave them the information they needed to support people effectively. They told us the plans were regularly updated. For example, one staff told us about a person whose support plan had just been updated saying "His support plan is exactly right. It's him to a 'T'. He was involved in his support plan."

We asked a professional if the agency provided a safe, effective, caring, responsible and well run service. They told us "I am extremely impressed with all areas that you mention. They have also been a pleasure to engage with and very flexible." A social worker told us "They have taken on very complex young people and worked well with both them and their families. The work is of a high standard, not just 'minding' these young people but building relationships and engaging them in meaningful activities."

The staff responded to changes in people's needs. When people needed more support due to illness the staff were able to provide extra hours at short notice. One person told us they sometimes 'banked' some of their support hours and this meant if they wanted support for activities such as holidays or days out they could ask for increased support when necessary. They also told us they had been supported by the staff to gain new skills and become more independent. This had resulted in their level of support being reduced each week. The person had really appreciated having some time on their own each day and had felt a sense of achievement. They told us they had been through a "steep learning curve."

People were supported to take part in a range of activities according to their interests. One person described holidays they had enjoyed and said they liked going to the beach or to the pub. Another person enjoyed car trips to places of interest. Support plans described in detail the activities people enjoyed doing, and also how to help people work towards gaining new skills and greater independence. Support plans explained the goals people had achieved, and the next goals they were working towards, for example outings that the person had enjoyed and plans for future outings or holidays.

People were supported to maintain contact with friends and family. For example, one person had been supported to find accommodation close to their family. This meant their family could visit regularly and keep a close involvement in their care. A relative told us the staff gave them good feedback at the end of each day when the person returned home from their day care activities. The staff also provided good information about the person's daily activities in a report book. This gave the relatives confidence that the person was receiving good support.

All incidents and accidents were recorded and analysed for patterns of behaviour. The information was used to help staff consider any changes in a person's support needs and how this could be met. They kept all relevant people such as relatives, health and social care professionals informed of incidents and accidents and also sought advice on any further actions necessary.

The registered manager sought people's feedback and took action to address issues raised. The registered manager kept a complaints log and told us that people who used the service, their relatives, any professionals involved in their care, and the staff team were encouraged to raise complaints. They kept a record of all complaints and the actions taken to investigate and address the complaints. Staff confirmed they were confident they could raise concerns no matter how small. Comments included "Reporting of concerns is encouraged. They are very open" and "Any niggles or negatives are addressed in supervision or by asking to speak with the registered manager". A member of staff told us they had raised a concern in the past using the concerns form and they were confident the registered manager had listened, taken the matter seriously and had dealt with the matter in a professional manner.

## Is the service responsive?

Team leaders carried out spot check visits to each person at least once a month and this was an opportunity for people to raise any concerns or complaints about their

support. A relative told us they had some minor concerns about the service and said there had been some “fine tuning” needed. They had raised their concerns and these had been listened to and acted on immediately.

# Is the service well-led?

## Our findings

People and their relatives told us the service was well-led. One relative described how the management team kept in regular touch with them including monthly reviews to check the service was running well. They told us they were “Very happy – they are like an extended family.” All of the staff we spoke with told us the service was well organised. Comments from staff included “(The providers) should be proud of what they have achieved”, and “I could not work for better people.”

There was a staffing structure which provided clear lines of accountability and responsibility. One of the providers was also the registered manager and was actively involved in all aspects of the service. They had a good knowledge and understanding of the needs of each person the agency supported, and of their families. They also had a good knowledge of each member of staff employed. Staff told us they were well supported by senior support workers, team leaders and the registered manager through regular supervision sessions and through informal support systems. Comments included “I couldn’t ask for better support” “(The registered manager) is always here and will always step in, help out or offer advice”, “(The registered manager) is very supportive. Her door is always open” and “(The registered manager) will always make time for you. She never makes you feel stupid.” Another member of staff told us about a person they worked with who had complex needs. They told us staff were encouraged to raise suggestions saying “The company are very open to new ideas.”

Most staff enjoyed their jobs and were proud to work for the company. Comments included “It’s a wonderful place to work”, “They are a good employer” and “Brilliant! A company that rewards staff. Pay is good. I am very happy.” However, one member of staff told us they were concerned about the poor state of one person’s accommodation. They told us they had raised concerns on a number of occasions. We spoke with the providers who told us they had worked with the housing association who arranged the person’s tenancy, the person, and the person’s family to plan and agree how the accommodation will be repaired and decorated in the near future. They also showed us an action plan setting out how this will be achieved. However, they were also sensitive to the wishes of the individual and how they wanted their home to be decorated and

furnished and this meant repairs and decorations had to be carefully planned and co-ordinated. This showed they had listened to staff concerns and acted on them, although the actions may not have taken place as quickly as some staff had expected.

The registered manager had a clear vision for the service. They told us “We try to have a ‘can do’ culture”. They said that as part of the person-centred approach they worked closely with other agencies and professionals. They had a range of checks and audits that helped them to understand how people were feeling and any changes they needed to make to the service. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. They also supported and encouraged staff to feel part of a valued team by arranging staff parties and events. In recent years the organisation had grown and they had recently moved to a larger new office building. On the evening of the first day of our inspection a party was held for all the staff. They told us they will also hold a Christmas party for staff. They also sent out regular newsletters to staff to keep them informed and involved in the running of the service.

One member of staff who had worked for the provider since they began the service told us “It’s been fun to be part of an evolving company. I feel I have been able to help develop the company.” They said they shared the same ethos as the providers and described how their focus was on providing person-centred care. “We are committed to giving people the support they need. It’s a good organisation.”

Health and social care professionals told us the agency was well-managed. A social worker told us “It is refreshing to come across an agency who knows what the service users need and are prepared to go that extra mile to meet that need.”

There were effective quality assurance systems in place to monitor care and plan how improvements will be made. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified actions had been taken to improve practice. The manager carried out a range of checks to make sure the service was running smoothly, including checks on staff supervision frequency, spot checks and reviews on individual support packages, and checks on daily reports and medicine administrations

## Is the service well-led?

records returned to the office. We saw action plans had been drawn up after meeting with people who used the service, and after staff meetings. These clearly recorded how improvements would be achieved.

The registered manager kept their skills and knowledge up to date by on-going training, attending courses and

meetings, and by reading. They had a range of relevant qualifications, training and experience. This helped them to understand how staff felt when working in volatile environments. It also ensured they had the skills to manage staff effectively and to ensure their skills were utilised and the areas where they needed support highlighted.