Highfield Scheme Limited

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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

Highfield Scheme Limited is registered to provide personal care and support to people with a learning disability who are living in their own homes. This included people living in shared accommodation as part of a supported living arrangement. The aim of the service is to promote each person's personal development, their independence and maximise their potential in all areas of life.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection carried out on 16, 17 and 18 February 2016 we rated the service as 'Good' overall. However, we found the provider did not have robust recruitment procedures for the safety and well-being of people who used the service. Following the inspection we received an action plan from the provider indicating how and when they would meet the relevant legal requirements. At this inspection we found sufficient improvements had been made.

We found there were management and leadership arrangements in place to support the day to day running of the service. Comments from staff indicated there was discontentment about some aspects of management, but we found action had been taken to make improvements.

Recruitment practices made sure appropriate checks were carried out before staff started working at the service. Staffing arrangements were sufficient. Support was provided in response to people's agreed plan of care.

People we spoke with indicated they felt safe with the service. Staff spoken with were aware of the signs and indicators of abuse. They knew what to do if they had any concerns and were confident in reporting matters. Staff had received training on safeguarding and protection.

Risks to people's well-being were being assessed and managed. Systems were in place to maintain a safe environment for people who used the service and others.

Where applicable people were supported with shopping for provisions, cooking, eating and drinking. People's individual dietary needs, likes and dislikes were known and catered for. Arrangements were in place to help make sure people had a balanced diet and healthy eating was encouraged.

People were effectively supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

We observed positive and respectful interactions between people using the service and staff. People made

positive comments about the staff team.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities, preferences and routines before they used the service.

Each person had a care plan, describing their individual needs, preferences and lifestyle choices. This provided guidance for staff on how to provide support. People's needs and choices were kept under review and changes were responded to.

Staff expressed a practical awareness of promoting people's dignity, rights and choices. People were supported to engage in meaningful activities in their homes and in the community. Beneficial relationships with relatives and other people were supported.

People were supported as much as possible to make their own choices and decisions. We saw staff consulting with people and involving them in routine decisions. We found the service was working within the principles of the MCA (Mental Capacity Act 2005).

Processes were in place to support people with any concerns or complaints. There was an 'easy read' complaints procedure for people, which provided step by step guidance on making a complaint.

There were systems in place to consult with people who used the service and staff, to assess and monitor the quality of their experiences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff recruitment processes included relevant character checks. Staffing arrangements were sufficient in providing people with safe care and support. Staff were trained to recognise any abuse and they knew how to report any concerns.

We found there were safe processes in place to support people with their medicines. Checks were carried out to identify errors and make improvements.

Processes were in place to maintain a safe environment for people who used the service. Risks to people's individual wellbeing and safety had been assessed and managed.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well-led.

Highfield Scheme Limited

Detailed findings

Background to this inspection

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

This inspection took place on 27, 28 and 29 September 2017. We contacted the service two days before the visit to let them know we were inspecting. We did this because they provide a supported living service and we needed to be sure that someone would be available for the inspection. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team and had discussions with the local authority safeguarding team. Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent questionnaires to staff and community professionals. We received 27 completed questionnaires from staff and two from community professionals. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we visited people in their own homes. We spent time with people and observed how they were supported. We spoke with nine people who used the service. We also talked with five support workers, three team managers, two team leaders, the registered manager and the provider. We looked at a sample of records, including four care plans and other related documentation, two staff recruitment records, staff training records, records of complaints, policies and procedures and quality assurance records. Following the visit we had contact with the learning disability nurse team.

Good

Is the service safe?

Our findings

At our last inspection we found the provider had not ensured robust recruitment procedures were followed prior to staff working at the service. At this inspection we noted improvements had been made. We checked if the staff recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked in detail at the recruitment records of two recently recruited staff. The required character checks had been completed before staff commenced work at the service and these were recorded. The checks included an identification check, obtaining full employment histories, clarification about any gaps in employment and obtaining written character references. We found records had been kept of the applicant's response to interview questions and further discussions as required. Processes were in place to assess and mitigate risks around any declared cautions and convictions.

Following the interview successful applicants were required to complete a health screening assessment. An appropriate Disclosure and Barring Service (DBS) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The recruitment process was guided by the completion of a checklist audit. Arrangements were in place for new employees to undergo a probationary period to monitor their conduct and competence. There were policies and procedure to support the recruitment process.

All the people we spoke with indicated they felt safe with the support they received. Their comments included, "I feel safe here," "The staff are wonderful. They don't bully me or anything like that," "They don't shout or boss us about," "I definitely feel safe," "I feel more safe and comfortable with them" and "At night we have the doors locked and keep windows closed."

One team leader explained that safeguarding matters had been discussed with people who used the service. Prior to the inspection, we reviewed the information we held about the service relating to safeguarding incidents and allegations of abuse. We discussed and reviewed some of the previous safeguarding concerns with the registered manager. Records showed how safeguarding and protection matters were reported, managed and the action taken to reduce the risks of re-occurrence. At the time of the inspection we found the provider was appropriately liaising with local authority in relation to an ongoing investigation.

We discussed the safeguarding procedures with staff. They expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff spoken with said they had received training and guidance on safeguarding and protecting adults. Records seen confirmed that arrangements were in place for staff to complete safeguarding training. Staff also told us of the additional training they had received on keeping people safe, which included moving and handling, infection control and first aid awareness. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. All the staff completing surveys indicated people using the service were free from abuse and harm. Most were aware of the reporting procedures and felt protected by the service's lone worker policies.

We looked at how the service maintained appropriate staffing levels. We found there were enough staff deployed at the service to provide care and support and keep people safe. People we spoke with told us staff always attended to provide their contracted care and support. One person told us, "We think we have enough support" another commented, "Staff have never missed visiting and they are flexible." Referrals were made to the local authority commissioning team if people's needs changed and the provision of staff support needed to be reviewed. The staff rota planning system involved teams of staff working at designated properties. There was an on-call system in place which meant a member of the management team could always be contacted for support and advice. The registered manager explained that due to changes in response to specific support needs, some staff had been working across the service and an agency staff had been engaged. However, the same staff member had been enlisted to help promote continuity of support for people who used the service. At the time of our inspection the recruitment of additional staff was ongoing.

We looked at the way the service supported people with their medicines. People told us, "They support me with medicines. I always get them on time," I sort my own medicines. They did an assessment with me" and "I am aware of what all my medicines are for." There were various processes in place in response to people's individual needs, abilities and preferences. Each person's capacity and preferences to manage and be involved with their medicines had been risk assessed. There were individual plans in place to direct staff on providing support. All the MAR (medicine administration records) seen were well presented and organised, complete and up to date.

There were specific protocols for 'when required' medicines. We noted one recently obtained 'over the counter remedy' did not have a protocol in place however the team leader took action to rectify this matter during the inspection. Regular medicine checks were carried out to identify any errors. Several medicine errors had been identified, however action had been taken as appropriate to seek advice and make improvements. Staff providing support had completed medicine training. There were improved processes in place to assess, monitor and review staff competence in providing safe effective support with medicines. The service had medicine management policies and procedures which were accessible to staff.

We reviewed how risks to people's individual safety and well-being were assessed and managed. Health and safety checks had been completed on environmental matters in people's homes. Any concerns were reported to the landlords for attention. Each person had a personal emergency evacuation plan. Records were kept of any accidents and incidents that had taken place. Processes were in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends.

We found risks to individuals had been assessed and recorded in people's care records. One person told us, "We have risk assessments. They have gone through them with us." There was information defining the risks and the action to be taken minimise risks for people's wellbeing and safety. The risk assessments were summarised in a person centred way and covered aspects of support and care including as appropriate: behaviours, swallowing and choking, kitchen skills, accessing the community, moving and handling, skin integrity, mobility and support with personal care. We noted the risks assessments were dated and kept under review. Staff spoken with expressed an awareness of people's individual risk assessments. We noted staff had signed to confirm their awareness and understanding of the risk assessments.

Good

Is the service effective?

Our findings

People we spoke with indicated they were satisfied with the service they experienced with Highfield Scheme. Two comments were, "I think Highfield is fantastic" and "I like how they support me." The majority of staff completing surveys told us they would recommend the service to their family members.

We looked at how the service trained and supported their staff. Records and discussion showed arrangements were in place for staff learning and development, to help them meet people's needs effectively. The service had an induction training programme for new staff. This was to provide an awareness of the people being supported and the policies, procedures and of aims of the service. There were specific 'mini' inductions to each of the settings where people lived. All new staff also completed induction training based on the Care Certificate when they commenced work with the service; this was tailored in response to their experience and qualifications. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. New staff were subject to a probationary period of 12 weeks. During this they completed the initial training programme and their learning and competence was monitored and assessed. Staff spoken with told us of they had completed initial induction training which had included 'shadowing' other staff and observation of their practice when working with people.

Staff spoken with told us about the training they had received at the service. Their comments included, "I am up to date with my training" and "I find training really beneficial." We reviewed records of the training completed; ongoing and arranged. We noted examples of certificates confirming the training in staff files. The provider's mandatory training programme included: fire safety, first aid, moving and handling, infection prevention and control, equality and diversity, health and safety, safeguarding. There was also additional training available on: challenging behaviour, nutrition and hydration, diabetes awareness, epilepsy awareness, nutation and hydration and dementia awareness. We noted some staff had also attended locally provided information workshops on topics such as 'safe eating and drinking,' 'sexuality and learning disability' and 'supporting people with health screening.'

Staff were enabled to attain recognised qualifications in health and social care. Most staff at the service had either attained a Level 2 or 3 NVQ (National Vocational Qualification) in care or equivalent, or were working towards a level 2 or 3 QCF (Quality and Credit Framework) diploma in health and social care. Team leaders and team managers had been supported to achieve recognised qualifications in leadership and management.

Staff spoken with said they received one to one supervisions and had ongoing support from the management team. This arrangement provided staff with the opportunity to discuss their responsibilities and the support of people who used the service. We saw records of supervisions held. Arrangements were in place for staff to receive an annual appraisal of their work performance and review their training and development needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. On person told us, "They always involve me with things." We noted in care files, there were signed records of people consenting to their care and support. There were individual service agreements provided by the local authority, which outlined the basic terms and conditions of people's support package.

There were individual mental capacity screening assessments and a 'decision making profile.' The registered manager confirmed that action had been taken to liaise with the local authority, in relation to Court of Protection referrals. There was information to show progress of pending referrals were being monitored and pursued. We noted some capacity assessments had not been recently reviewed and updated. However the registered manager was in the process of completing this task. There were examples of decision specific capacity assessments out. There was supporting information to provide clear guidance for staff on least restrictive practice in order to protect people's rights and maintain their choices.

The service had policies and procedures to underpin an appropriate response to the MCA. Records and discussion showed that staff had received some training on this topic. Staff spoken with indicated an awareness of the MCA, including their role to uphold people's rights and monitor their capacity to make their own decisions. They said they would report any concerns or changes in people's ability to make decisions to the registered manager or team leaders.

We looked at the way the service provided people with support with their healthcare needs. People we spoke with indicated they received attention from healthcare professionals. They had been supported to attend routine appointments and annual healthcare checks. Their comments included, "I went to the doctors last week for a check-up and I go to the dentist three times per year," "I'm seeing my GP for a health review next week" and "I go to the dentist for check-ups." There were personal profiles and health action plans, which provided details of people's medical history, allergies and any health conditions. There were person centred plans providing instructions for staff on meeting healthcare needs. Records were kept when people accessed health care services and the outcome of the appointment. We found the monitoring of people's general health and wellbeing was included within the care plan process and recording systems. Referrals had been made as appropriate, to healthcare professional, such as community nurses, behavioural outreach support and occupational therapists. One person described how they had been effectively helped with a specific medical need, they said, "I got the right help and support."

We reviewed how people were supported with their nutritional needs. People received differing levels of support with eating and drinking. They said, "The food is okay" and "They ask us what we like." Records were kept of people's individual food likes, dislikes and specific dietary needs. Menu planners were devised and agreed to include people's known preferences, consideration had been given to healthy eating. People told us, "I have done a menu plan with staff," "I eat healthy food," "I say what I like when we are out shopping with staff," "We have a menu which we agreed together" and "They ask for suggestions." Processes were in place to monitor people's food and drink intake as necessary, in accordance with their assessed needs. Records and discussion showed people's weight was checked at regular intervals. GP's, speech and language therapists and dieticians were liaised with as necessary. We were invited to share lunchtime with

some people who used the service. This was a relaxed and social occasion, where people were fully involved in all aspects of their mealtime experience.

Good

Is the service caring?

Our findings

All people spoken with made positive comments about the staff team and the care and support they received. They told us, "Staff are smashing. They look after me well," "The support workers are fantastic," "They are the best staff I have ever had" and "The staff are okay."

People told us they were happy with the approach and attitude of staff at the service. They made the following comments about the way they were treated: "The staff are very nice," "All the staff are good. They show respect" and "I think the staff are really nice, caring people." We observed positive and meaningful interactions between people using the service and staff. Staff showed sensitivity and tact when responding to people's needs. They were respectful and kind when supporting and encouraging people with their daily living activities and lifestyle choices. All the staff completing our questionnaires indicated people who used the service were always treated with dignity and respect. The majority told us they had been introduced to people before working with them.

Everyone had a person centred support plan which identified their individual needs and preferences and how they wished to be supported. This included a one page profile and information about their preferences, interests, important relationships and personal histories. There were personalised summaries including, 'my story so far,' 'things people admire about me' and 'my hopes and dreams.' One person told us, "I have been through my care plan, it has nice things about me and what I like doing." Staff spoken with understood their role in providing people with person centred care and support. They were aware of people's individual needs, preferences, routines, backgrounds and personalities. They gave practical examples of how they supported and promoted people's dignity, individuality and preferences. The service had produced a guide for staff entitled, 'Whose Home is it.' This emphasised the service's person centred approach to respecting people as valued individuals in there homes and the community.

We found positive and meaningful relationships were supported. For example, the service actively enabled people as appropriate, to have contact their family and friends. The service had a 'keyworker system.' This linked people using the service to a named staff member who they worked more closely with. One person told us, "I have a laugh with my keyworker." 'Keyworkers' also had responsibilities for overseeing people's support and acted as a point of contact for families and other staff members. The service aimed to provide people with a continuity of staff support. We found people had a small team of carers providing their support. One person explained, "We have a good team of staff. There is a diary to show which staff will be visiting."

People we spoke with indicated their privacy needs were upheld and that staff were respectful of their homes. Their comments included, "They knock on my bedroom door" and "They always ask if it's okay to go in my room." One person explained how they were sensitively supported with aspects of care and that their personal privacy was maintained. Staff were aware of the importance of maintaining people's privacy and confidentiality. They gave examples of how they applied these principles in practice. We observed staff being respectful of people's privacy and confidentiality, by knocking on bedroom doors and being discreet when sharing information.

We asked people if the support they received promoted their independence. They said, "They encourage me to do things for my own good," "I do all my own washing and some cleaning," "We share responsibility for making teas and take it in turns to do the shopping" and "They don't take over." During the inspection, we observed people doing things independently and making their own decisions and choices. One person commented, "There are no set rules we can do what we want." Promoting choice and encouraging independence was reflected in the care plan process. For example there were agreements on sharing responsibility for household chores. Staff spoken with explained how they promoted independence, in response to people's individual abilities, needs and choices. People had opportunity to express their views on the service on an ongoing basis, during group discussions, care plan reviews and the annual satisfaction questionnaire.

The service had guide for people using Highfield Scheme. This was available in an 'easy read' format with illustrations to help explain the contents. The guide included information about the services available and gave assurances on the standards of support people could expect to receive. There was no specific reference to in the guide to advocacy services. However, we noted the guide was due be reviewed with people who used the service and there was information on advocacy services displayed on the notice board at the service's office base. Advocates are independent from the service and can provide people with support to enable them to make informed decisions. The notice board provided additional useful information on various relevant topics. We noted the service's CQC rating was on display and this had also been uploaded to the provider's website. This was to inform people of the outcome of the last inspection.

Good

Is the service responsive?

Our findings

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with had an awareness of the service's complaints procedure and processes. They told us, "If I had a complaint I would go to the manager or any staff," "I would feel confident in expressing concerns" and "I have talked to (the team manager) about lots of things."

There was an 'easy read' comments, complaints and compliments procedure available for people. This provided step by step guidance on expressing any dissatisfaction, or any positive comments about the service. The procedure described how complaints could be made and how they would be managed, including the expected timescales for the investigation and response. Details were included of other organisations that may offer support with making complaints. Complaints forms were available for use should people choose to put their concerns in writing. The service had policies and procedures providing guidance on dealing with any complaints or concerns. Staff spoken with expressed an understanding of their role in supporting people to make complaints and described how they would respond should anyone raise concerns. The majority of staff completing our questionnaires told us managers were accessible and dealt effectively with any concerns they raised.

We reviewed the records of the most recent complaints. Records were kept of the specific concerns raised. We found investigation plans and reports had been completed and there were details of the action taken to resolve matters. This provided an indication that all matters raised were being taken seriously and responded to. We discussed with the registered manager the value of developing systems to monitor complaints, to identify and proactively respond to any patterns and trends.

We reviewed how the service delivered personalised care and support. We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager and a team manager described the process of assessing people's needs and abilities before they used the service. This involved the completion of a needs assessment, by gathering information from the person and other sources, such as families, social workers and health care professionals. The process involved the completion of initial risk assessments as appropriate. Transitional arrangements involved people visiting the service, for meals, activities and/or short breaks. This supported the ongoing assessment process and provided people with opportunity to experience and become familiar with the service, before accepting a placement. The registered manager explained the assessment took into consideration the person's compatibly with people who already used the service.

People had individual care and support plans, which had been developed in response to their needs and preferences. All the people we spoke with were aware of their care plans. One person explained, "We have care plans. I have talked through things with staff. They ask if we agree with them." We looked at four people's care and support plans and other related records. This information identified people's needs and choices and provided guidance for staff on how to respond to them. The care plans were sensitively written in a person centred way and included pictures and symbols to help make them more accessible to the person. The care plans were underpinned by a series of risk assessments. They reflected people's

preferences and included details about how they wished their support to be delivered. We noted one care plan had not been appropriately updated in response to a change in personal circumstances. However this matter was rectified during the inspection.

People's support needs, lifestyles and circumstances were regularly monitored. Diary records were kept of people's daily living activities, general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example, relating to specific behaviours and other identified needs. There were ongoing discussions, including 'handover meetings' and staff meetings to help ensure people received coordinated support in response to their needs. Reviews of people's care and support were held every six months or more frequently if required. People spoken with confirmed they were involved with this process, one person said, "We have review meetings I can invite who I want." There were review records, including monthly summaries and care plan review meetings. We noted some people's relatives had been involved with reviews.

Staff spoken with told us the care plans were useful and informative, they said they had access to them during the course of their work. They described how they delivered support in response to people's individual needs, routines and aspirations. We discussed a specific example of the progress one person had made, resulting from the service being responsive and developing effective ways of working with them.

Skill development, activities and social inclusion were included within the care planning process. Each person had an agreed activity planner of proposed and scheduled activities. One person told us, "We all do our own activities" another said, "The staff are good at supporting us and helping us with different activities." We discussed with the registered manager the value of including learning objectives, to help focus upon the person's skill development and recognise their achievement. People spoken with explained some of the things they were involved with and had experienced, they said, "I am out every day," "I like dancing, bingo and arts and crafts," "I went shopping yesterday I bought a new watch," "I have a voluntary job in a care home," "I have just been to visit my friend" and "I have been to Blackpool we stayed in a hotel." Staff spoken with confirmed they supported people with activities, community involvement and life experiences. One team leader commented, "I have genuinely got a passion for supporting the service users."

Good

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the agency. For example, one person said, "Things seem to be run really well" and another person commented, "I would say it's well organised. I have met the manager. She is quite nice. I like her." The manager had been registered with the Commission since January 2017 and confirmed her professional development was ongoing.

The management team in place included the registered manager, operations manager, team managers and team leaders. All had achieved, or were working towards, recognised qualifications in leadership and management in health and social care. The provider (nominated individual) also played an active role in the day to day operation of the service. There was also an office manager, with qualifications in business and administration who provided additional management support. Members of the management team were based at the agency office, between 9:00 and 17:00 each day during the week. There was a 24 hour on-call system for management support when staff were on duty.

We received varied comments from staff around the management of the service. We found there was some discontentment amongst the staff. Some staff indicated this was due in part, to the number recent changes and increased expectations in their working role. We were told there had been low morale within teams; some staff had been overwhelmed with the changes, they had felt disheartened and undervalued. Most staff considered the registered manager was approachable and listened to their views. We reviewed with the registered manager, the systems and processes in place to manage and make progress with these matters. We noted an employee survey had been carried out as part of the service's 'Driving Up Quality' strategy. 'Driving Up Quality' is a defined code of practice, designed to ensure providers improve services for people with a learning disability. We looked at the responses and noted staff had been open and frank in their comments. We found action had been taken to make improvements. Various incentives to promote team building, better communication, accountability and openness had been introduced.

Staff spoken with indicated things at the service were improving. They were enthusiastic and positive about their work in supporting individuals. One staff member said, "As a company, it's the best I have ever worked for. None of the changes have had a negative impact upon the people we support." Staff expressed a clear understanding of their role and responsibilities. They were aware of the management structure and lines of accountability at the service. Staff had been provided with job descriptions, contracts of employment and codes of conduct which outlined their roles, responsibilities and duty of care. Staff meetings were held on a regular basis. We looked at the records of the most recent staff meetings and noted various work practice topics had been raised and discussed. There was a whistleblowing (reporting poor practice) policy in place which encouraged staff to raise concerns. Staff spoken with were aware of the policy and expressed confidence in reporting any concerns.

The service's vision and philosophy of care was reflected within the written material including, policies and procedures. There were care quality 'vision statements' on display in the agency office and good care practice guides available for staff. There were 'vision and values' statements displayed around the premises for staff to refer to. These focused upon Highfield's recognition, commitment and approach to providing a

service within the domains of safe, caring, responsive, effective and well-lead.

The registered manager and the management team carried out regular checks in order to monitor the quality of the service. This included the regular completion of a comprehensive audit tool in each setting where people lived. There were additional processes in place to monitor the provision of staff training and supervision, accidents and incidents and staff recruitment. Systems were in place to identify and respond to any shortfalls.

Informal and structured processes were in place to consult with people, to ensure they were happy with the service they received. The management team had regular ongoing contact with people who used the service. People were encouraged to share their views in discussion meetings and within their individual reviews. They were also given the opportunity to complete customer satisfaction questionnaires. as part of the 'Driving Up Quality' initiative. We found an evaluation of the service had been completed for 2016/17. This had involved gaining feedback from people who used the service, staff, relatives and other stakeholders. The results of the consultation had been collated and evaluated and action plan formulated to maintain the quality of the service and make improvements.

Both the registered manager and nominated individual expressed commitment to the ongoing improvement of the service. There was a detailed business plan which included time measured objectives and actions for future improvements and developments. Information included within the PIR also showed us the manager had identified some matters for development within the next 12 months.

Procedures were in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as, commissioners of service and the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.