

One Call Care Solutions Limited

247 Community Support

Inspection report

17 Victoria Road
Darlington
Durham
DL1 5SF

Tel: 01325485846

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06 May 2016

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10 June 2016

Ratings

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

Summary of findings

Overall summary

The inspection took place on 6 May 2016. The inspection was announced as 24-7 Community Support provides domiciliary care to people in their own homes we gave the service 24 hours' notice to make sure there was someone at the office for the time of our inspection.

24 - 7 Community Support is a domiciliary care service that provides personal care and support to young people and people with physical disabilities, learning disabilities and autism who live in their own home or supported living. The service covers the Darlington area and at the time of our inspection the service supported 29 people.

The service had 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.

We spoke with members of the staff team including a board director, and care staff who told us that the registered manager was always available and approachable. We spoke with people who used the service on the day of the inspection and their relatives.

We saw that peoples prescribed medicines and topical medicines were recorded when administered. We looked at how records were kept and spoke with the registered manager and director about how staff were trained to administer medicines and we found that the medicines administering, recording and auditing process was safe.

From looking at people's support plans we saw they were person centred. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes and needs and choices are taken into account. The support plans made good use of personal history and described individuals care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the care co-ordinators and the registered manager.

People who use the service received person centred support and their cultural beliefs were respected and valued.

Individual support plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP, mental health team and care manager.

Our conversations with people who use the service and their relatives during the inspection showed us that people who used the service were supported in their own homes by sufficient numbers of staff to meet their

individual needs and wishes.

We looked at the recruitment process and found that relevant checks on staff took place and this process was safe. People who used the service chose their own staff and together with their families were a major part of the recruitment process.

We looked at the staff training records we could see staff members were supported and able to maintain and develop their skills through training and development opportunities. Staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further training needs.

People were supported with one to one support to empower them and enable them to maintain paid employment opportunities.

People were encouraged to plan and participate in activities that were personalised and meaningful to them. People were supported regularly to play an active role in their local community, which supported and empowered their independence including; holding regular coffee mornings, accessing local facilities and supporting people to access public transport independently.

We saw compliments and complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found the service had been regularly reviewed through a range of internal and external audits. We saw action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views via phone calls and surveys.

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.

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. Any applications must be made to the Court of Protection. At the time of this inspection no applications had been made to the Court of Protection.

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 ●

This service was safe.

The service ensured the safe management of medicines.

There was sufficient staff to cover the needs of the people safely in their own homes.

The service had individualised risk assessments in place that were developed in a person centred way.

People who used the service knew how to disclose safeguarding concerns, staff knew what to do when concerns were raised and they followed effective policies and procedures.

Is the service effective?

Good ●

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs.

The service communicated well with other healthcare professionals and people were supported to access other healthcare services.

Is the service caring?

Good ●

This service was caring.

People's independence was paramount and people were supported to achieve and maintain this.

People were treated with kindness and compassion.

People were understood and had their individual needs met, including needs around social inclusion and wellbeing.

People had the privacy they needed and were treated with dignity and respect at all times.

Staff were knowledgeable about advocacy and people had access to advocacy where needed.

Is the service responsive?

Good ●

This service was extremely responsive.

People without exception received person centred care and support in accordance with their preferences, interests, aspirations and diverse needs.

People and those that mattered to them were encouraged to share their views about their care, treatment and support.

Person centred planning included activity plans and goal setting and this reflected people's aspirations and enabled them to plan and reach their personal goals.

Is the service well-led?

Good ●

This service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included person centred approaches to support, dignity, respect, equality and promoting independence.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, complaints and comments.

247 Community Support

Detailed findings

Background to this inspection

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People who use the service received person centred support and their cultural beliefs were respected and

valued.

Individual support plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP, mental health team and care manager.

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People were supported with one to one support to empower them and enable them to maintain paid employment opportunities.

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Is the service safe?

Our findings

People who used the service told us they felt safe having 24 - 7 Community Support supporting them in their own home. One person told us "The staff keep me safe." Another told us, "I have a buzzer to press if I need help when I'm on my own." Relatives told us they were happy and they felt their relatives were safe with 24-7 Community Support and they told us; "The staff support [name] to use tools at home safely and there hasn't been any incidents. They also support them with any new medicines; they handle it really well there are never any issues." Another relative told us; "I feel that from the staff [name] is always kept safe, there are checks in place and everything just flows. [name] is perfectly safe and perfectly happy."

We saw in one person's care file that they had a home safety checklist in place and this was for them to work through before staff left their home and included; locking windows, door and closing blinds. This was in a picture format for the person to follow easily.

During the inspection we were unable to observe medicines being administered in peoples own homes but could see how medicines were managed and recorded. We looked at the Medicines Administration Record (MAR) sheets. We found that there were no omissions within the MAR sheets. Where people were prescribed topical creams these were administered and recorded and the records contained clearly marked body maps. One member of staff told us; "We always use the MAR chars and body charts that explain where the creams have to be applied." We saw that there were procedures in place to manage PRN medicines (as and when required) and also for homely remedies for medicines for treatment of minor ailments.

When we spoke with the registered manager they told us that they audited the MAR sheets system and checked for errors. The registered manager also checked staff competency in administering medicines. When we discussed the level of qualifications needed to carry out competency checks safely and the registered manager explained that they had the same level qualification as the support staff. We pointed out to the registered manager that it would be best practice to be at a higher level and they assured us that they would seek further training for themselves and the deputy manager.

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. Staff had attended safeguarding training as part of their training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "I would come to the manager first and if not go higher or to social services or to the Local Authority."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw evacuation plans were in place for the main office and also for the care staff to follow when in a person's home. These evacuation plans provided staff with information about how they could ensure an individual's safe evacuation from their home in the event of an emergency.

We looked at the arrangements that were in place to manage risk, so that people were protected and their

freedom supported and respected. We saw that risk assessments were in place in relation to people's needs, such as taking medicines independently. Individuals had personalised risk assessments to suit their needs and to enable them to take risks safely. At the time of our inspection two people who used the service came into the office to collect their new personalised risk assessment that had been developed with them around risks involved with an upcoming trip and train journey. When we spoke with relatives they told us "[name] has risk assessments in place to help them to travel independently and a new one is done if they want to travel somewhere on a new route." When we asked staff members about risk taking they told us; "I know how to identify risks for example if someone needed a shower chair then they would need to be assessed." This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

We looked at the arrangements that were in place for recording and monitoring accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us the recording system and we saw actions had been taken to ensure people were immediately safe. The registered manager told us "Accidents and incidents are monitored three monthly and we did have a person who was at risk of falls and we have minimised this, we are always looking to see if we need to change anything and have tried new things."

During the inspection we looked at the recruitment policy and four staff files that showed us that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, and two previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

For fire safety we saw that people had individualised evacuation plans to enable them to safely exit their home in the event of an emergency.

We found there were effective systems in place to reduce the risk and spread of infection and staff were aware of the importance of infection control.

Is the service effective?

Our findings

We found staff were trained, skilled and experienced to meet people's needs. When we were speaking with the staff team we asked them if they thought they were supported to develop their skills and knowledge one staff member told us; "Yes the training is regular and the last one I did was moving and handling and it was really good, useful."

We saw completed induction checklists, staff training files and a training file that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; Fire safety, infection control, equality and diversity, medicines and first aid and also national vocational training for personal development in health and social care known as NVQ.

For any new employees, their induction period was spent shadowing experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions two monthly, appraisals six monthly and personal development plans were reviews annually we saw this in the staff supervision files.

New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The certificate has been introduced to give staff new to caring an opportunity to learn.

We looked at staff communication book and meeting minutes we could see that staff discussed the support they provided to people in their homes and guidance was provided by the registered manager in regard to work practices. Opportunity was given to discuss any difficulties or concerns staff had. We could see this when we looked at the staff communication book and when we spoke with staff. One staff member told us "We have house meetings where we chat with the manager and the senior. They are really good useful meetings where we can share ideas."

Individual staff supervisions and appraisals were planned in advance and took place regularly. The registered manager had a system in place to track them. Appraisals were also annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues. One member of staff told us; "Supervisions are regular and they are good if I needed to say anything I could as, I feel as though I can say anything."

We spoke with relatives, Staff and people who use the service who used the service to support them to prepare meals and one relative told us; "[name] is supported to eat healthy and make healthy choices when shopping and planning his meals." One person who used the service told us; "The staff help me to get my breakfast and my tea and they take me shopping." One staff member told us; "We learn about healthy eating

and when we are out shopping we give them the information they need to make choices for themselves."

Where possible, we saw that people were asked to give their consent to their care and we could see in people's support plans that they had been involved in the development of the plan and their comments were clearly recorded. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

We saw from the support plans that people were supported to access other healthcare professionals and staff had good working relationships with these professionals. During the inspection we spoke with two Social Workers from the life stages team who were both complementary about the service regarding their partnership approach and how they communicated well with the social work team. They told us; "The staff ring us when they want to check things out and they keep us very informed. They have been very supportive with one person and their transition from another provider."

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.

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. Any applications must be made to the Court of Protection. At the time of this inspection one application had been made to the Court of Protection.

We saw records that showed that the service ensured people's well-being was maintained. Each person had a personalised health action plan that was in an easy read format and covered general health and wellbeing. All contact with community professionals that were involved in care and support was recorded including; the dentist, chiropodist, district nurse team and GP. Evidence was also available to show people were supported to attend medical appointments.

Is the service caring?

Our findings

When we spoke to the people who used the service they told us staff were caring and supportive and helped them with day to day living. One person who used the service told us; "The staff help me to get ready faster, I like to do everything with them." Another told us; "The staff are all caring, they like to sing songs with us." Another told us; "We are always laughing together."

When we spoke relatives about how the staff supported people within their own home and how they were able to protect people's dignity and respect their wishes. One relative told us; "The support is very good the staff are excellent." Another told us; "The staff treat people normally and show empathy not sympathy and that is very good." □

We observed the staff interacting with the people who used the service at a regular coffee morning that was taking place on the day of our inspection. The atmosphere was buzzing and staff and people were extremely relaxed with each other; smiling, laughing, having a joke, singing, chatting and genuinely enjoying each other's company.

We asked staff how they promoted people's independence and they told us; "We always make sure people carry their own money to buy things in the shops themselves." We also asked relatives how the staff supported their family members and they told us; "The fact that [name] is happy and can do the things he wants to do independently without parents. The balance is right they can do the things he wants with the support from the staff. 24-7 Community Support have enabled this." One member of staff told us; "We have been supporting someone to learn how to use the washing machine themselves and another to wash and blow dry their own hair. They couldn't do that before. Now they can."

When we spoke with people who used the service about their independence two people we spoke with were currently reducing their level of support and were spending more time without support for short periods to start with and this had been planned over time. "We stay on our own one night now." This showed us that the service valued the importance of promoting independence and enabling people to do things for themselves.

When we spoke to family members they told us that they valued the regular communication and one relative said; "The staff contact us if ever there are any issues. I have found them to be excellent they go above and beyond." Another family member we spoke with gave us an example of how they valued the communication and the relationship with the staff. They had experienced a family bereavement and valued how the staff had supported them and their relative through it together and they told us; "The staff were so supportive. They got to know [name] more and understood their communication and sensitivity and this has enabled them to deal with things as best they can." This meant that the service valued family relationships and staff actively supported this.

We saw that there was information in the support plans for people who used the service regarding local

advocacy services that were available. When we spoke with staff members, they were knowledgeable about advocacy and told us; "One person I support used to have an advocate but no one else that I support has one. I know when they are needed and I would come to the office if I needed to get one for someone."

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's support plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times and told us that this was an important part of their role.

Is the service responsive?

Our findings

On the day of our inspection there was a very busy coffee morning going on that took place every week. The coffee morning was organised by one of the people who used the service to raise funds for local charities that were chosen by them. We spoke with the person who used the service who organised the coffee mornings and they told us; "This was all my idea it's a job for me. I do the shopping, bake the cakes and we make money." The person then showed me their photograph album that they were very proud of that held photos of cakes and the recent presentation of the funds raised that they had given to a local hospice charity. They also kept a list of who attended the coffee morning and what money was taken and they were in control of. This showed that the agency facilitated this person to achieve a goal that empowered them to make a meaningful contribution to their local community of which they were very proud.

During the inspection we could see that the coffee morning was successful and valued not only by the organiser but by the people who attended and they were enjoying themselves. It was used as meeting place to see friends and to chat with the staff. The registered manager told us "[name] came to us and asked if they could have some voluntary work with us and that they wanted to hold a coffee morning. We gave them the room and with support from their staff they do all the rest. They come into the office another day and help with admin tasks." When we spoke with a relative of the organiser they told us that; "The staff really motivate [name] she would sit around all day and not go out much before and now they get her out and about." This showed us that the service enabled people to develop their ideas into meaningful activities and motivated people positively and enabled them to be in control of the venture through the development and application of different skills. They helped to make the persons idea a reality.

The support plans that we looked at were very detailed and person centred. 'Person-centred' is about ensuring the person is at the centre of everything they do and their individual wishes and needs and choices are taken into account. The support plans gave details of the person's likes and dislikes, personalised risk assessments, daily routines and planned activities. These support plans gave an insight into the individual's personality, preferences and choices. They had a section called 'my support timetable' this set out how people liked to live their lives and made use of pictures and was accessible for the people themselves.

We saw people were involved in developing their own support plans. We also saw other people that mattered to them, where necessary, were involved in developing their support and activity plans too. One person who used the service told us about their plan and the activities that they had planned; "I started trampolining every Tuesday at the Dolphin centre and now I can do seat drops and I go to cafes for lunch and I like shopping." another told us; "I go to the park on my bike." Another told us; "I work in a nursery and I play games with the children. I help them get their coats on when they go outside to play."

When we spoke with one of the Social Workers they told us; "We don't have many people in Darlington who live in supported living who have paid work and 24-7 have been instrumental in supporting [name] in their employment. They help them with their online training and maintaining their position." This meant that people were involved in activities and opportunities that were meaningful to them.

Relatives and people that mattered were involved in people's support plans and one relative told us; "We have regular meetings about [name] support plan and we have recently increased the level of support for a short time. Any reviews are done in full consultation with [name] and us together. [name] goes to the gym and a running club and does lots of social activities. [name] really likes music and can go to concerts with support as they don't want to do this with parents. They can go with other young people and the support workers have enabled this."

People had set themselves goals within their person centred plans and they had been supported to achieve them. One person wanted to learn how to swim and had achieved this. The process was recorded along the way; the person had meetings with the people important to them and planned the steps they needed to achieve that goal. These were all recorded from how much it would cost, where would they go and what they needed to do and what support they needed.

Another person had set a goal to have a sleep over with their friends and this was a new experience that would be very challenging for them but they wanted to do this and were working on planning this. We heard this was being discussed by the person and their support staff at the coffee morning. One relative told us about their family member and how the service supported their goals and they told us; "Because 24-7 have always been interested in [name] and their future and how they can fulfil their aspirations and live their life. We are really happy how they have developed and the relationships [name] have developed. This showed us that people were encouraged to have aspirations and achieve their goals."

When we asked staff what person centred support meant to them they told us how the support they gave people was focused on them and their interests. One member of staff told us; "Person centred care is all about the person and not for anyone else." another told us; "The staff here focus on one thing only - the people we support." This meant that the service was committed to providing person centred support. The registered manager told us; "The young people are amazing people. We see how they have come on and how their confidence has grown. People talk about 'person centred support' but this really is person centred support."

From speaking with staff and people who used the service we were able to establish that staff enabled people who used the service to maintain their choices, wants and wishes. One person who used the service told us; "I make all my own choices." One member of staff told us; "I supported [name] to choose and plan a holiday. We went and got brochures, went online got all the info up about things like access and costs. Then they chose the holiday they wanted." We saw a record of this decision in the person's support plan it was recorded using pictures for the person reminding them of the important information."

When we spoke with relatives they told us also that staff enabled people to make choices and one relative told us; "[name] would not tolerate anyone that didn't give them choices. [name] decides what they are going to be doing that day before the staff arrive. If they have decided its nail art that day then [name] will have it all out chosen and ready. The staff never come in and start making choices for them."

During our inspection we saw in people's care files and daily records that regular contact with family and friends was encouraged where possible and recorded. One person had found this challenging but the service had enabled this to happen. When we spoke with the social worker about the service they told us; "[name] that I support has an outcome in their care plan to have regular meaningful contact with their family who don't live close by and 24-7 have enabled this to happen by supporting them to use Skype. The staff have been amazing at getting them on the computer or using their I pad to set up this contact and keep this going." During the inspection we saw the person access the computers to make contact with their family and we saw how the staff supported this to happen.

People had their beliefs respected and one person who used the service was a Jehovah Witness and this was detailed in their support plan. When we asked the registered manager how they supported this they told us; "Staff fully respect the family's privacy around these beliefs and this is all in their plan. At Christmas time [names] support worker will find none seasonal activities that they enjoy." One of the Social Workers also told us; "The staff are very respectful of [name] and their religion."

People who used the service were involved in the recruitment process for new staff and would take part after shortlisting in a 'meet and greet' session and they would ask prospective support workers questions about what was important to them and their support. The registered manager told us; "The young people we support are involved in the recruitment process because if people don't have anything in common then it won't work. They ask questions that mean a lot to them one person asked at interview 'will you straighten my hair for me, can you do hair.' Where people can't ask questions we look for reactions and involve their relatives in the meeting too." One of the Social Workers we spoke with told us, " When two people I support needed staff 247 set up the interviews with them and asked them what kind of person they wanted and devised questions with them and they took part in the interview and I now they do this all the time." This showed us that the service was inclusive and involved people in choosing their own staff.

The service had a compliments and complaints procedure in place and the registered manager and staff were able to demonstrate how they would follow the procedure and deal with complaints. When we asked staff if they knew how to make a complaint they told us; "If I wanted to complain I would call the office straight away and speak with the manger." We also asked relatives if they were aware of how to raise any complaints and one relative told us; "The office are really easy to talk to, I can get things sorted over the phone, any issues." Another told us "I know there's an official policy. I would ring the manager and I would expect that they would come straight out to me." One of the Social Workers we spoke with told us "I know they are very good at smoothing things out and have good relationships with families to solve any issues." This showed us that the complaints procedure was well embedded within the service.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in post that managed the staff team and ran the service. A registered manager is a person who has registered with CQC to manage the service. The registered manager was qualified, competent and experienced to manage the service effectively. Staff and relatives told us that they were supported by the registered manager and one member of staff told us; "The manager is so supportive of all the staff and the service users." One relative told us; "Both the manager and the director are totally approachable." One of the Social Workers we spoke this told us; "I know from speaking with relatives that they do have an open door policy and family members tell me that they can just pop into the office to query things if needed or even call for a coffee."

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager told us; "We are unique and inclusive I'm so proud of all of the young people we support and I'm proud of the staff and what they have helped them to achieve."

We saw up to date evidence of quality checks carried out by the registered manager and that focused on; people who used the service their views/concerns, staffing, staff training, suggestions for improvement, complaints, accident and incident analysis, fire safety, support plans, and safe administration of medicines.

Staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager was approachable and they felt supported in their role. One staff member said, "The manager is always approachable and if I ever need anything they're always there."

We also saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. One relative told us; "The manager and the director are polite and very professional, I couldn't ask for any more."

We saw how the registered manager adhered to company policy, risk assessments and general issues such as, incidents/accidents moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service at engagement meetings and through an annual quality survey. These were in place to measure the success in meeting the aims and objectives, as set out in the statement of purpose of the service.

The complaints were managed monitored and clearly recorded by the registered manager. We saw the most recent monitoring of complaints and we could see that there had been one recent complaint made and from the records we could see how that complaint had been responded to and the outcomes were recorded appropriately. Staff, relatives and the registered manager were knowledgeable of the complaints procedure.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation, good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations, such as the Local Authority and other social and health care professionals, were understood and met. This showed us how the service sustained improvements over time.

We found the registered provider reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.