

## Housing & Care 21

# Housing & Care 21 - Preston

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

We carried out an inspection of Housing and Care 21 (Preston) on the 2, 3, 4, November 2016, at the agency office. The inspection was completed by contacting people using the service and staff via telephone interviews on 3,4,7,8 November 2016. We gave the service 48 hours' notice of our intention to carry out the inspection. This is because the location is a community based service and we needed to be sure that someone would be present in the office.

Housing and Care 21 Preston, provides short and long term domiciliary support to people with a wide range of needs. Services include home care, crisis support, rehabilitation, reablement and extra care housing. The service currently operates mainly in the areas of South Ribble, Chorley and Preston.

At the last inspection on the 24 February 2014. The service was found to be meeting the regulations applicable at that time.

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.

People informed they felt safe and well looked after and were satisfied with the care they received from Housing and Care 21. People felt the staff were trustworthy and valued their support and advice with day to day living. We established that the provider had adequate policies in place and ensured appropriate recruitment procedures were carried out prior to staff starting work. We were able to establish that the service had appropriate levels of staff and the service had a rolling staff recruitment process.

Processes were in place to provide staff with the appropriate amount of training and the provider had safeguards in place which prevented staff from working should their training expire. New staff were required to complete a thorough induction and shadowing experience prior to starting work and following a period of shadowing and direct observations done by senior staff who then signed off as competent to work.

Appropriate processes were in place for the safe administration of medicines in line with best practice guidance from the National Institute for Health and Care Excellence. Staff had received training in medicines management

The registered manager understood the principles associated with the Mental Capacity Act 2005 (MCA) and acted according to this legislation. People had access to a GP and other health care professionals when they needed them and reported that staff were responsive to their needs if they felt unwell.

People told us that staff supported them in a respectful and dignified manner and that their privacy was respected. People and their families were involved in the care planning process and also were part of any

reviews which took place where appropriate. Support plans reflected the person's need for support, however, some care plans we saw used generalised terms. We were assured by the registered manager that these would be looked at and amended with more detail. Similarly we saw in two care files a lack of risk assessment to identify and provide guidance to staff on possible areas of risk. The registered manager assured she would audit these files and ensure the correct documentation was added.

People were aware of how they could raise a complaint or concern if they needed and felt confident that any concerns would be dealt with appropriately.

There were systems in place to monitor the quality of the service which included seeking feedback from people and regular audits. Any areas of improvement were identified and actioned appropriately.

## 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.

Appropriate policies and procedures were in place to safeguard people from the risk of harm. All staff had received safeguarding training.

Risks were assessed and managed. However, we noted two people's risk assessments required reviewing to ensure accurate and appropriate risk assessment were in place.

There were robust recruitment and induction systems in place and there was sufficient staff to safely meet people's individual needs.

People were supported to take their medicines safely.

### Is the service effective?

Good ●

The service was effective.

Arrangements were in place for staff training and safeguards were also in place to ensure staff were unable to work should their training expire.

Staff were supported in their role by means of regular supervisions and team meetings.

The provider ensured formal processes were followed and people's rights under Mental Health Act and Mental Capacity legislation were understood and protected.

### Is the service caring?

Good ●

The service was caring.

People made positive comments about the caring and respectful approach of the staff.

Staff showed a sound understanding of people's individual needs, backgrounds and personalities, which helped them, provide personalised support. Staff teams were kept consistent

wherever possible.

People were supported in a way which promoted their dignity, privacy and independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Support plans were personalised and reflective of people's individual needs. This ensured staff knew how people wanted to be supported. However in some cases we found generalised terms were used which did not provide clear instruction to staff on the task required.

People and staff had been provided with information about how to complain about the service and there were arrangements in place to investigate any concerns.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was a registered manager in post who was knowledgeable about the service and people's needs.

Quality monitoring systems were in place, to ensure the delivery of care was monitored.

Feedback was regularly sought from people using the service by means of questionnaires and telephone calls.

# Housing & Care 21 - Preston

## **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 was 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 the 2, 3, 4 November 2016, at the agency office and was completed by contacting people using the service and staff via telephone interviews on 3,4,7,8 November 2016. The inspection was carried out by three adult social care inspectors.

Before the inspection, we contacted the local authority contracting unit and safeguarding team for feedback. We also checked the information we held about the provider including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

The provider sent us 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 used this information as evidence for the inspection.

During the inspection we visited four people in their own homes and spoke with an additional 17 people using the services or their family members. We spoke with 12 members of staff, two deputy managers and the registered manager. The registered manager was present over the three days we spent in the agency offices.

We reviewed a range of records about people's care and how the service was managed. These included 17 people's support plans and all associated documentation, 10 people's medicine administration records, staff training records, 12 staff recruitment files, staff supervision and appraisal records, quality assurance audits, a sample of policies and procedures, incident reports and other records relating to the management of the service.

# Is the service safe?

## Our findings

People using the service told us they felt safe, well looked after and were satisfied with the care and support they received. They told us they trusted staff and had developed good relationships with them. People told us that staff wore ID badges and that all staff were respectful of their property and made sure everything was secure before they left. One person said, "Oh my goodness I trust them with my life. They keep me safe and happy." Similarly family members we spoke with felt their relatives were safely supported by the service. Comments included, "They have been very good. They are kind towards [my relative]. They know what she needs and she is safe with them" and "Staff are very kind and care about people."

We looked at how the provider assessed and managed risks to people's health and well-being. We found in most cases individual risks had been assessed and recorded in people's personal files and management strategies had been drawn up to provide staff with guidance on how to manage any risks identified. We looked at 17 people's care files and noted risk assessments covered topics such as a mobilisation and a person's ability to carry out personal and domestic chores. However, we found two files lacked risk assessments to account for possible areas of risk. For example, one file did not have an assessment tool to identify the risk of pressure areas for a person who required nursing in bed. Such an assessment should be used to identify people who may be at risk of developing pressure areas and provides guidance for staff in the prevention of such areas. We would expect to see such an assessment present for a person who requires 24 hour bed relief. Another person's file indicated that the person required assistance when mobilising on their staircase, but no assessment was present to offer guidance to staff in relation to this. We spoke with the registered manager who assured she would audit the two care files and ensure the appropriate documentation was in place to recognise any identified risks.

We saw records to demonstrate the service carried out a range of service level and environmental 'risk action plans' which included the risks associated with the use of oxygen, use of mobility aids, food preparation, the person's environment both internal and external, lone working and travelling between properties. In addition to this each person's file contained an additional, 'detailed risk pointers' covering areas such as carrying hot water, space constraints, transferring weight and domestic chores. Each action plan specified detailed risk pointers, activities, hazards and guidance control methods.

We noted all people had a personal emergency evacuation, which detailed the assistance they would need in the event of an urgent evacuation of their home, considering routes, mobility aids and communication. Fire safety risk assessments and action plans were also evident in the files we saw. These considered areas such as the use of open fires and the removal of ashes, collection of coal. House hold utility information was stored for each person's home which offered information for staff on the location of fuse boxes, stop cocks and gas boxes.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place. Mandatory safeguarding training was held and staff had received up to date training. The registered manager told us that the computer system would not allow any person to work if their training was out of date. Staff we spoke with understood

their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. One staff member told us, "I have not come across any safeguarding concerns, but the training has equipped me for this. If I had any concerns I would report to my line manager, they would contact the police or social services." Another said, "I monitor for signs of physical abuse and neglect, if there were any concerns I would inform my line manager or speak with the relevant authorities if needs be."

The registered manager was aware of her responsibility to report issues relating to safeguarding vulnerable adults to the local authority and the Care Quality Commission (CQC). Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

The provider had systems in place to record and report accidents and incidents. After ensuring people were safe, staff completed a form and reported the incident or accident to the registered manager. We looked at the services records in relation to accidents and incidents. An accident/ incident record book was completed with relevant information and appropriate action.

We reviewed the arrangements in place for supporting people with their medicines. We noted a 'medicines consent form' was signed by person and a copy was kept in each person's file. People requiring assistance with medicines had a medicines risk assessment in place. People receiving assistance told us they received their medicines when they needed them. Staff told us they had completed safe handling of medicines training and received an update of this annually. If medicines training had not been completed in the allocated time frame the provider's computer system would not allow the person to be allocated work until the training was completed. We saw evidence in staff files that the management team carried out an annual check of staffs competency to administer medicine to ensure they were proficient at this task. Staff we spoke with also confirmed this was done. Details of the person's GP and pharmacist were included in their support files and staff used these if they needed to discuss people's medicines.

We looked at how the provider managed staffing levels and the deployment of its staff. People we spoke with told us they usually received a consistent staffing team which enabled them to build up a rapport with the staff team, however also understood that staff teams could change in the event of sickness or annual leave. People also told us that generally staff arrived on time. We noted some people were notified by the carer if they were delayed others were not. People told us this would depend on the carer. We spoke with the registered manager about this who told us they provider had systems in place from staff being late due to emergencies. However, would expect the carer to notify either the office of the person if they were running late. The registered manager told us she would look into this and ensure a consistent approach was being followed by all staff.

The provider had a team of care coordinators who were split into four different teams to cover the four areas of Lancashire. Each team would organise and coordinate the staff rotas with oversight by the management team. The level of staffing was dependent on people's needs and the package of support required. We noted there was a staffing levels policy in place. This was designed to "Ensure there were sufficient staff in numbers, experience and qualifications to meet identified needs." People using the service told us they had never experienced a missed visit and that carers would stay their allocated time. Staff we spoke with told us that at times the role could be busy due to staff sickness, however, the management team managed this well. The registered manager told us the provider had a designated recruitment team and a rolling



recruitment process was being adhered to. The registered manager added, "A large part of the staff team have been with us for many years. We have trust in our staff and I think that's testament on how we look after them. However, there are more and more people requiring a service like we provide so we are constantly recruiting to keep up with the demand from the Local Authority."

The provider had robust recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs. Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. The recruitment process included candidates completing a written application and attending a face to face interview. We looked at the recruitment records of 12 staff members three of which had been recently employed at the service. We found references were obtained along with a police check from the disclosure and barring service (DBS). This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively. The registered manager told us there had been six events leading to disciplinary action in the past 12 months. We looked at how several of these had been dealt with and noted these had been handled in line with procedural guidance. The registered manager told us that she was supported in this process by the provider's human resources team.

## Is the service effective?

### Our findings

People using the service told us that staff who supported them had a clear understanding of their needs and requirements and felt that they carried out their caring role in a professional and understanding way. People referred to staff as, "Brilliant," "Nice," "Pleasant," "Caring" and "Loving." One person added, "I know they have standards like mine. They are very good I don't have to follow them around checking." Similarly people's relatives spoke positively about the service and felt their relative's needs were met appropriately.

The provider had developed an induction programme to train and support its new staff. All staff were required to complete a week in branch face to face induction programme covering mandatory training topics as well as policies and risk assessments. Following successful completion staff were then required to work a minimum of 21 hours shadowing with an experienced member of staff to familiarise themselves with the people using the service whilst reading care plans and spending time in their company. Observations by management are also done on areas such as medicines administration, moving and handling and personal care before the person is 'signed off' as competent. We saw completed induction plans in the staff files we looked at to support this.

We looked at how the provider trained and supported their staff. We found there were arrangements in place to provide staff with appropriate training which included safeguarding vulnerable adults, safe handling of medicines, moving and handling, health and safety, fire safety and first aid. The provider's computer system would not allow people to be allocated work whose training had expired. Staff indicated they had received a suitable amount of training and this was valued for their own professional development. All mandatory training was in date and additional training such, equality and diversity; planning and effective recording was also completed. The registered manager told us, "We have 30 staff member signed up to the Qualifications and Credit Framework (QCF) and we have about 75% of our staff already awarded a National Vocational Qualification level two or three (NVQ). As a provider we try and encourage additional qualifications and will support people through college and University degrees."

We saw evidence in the staff files we looked at that regular supervision sessions were received. Staff comments confirmed this. Staff felt that they were a useful arena to discuss any concerns or areas of improvement. Additional training would be discussed as part of the supervision meeting. Actions were documented and followed up at the following supervision meetings.

The Mental Capacity Act (MCA) 2005 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 to deprive someone of their liberty for this service must be made through the Court of Protection.

We discussed the requirements of the MCA and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager and staff. We found the registered manager had a clear understanding of their responsibilities under this legislation and had followed its requirements.

We noted the care assessment process considered people's capacity to make decisions. People had been involved with and signed to agree their consent on their care plans and risk assessments where possible.

People spoken with were satisfied with the support they received with shopping, cooking, cleaning and meal preparation. Comments included, "Oh they leave my house spotless, they do ever such a good job," "I am more than happy with the service. The carers are very organised; it is a brilliant service" and "I'm not a big eater but my carer will bring me nice things to tempt me."

We noted people's nutritional and hydration needs were carefully monitored and any risks were fully documented. We noted care records included information about the person's nutritional and dietary needs and details about their likes and dislikes.

People's care plans contained their health care needs and detailed and thorough health action plan, which provided information about past and current medical conditions as well as records of all healthcare appointments where appropriate. People felt they could approach staff if they felt unwell or in pain. One person told us, "The carers were concerned about my health and wanted to ring the doctor. Staff are thoughtful; it's just like having family to visit." Another person said, "Staff are very observant. They know when I am not feeling as well and ask if there is anything more they can do for me."

## Is the service caring?

### Our findings

People gave positive examples of how staff treated them with respect and kindness. Comments included, "It's a marvellous organisation," "Without a doubt this is an excellent service" and "I love my carer she has been coming years. Overtime you get to know people well." Comments from relatives were also very positive. One relative told us, "Staff are never miserable they are like a breath of fresh air; always cheery and very respectful."

People we met in their own homes appeared happy and relaxed around staff. People told us how they enjoyed the company of the carers and looked forward to them visiting. We observed staff interaction with people which was warm and friendly.

Confidentiality was a key feature in staff contractual arrangements. Staff induction covered the principles of care such as independence, privacy and dignity, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The service also had policies and procedures to support the delivery of care around these key aspects. One staff member told us, "I have been trained on person centred care. I treat people with respect and generally just listen. I promote their dignity privacy and independence as much as possible."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's support plans. They told us they were allocated to work in a particular house which helped them get to know people and how best to support them. Wherever possible, people were involved in decisions about their care and their views were taken into account. One staff member said, "I aim to provide person centred care, I focus on the client, make sure they are safe and report on any concerns. I work with them and encourage their independence, I say you do what you can and I will help with what you can't."

People told us they had been involved in the review of their support plan. One relative told us, "There is a care plan. I have been involved and a person visits periodically to review things. They try to keep things as near to how things were for [my relative]."

People spoken with told us that staff respected their rights to privacy and dignity. People told us they were asked whether they preferred male or female staff and their requests were honoured where possible. One staff member told us, "I promote privacy and dignity, for example, I keep people covered up when providing care, I treat people how I would expect people to treat me."

People were able to express their views on an on-going basis, during daily conversations with their carer's, support plan reviews, people who lived in extra care schemes could attend tenants meetings and the provider also sent out satisfaction questionnaires. The registered manager told us that a, "Service user" call system had been recently introduced. This had been introduced from comments made in the satisfaction questionnaires from people about not feeling the management team contacted them enough. The registered manager added they care coordinators aim to make two calls each per week. We saw evidence

this was being done.

People were also given information about the service in the form of a 'Service User Guide'. This guide detailed essential policies and contacts along with information on advocacy and other community groups in which people could access. Advocacy services are independent from the service and provide people with support to enable them to make informed decisions.

## Is the service responsive?

### Our findings

People told us that staff were respectful and friendly towards them and that the service was responsive to their needs. Overall people were happy with the care and support provided by the service and its staff. One person said, "They help and encourage me to do my exercises. Nothing too much trouble." Another person said, "I can't ask for better carers. They are happy to come and I am happy to have them. We have become friends and they are like my family. My carer worries about me and does everything to make me comfortable."

The registered manager told us that the service receives most new referrals from the local authority social work team. The social work assessment is used in conjunction with the services own pre assessment. The pre assessment is done by a senior member of staff at the person's first visit. The registered manager told us the service was looking at ways to make the process more, "Streamlined" due to the length of time taken to complete the assessment. Any private referrals would be assessed by a senior member of staff prior to the package being accepted. As part of the pre assessment process the service would consult with the person themselves and any family member or professional involved in the persons care if appropriate. This would ensure the pre assessment information was factual and accurate.

The information gathered during the assessment process formed the basis of the person's support plan. We looked at 17 support plans and other associated documentation. This information identified people's needs and provided guidance for staff on how to respond to them. However, in some of the care plans we found the service used generalised terms for example, "The person would like to transfer from bedroom to bathroom." This did not provide any detail to staff about how the person mobilised. We spoke with the registered manager about the importance of minor detail in such documents to enable the care staff to be equipped with the necessary detail about a person to enable them to knowledgeably and confidently support a person. The registered manager told us she would ensure senior staff reviewed the care plans and updated with relevant detail. We determined that this had not affected the care people received by the positive comments people gave when we spoke with them and the knowledge staff displayed about the people they cared for.

People's care plans included people's preferences and a record of their consent. We noted the support plans followed a standard template but each person's plan was personalised and reflected each person's individual need and requirement. Care plans were split into areas throughout the day, morning, lunch, tea and evening visits and had additional space for any other visits required. Care plans covered areas such as, communication, spiritual needs, social life interests, existing support networks and daily routine. Staff spoken with told us the support plans were useful and they referred to them during the course of their work. One staff member said, "The care plans contain useful information and they get updated when there are changes in people's needs. I always look through the care records when I visit." People confirmed they were involved in the review of their support plans.

Staff completed a record of the care provided on a daily basis, we looked at 10 of these documents and noted these contained information about people's diet, welfare and activities. Information provided was

written in a sensitive manner and staff had signed their attendance within a reasonable timeframe of allocated time slot. These documents were kept in the persons care file in their home. Any additional documents were filed at the office in line with data protection guidance.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for recording, investigating and taking action in response to formal complaints. The registered manager told us the service had received 11 formal complaints to date. We looked at four of these and noted these had been dealt with in line with the services procedural guidance.

People told us they felt confident in raising complaints and were knowledgeable about whom to approach with any issues. One person told us, "I can't find anything to grumble about. I couldn't do without them. They do what I ask and they do it well" another person said, "I have had a few hiccups now and then but everything is sorted out before I need to complain." The registered manager told us that each person's file contained information on how to make a complaint. We saw evidence to support this.

## Is the service well-led?

### Our findings

People who used the service and their relatives we spoke with were satisfied with the service and the way it was managed. People referred to the service they received as, "Excellent" and "Marvellous." Another person told us how they felt it was a, "Very well led service." People confirmed they would receive occasional visits from senior members of staff to ensure they were happy with everything.

At the time of the inspection, there was a registered manager in post and two deputy managers. The registered manager explained the management team covered the staff teams in different areas of Lancashire and this worked well due to the size of the service and the amount of people and staff active within the service. Staff we spoke with confirmed they had a management structure which they were clear about and that this worked well.

Throughout all our discussions it was evident that the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care, as well as issues pertaining to the staff team. The registered manager displayed a sound knowledge of all aspects of the operation of the service. She was able to answer our questions about the support provided to people showing that she had a good overview of what was happening with staff and people who used the service. The registered manager told us she was committed to the on-going improvement of the service. She showed us the awards the service had won over the years. We noted in 2015 and 2016 the service had been awarded, "The highest standard of excellence in homecare," the "LaingBuisson" award and various other awards given by Lancashire Council. The LaingBuisson awards recognise and celebrate industry excellence and innovative services in the public, private and third sectors. The registered manager had also been awarded an internal Housing 21 service award for best team and branch performance.

People using the service, their relatives and staff felt assured that the service was effectively supported by the management structure. Staff spoken with were enthusiastic and positive about the service, referring to it as a good place to work. Staff comments included, "I feel fulfilled in my professional life, it's a good company to work for I have always been supported, I have never not wanted to go to work. I think they offer a brilliant service." Another staff member said, "I am really happy with my job, I absolutely love it, you feel like you have achieved something."

Staff meetings were held every three months. These meetings covered areas such as infection control, complaints, safety issues and updates on any events. Staff told us the meetings were a good arena to discuss new ideas and receive updates on service processes.

The provider had a range of policies and procedures to equip staff with clear and relevant information about current legislation and good practice guidelines. Policies included, customer care and the philosophy of care, duty of candour, whistleblowing, safeguarding and privacy and dignity.

Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.



Staff were aware of their roles and responsibilities and what was expected of them and gave examples of how to care and support a person safely and effectively. We saw that staff received appropriate training to assist them in effectively caring and supporting people who used the service. This was corroborated with the comments we received from people using the service and their relatives/visitors during the inspection.

We noted the service provider had governance audit systems in place to monitor the effectiveness of the delivery of care offered. These audits covered areas such as, staff meetings, supervisions, staff employment files and a sample audit of the files of people using the service and medicines charts. Any issues identified were resolved in a number of different ways. For example, staff meetings or addressing directly with the staff member involved.

The registered manager told us audits of complaint were done and kept on a central database. There was a designated team which monitored complaints. Similarly, safeguarding concerns and health and safety audits were also carried out by designated teams based at the head office. The registered manager informed that each team responsible would monitor information sent to them by the registered manager. She added she relied very much on these teams of people to identify trends and themes and that if any were identified she would be alerted so she could become involved in the issues.

The service was also subject to a, 'Branch survey'. This is an annual audit conducted as part of the operational plan which provides higher management with assurance that care service delivery is meeting the provider's internal quality standards. It focusses on the branches understanding of policy and procedure and their compliance covering the Commissions core themes. The audit covers areas such as care delivery, staffing processes, recruitment, medicines management, safeguarding and complaints. The overall score for this audit was, 'Good'. It also showed that improvements had been made around mandatory training which had been raised in the previous year's audit.

The provider had a statement of purpose outlining the ethos and principles of the service and had been awarded a Silver Investors in People status in 2015. The Investors in People status is a sign of a great employer, an outperforming place to work and a clear commitment to sustainability.

The registered manager told us she felt the services workforce was the best it had been and this has impacted on the amount of complaints over the past year which she felt had reduced significantly. She added, "I genuinely believe we are good at what we do. 95% of the people we support are happy and if we get it wrong we will learn from it and move on. We are an innovative service and I feel we have worked hard over this past year with the local council to break down barriers which had resulted in a stronger partnership between the service and Local Authority."