Reach (Supported Living) Limited

Reach Supported Living Limited – Trowbridge

Inspection report

Grangeside Business Support Centre
129 Devizes Road, Hilperton
Trowbridge
Wiltshire
BA14 7SZ

Tel: 01793250229

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Reach Supported Living Limited Trowbridge is a supported and independent living service providing extra care and domiciliary support services to people with learning disabilities and (or) additional physical or behavioural difficulties. At the time of our inspection five people were being supported by this service and three of these people were being supported under the regulated activity of personal care.

This inspection took place on 13 December 2016 and was announced which meant the provider was given short notice of the inspection. This was because the location provides a supported living service to people in their own homes. We wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf.

There was a registered manager in post at the service. 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.

During our inspection we saw that an emergency hoisting procedure was being used by staff outside of an emergency situation. The person's risk assessment stated there always needed to be two members of staff to use the hoist to move the person safely, unless in an emergency. There was no other risk assessment to show this practice had been reviewed as safe, outside of an emergency situation. The management team were proactive in addressing this concern. They provided confirmation after the inspection that the appropriate action had been taken to safely undertake this manoeuvre.

During our inspection we saw that one person's medicine administration record (MAR) had been handwritten. The agency's procedure of two staff members counter signing any handwritten amendments on a MAR had not been followed. We saw that all other medicine administration and storage was managed safely.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. One staff member said "We do everything, it's all up to date, [X] (team manager) always knows when training is due and we can do things you may want to do". All the staff were either NVQ Level two trained or in the process of completing the course.

The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff knew, understood and responded to each person's physical, social and emotional needs in a caring and compassionate way. One relative told us "Everything is fantastic, [X] loves his keyworkers, they are really good". We observed staff interactions with people and saw that staff were caring and attentive to the people they supported.

People were able to choose what activities they took part in and maintain hobbies and interests which staff

provided support for as required. One person said "If we want to go somewhere we tell staff". Staff knew people well and what kind of things they liked to participate in. Staff worked hard to engage people in their chosen activities.

People told us they felt confident in the management team commenting "I talk to [X] (team manager) if I have any concerns" and "It's a good service, I get on with most staff". Staff spoke highly of the team manager and registered manager saying "The team manager has been the best we have ever had. Anytime I have a problem you can go to her and you feel comfortable with her" and "[X] (registered manager) is always around and we are getting to know her more than any of the others we have had, she's very approachable".

Quality assurance systems were in place to monitor the quality of service being delivered. Monthly manager checks were completed in people's homes of the paperwork staff completed including people's medicine administration records and daily notes. The quality assurance team used an online spread sheet that managers updated with information including support plan reviews and one to one meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

Staff were not following the correct procedure outlined by the risk assessment that was in place.

We saw one example of unsafe medicine management where a handwritten medicine record had not been countersigned.

The service was experiencing staff shortages and the management were in the process of addressing this and recruiting more staff.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

Is the service effective?

Good

This service was effective.

People were supported by skilled and knowledgeable staff. Staff were supported to develop their professional skills to ensure they were competent to meet people's needs.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with other health professionals to ensure people's health needs were met.

Is the service caring?

Good

This service was caring.

Relatives spoke positively about the care and support their family member received.

We observed staff were compassionate, attentive and respectful. Staff were genuinely interested in people's well-being.

People were treated with dignity and kindness by staff and were supported to make choices.

Is the service responsive?

Good

This service was responsive.

Staff had a good understanding of how to put person-centred values into practice in their day to day work and provided examples of how they enabled people to maintain their skills.

People had access to activities that were personal and important to them. Staff were creative in finding ways to support people to live as full lives as possible.

Is the service well-led?

Good

This service was well-led.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Staff told us they felt well supported by the management team who were approachable and available to listen.

The ethos of the service was positive; there was an open and transparent culture. Staff understood and were aware of their and roles and responsibilities.

Reach Supported Living Limited – Trowbridge

Detailed findings

Background to this inspection

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

This inspection took place on 13 December 2016. This was an announced inspection which meant the provider had prior notice that we would be visiting. This was because the location provides a supported living service to people in their own homes, and we wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of one inspector. An inspection of the office from which the service was run took place and visits were made to two of the three locations where people supported by the service lived. Phone calls were made to people's relatives to gain their feedback and health professionals were contacted. This was the service's first rated inspection since being registered with CQC.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us by the provider 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. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with four people being supported by the service, two relatives, three staff members and one health and social care professional who had worked alongside the service. We spoke with the registered manager and the team manager. We reviewed records relating to people's care and other records relating to the management of the service. These included the care records for two people, three staff files and a selection of the provider's policies.

Requires Improvement

Is the service safe?

Our findings

During our inspection we saw that for one person who needed the supportive aid of a hoist, there was an emergency hoisting procedure in place. This meant that in an emergency one member of staff could hoist the person alone. We saw however that staff were using this procedure outside of an emergency situation to hoist the person twice a week. A personal risk decision making assessment was in place which stated there always needed to be two members of staff to hoist unless in an emergency. There was no other risk assessment to show this practice had been reviewed as safe, outside of an emergency situation.

A staff member told us they had been cleared to use this procedure twice a week by an occupational therapist. However the only paperwork in place to show this, had been written by the team manager which quoted, 'Having the solo hoisting for emergency risk assessment in place, one member of staff can safely hoist [X] from the chair to the sofa'. We discussed with the registered manager and team manager that whilst hoisting with two people remains a best practice method, the requirement is that any manoeuvres are conducted safely and the supporting documentation in place to show it has been fully risk assessed. This had not been done.

The management team were proactive in addressing this concern and emailed us after our inspection with confirmation from a physiotherapist that staff could safely partake in this manoeuvre, and that the care plan was being updated to reflect this. The team manager stated "I am gathering the rest of the information for you, but given the importance of this issue I wanted to let you know as soon as possible that the staff team are following guidance agreed by the multidisciplinary team. A postural management plan from physiotherapy was in the process of being put in place.

We saw for some people's risk assessments, where it stated a review had been due, there was no indication of if this had taken place. A section to write review updates had not been completed or signed. The team manager explained this was an oversight and the paperwork may have been removed by staff. The team manager was able to show us on the online system that the reviews had all taken place. They said they would ensure this information correlated with people's care plans.

All other risks to people's personal safety had been assessed and plans were in place to minimise these. For example one person had a risk assessment around taking their prescribed medicines. The assessment clearly detailed the possible risks and potential outcomes and the impact this could have on the person. Staff had signed the risk assessment to show they had read and understood how to support this person safely. One staff member told us "It's all about giving people choice and where they want to go. We would never not let them go, but we check its safe". The team manager commented "There is always going to be risk, we talk to them, go with them, risk assess, involve other people it's not just our choice, we make people aware of the risks".

During our inspection we saw that one person's medicine administration record (MAR) had been handwritten. Staff informed us this was because they had recently swapped to a new pharmacy and the person's existing medicine stock had not been included on the MAR. We saw that the correct procedure of

two staff members counter signing any handwritten amendments on a MAR had not been followed. We reviewed the provider guidance which stated 'If the MAR is handwritten, two members of staff must check and sign when medicines are manually added. For solo shifts a second member must counter sign it on the next shift. This had been in place for four days without being signed. We raised this with the registered and team manager who said they would address this with staff.

We saw that all other medicine administration and storage was managed safely. Authorisation forms were in place for people that consented to have support from staff with their medicines. This clearly documented the level of support needed, such as full assistance or prompting and had been signed by each person. For people that were prescribed medicines 'As required', protocols were in place to give staff information about what circumstances the person may need to take this medicine and the possible side effects. We saw a further procedure guiding staff on what to do in the event of a medicine error and the steps to take to ensure the person was not put at further harm.

Whilst the team manager had ensured all support visits were covered, there was a staff shortage at the time of our inspection. This was being covered by current staff members picking up extra shifts and using a regular agency firm. The registered manager told us "Recruitment is a challenge, we are constantly recruiting". The team manager commented "The staff team are brilliant, we use the same agency person who shadows our staff first and they get to know the clients and work with the person. We don't use agency with one person as their needs are too complex".

Despite the staff shortages, staff had been with the service for long durations and spoke positively of the team saying "We could do with more staff, we are a good team and help each other out, there is good communication", "We are a small staff team, all the care staff are very experienced and the continuity is there from care staff. The paperwork is in place but when you lose staff the head knowledge is what you can't pass on and the person's life experience" and "It is a struggle with staff but the managers are interviewing".

Relative's commented on the staffing levels and told us "They are short staffed but that is the case everywhere, [X] doesn't like new people going in, he's got to feel comfortable" and "The support workers have been very good but the consistency is quite relaxed due to the lack of staff. They are struggling, [X] needs a male mentor but they are struggling to find this". The team manager told us that at one property, two people were originally sharing one waking staff member at night. When one person had to go to hospital, the staff could not accompany them as they had to stay at the property with the other person. The team manager told us how they had raised concerns that due to this person's specific communication needs they should not have gone to hospital without a supporting member of staff. The team manager managed to secure another member of staff so each person had their own supporting night staff.

The service followed safe recruitment practices. The registered manager explained how the provider's human resources department oversaw the recruitment process and confirmed with them when information was obtained. This included references and enhanced background checks for prospective staff. Records were sent to us so we could confirm this. The information showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records confirmed that staff members were entitled to work in the UK. The team manager told us "Interviews are not just based on qualifications, but experience, not necessarily in work but in people's family, we ask are you caring and can you give examples?". The registered manager said "It is more about values, more about the person and their experiences. There are people that we interview but they aren't suitable".

People's safety was promoted because systems were in place, which reduced the risks of harm and potential abuse. Staff had all received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported. One person told us "I feel safe, I feel like its home". A relative commented "He's safe, I have no concerns". Staff told us "I would report any concerns to the manager's, I am happy to do this" and "I would contact the manager, I would tell the registered manager, I would go higher".

Measures had been put in place by the service to help keep people safe. For example, pictorial signs were in place at some properties reminding people to take their phone when they went out, close the windows and lock the door. A fire notice told people about what to do in event of them finding a fire. We saw 'Missing person' protocols were in people's care plans detailing who to ring if a person was presumed missing. The protocol contained a photo of the person and highlighted important information such as how to approach the person and things that would identify them. We saw the service supported one person with looking after their bank card in a safe at the property. This had been requested by the person and they had signed their consent to this. Where staff supported people with their money, all receipts were kept and transactions logged onto a finance sheet which was checked by other staff and the team manager.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. A training schedule was displayed at the office which showed what training staff had completed and when it was due to be renewed. Staff training was also recorded on an online system. The registered manager told us about a new pilot system that would prevent staff being allocated work unless they had received the appropriate training. One relative commented "The training is better now, they are on the ball, I do my training with Reach, and I join them".

One person had specific health needs that required staff to complete six training courses, some of which were undertaken with a nutritional nurse. Staff spoke confidently about meeting this person's needs. One staff member told us "We ask for training all the time, we do a lot, and have done lots of mental health training". Another staff said "We do everything, it's all up to date, [X] (team manager) always knows when training is due and we can do things you may want to do". The team manager told us "All my staff are NVQ Level two trained or on the course so one hundred per cent will have the qualification. As soon as they start I book them on it. One person is going on to do NVQ Level three, it's lovely how driven they are, they want to have the qualifications".

New staff were supported to complete an induction programme before working on their own. One staff member told us "All the training I had to do for my induction was done, I also did training on autism and know more on this now". The team manager said "Staff have shadow shifts, no one goes live until they are competent, it takes as long as it takes. Even when staff are trained if I feel they need it again I will put them on it again until I am comfortable".

Staff had a 'My plan' in place, which recorded their reflections on what had been achieved and areas to develop for the coming year. We saw that all but one staff had received regular one to one discussions with their manager. The one to one records showed that staff had the opportunity to discuss their performance management, their learning, and other staff related issues. An action plan was developed from this so the team manager and staff member could track progress.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The team manager confirmed this did not apply to anyone receiving the service at the time of this inspection but told us "We work closely with the social care team and ask for a referral if needed".

Staff understood the principles of supporting people around mental capacity commenting "We read the care plan which should be able to tell us what the client prefers to do and their preferences and wishes. We ask family and people can still tell me even if it is a good or bad decision" and "People sometimes need help making decisions, with one person I aid them with prompts or narrow options so they can manage choice".

The registered manager told us about a recent example concerning a person lacking capacity to consent to an operation which had been decided to be undertaken. The team manager told us "No review had been done about why this person should have an operation, they have now cancelled it but there had been no best interest meeting held, it had just escalated, I said you can't do this without a best interest meeting, it's scary it could go that far without anyone picking it up". The team manager further said "Our role is to tell staff it's ok to say no and challenge, until decisions have been taken properly. I think people are afraid to challenge authority".

People were supported to purchase and cook meals of their choice. One person told us "We do food shopping on Wednesdays, we have menus and decide what to eat, I'm a good cook". One member of staff said "We support people around making healthier choices with food and give them information to make an informed choice".

One person had specific nutritional and hydration needs and staff were confident on how to support this person. One staff member took time with the person's permission to show us how they supported them. They demonstrated an in-depth knowledge for this person's care needs. We saw for people who required a fluid chart to be in place, staff completed this daily and reported any concerns to the team manager.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. One health care professional told us the service was good at supporting people to access health care commenting "Recommendations to professionals such as psychologists are made and followed up where appropriate". The team manager said "Staff know people so well; one person has regular hospital appointments attended with staff. Any concerns staff immediately call the GP and report it. Staff are driven by the people they support; they get help for the person and then report to me what they have done".

We saw that people had hospital passports in place. These recorded important information that needed to be shared if they had to go into hospital for any period of time, so they would be appropriately cared for. A member of staff told us about a time when one person was in hospital and the staff had supported them for two weeks from 7am to 10pm saying, "We were doing all the person's medicines and personal care, it was tough for the person and tough for us working in a different environment, but we worked with the hospital nurses and it meant this person had that consistency from staff they knew and not from an agency nurse". One relative told us "They keep me informed about hospital visits and appointments, they call me and tell me".

Each property had a landlord who was separate to the provider and the landlord was responsible for maintenance to the property. One property we visited was in need of maintenance and some upkeep. The team manager explained that the people living there were shortly moving to new accommodation as repairs had not been completed in a timely manner. At another property the bathroom floor was in a state of disrepair. The service was managing this appropriately by putting in place risk assessments and arranging for maintenance to carry out the repairs without delay. One person told us "I decorated my room and I chose the lounge colour". One relative said "The place is kept spotless".

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff knew, understood and responded to each person's physical, social and emotional needs in a caring and compassionate way. One relative told us "Everything is fantastic, [X] loves his keyworkers, they are really good". One person told us "The staff are good, we have the same staff and they know us well". Another person said "Staff help us cook, and support us when we go out". One person indicated to us that they liked living in the home and having the staff team they had.

We observed staff interactions with people and saw that staff were caring and attentive to the people they supported. One staff member stopped several times when talking to us to ensure the person they supported was included. They demonstrated an easy rapport with the person, sharing jokes and stories and touching the person gently on the shoulder when they spoke. Another staff member was seen discretely encouraging a person to change their clothing before heading out as an item of clothing was stained.

Staff were able to talk easily about people's likes and dislikes in great detail. They had built positive and trusting relationships with people. One staff member told us "We listen to people and get to know them well; this is why it's important to have regular staff". We observed a staff member playing a game at the table with one person and chatting throughout. A staff commented "There is a lot of laughter, there's a bond between two people living in one house, they care for each other, it is lovely to see". The registered manager shared some feedback with us from a health and social care professional that discussed the professionalism and care from one staff member and the positive impact it had created for the person supported.

Staff were keyworkers for people, which meant a named member of staff was responsible for ensuring people's care needs were met. This included spending time with people and supporting them with activities. The team manager told us "Staff support all the people in the service, but clients have keyworkers who complete the majority of their visits". The team manager added "We watch people work and see who they are suited; people soon let you know if they are not comfortable with any staff". One staff member commented "I am a keyworker for [X] and I have worked with him for a long time". Another person had a male and a female keyworker and staff told us the person liked this saying "They get both sides; they can talk to a man about certain things and then a woman for the other things, so it works well".

The team manager told us about how a staff member was helping one person to ice a cake for their parents as a Christmas present. The team manager said the staff member was "Going above and beyond in sourcing the bits for the cake in their own time so it doesn't cut into the support hours the person receives so they can use that to ice the cake". The registered manager commented "We encourage staff to be as creative with people as possible and try to be flexible with the supporting hours so people can do things they enjoy". One staff shared with us that a person had celebrated a big birthday recently, and had decided with staff to visit the London Eye attraction. The staff told us this had been planned with the person's family and said "For him it was a lovely memory and we can reminiscence about it together now".

People's dignity was respected by staff during the more personal aspects of care support. One staff told us "We only support people with personal care in the person's bedroom. We talk to the person whilst we do this and we don't talk about anything else or talk over the person. We ensure they are comfortable and explain things, we know people's wishes". We saw for two people who shared a joint tenancy, there was an agreement in place regarding each person wanting to invite friends or family to stay over. The agreement stated that they needed to 'Be polite, ask if the other person is ok with this'. Both people in the home had read and signed this to show their agreement.

People were empowered to make choices and have as much control and independence as possible. One person told us "I choose what to do and when to get up or go to bed". One relative commented "[X] has come on really good, he picks his own clothes, there is a big change which is down to his keyworkers, they are like family to us now". Another relative had a different experience and told us "My relative needs support but they do deskill him occasionally when short of time and they do it for him". Two people had their own cars and a staff member commented "[X] has his own mobility car so we can go wherever he wants".

Good

Is the service responsive?

Our findings

Care plans were personalised and detailed daily routines specific to each person. We saw that people had a one page profile in place which recorded what was important to them and how they preferred to be supported. Each person had a personal planning book in place which followed a pictorial format and captured the life history of the individual as well as their future hopes and dreams. We saw this had not been completed for one person and their likes and dislikes only contained one statement which did not represent the person's many interests. The team manager told us this would be addressed. This was not reflective of other support plans that we viewed, that all contained detailed information about the person.

The staff kept a daily diary for one person who at times experienced heightened anxiety. The diary enabled staff to monitor the person's wellbeing and involve the appropriate professionals at an early stage if they felt the person's wellbeing was being compromised. We saw where people had specific diagnoses or health needs, information has been provided in their support plans for staff to read and gain a greater understanding to support that person effectively.

Communication profiles were in place, so staff knew people's preferred methods of communicating. The team manager told us "Staff spend time shadowing to see how things work in action and learn how to engage a person and communicate. Staff get to read the communication profiles, but you couldn't just read it you need to see it". One person we spent time with did not communicate verbally and the staff took time to show us how to communicate with this person and read their responses so we could engage with them. One relative we spoke with had mixed views on the communication methods employed by the service stating "They are a bit behind adapting and meeting the individual's needs, such as visual aids and need prompting quite a bit. They are moving forward but are a bit behind with new processes".

People received an annual review of their care needs unless this was required sooner. The team manager told us "Reviews are every year, our clients go to the review, their parents, care managers, everyone attends. They all contribute to that, and the staff keyworker comes and contributes, everyone has an input". One staff member said "We update the care plans in each house and then notify the office of any changes monthly and the office care plans are then updated".

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff checked people's medicines and finances on all handovers to ensure these were correct and accounted for. We saw that staff had completed daily recording sheets and were signing to show these checks had been done. A communication book was used to further pass on information and remind the next staff on shift of upcoming events. One staff told us "We have staff communication books to put notes in to each other, so we can update about what's happened on shifts, for appointments, events, any changes. The communication is good".

People had a range of activities they could be involved in. People were able to choose what activities they took part in and maintain hobbies and interests which staff provided support for as required. People told us

"If we want to go somewhere we tell staff", "I do street dancing at home" and "I like singing". The team manager told us group and individual activities were organised for people including bowling, barbecues and celebrations of yearly events such as Halloween. People supported by the service had developed friendships from the organised group events and would meet up sharing lunch or coffee. One person had two jobs and went to work for a few days a week supported by a staff member. The staff would accompany the person to work and stayed alongside them enabling them to take on this level of responsibility. Another person also worked telling us "I have work twice a week".

Staff knew people well and what kind of things they liked to participate in and worked hard to engage people in their chosen activities. The registered manager and team manager told us one person had wanted for a long time to go to a gym and a staff member transferred their own gym membership from another gym to the same gym, so they could support this person to attend until they were confident to go on their own. Another person had wanted to go to church and staff had supported this person to go, introducing them to people at the church so they felt comfortable and then it was their choice if they decided to continue with this. The registered manager commented "Staff source things for people and know what to access for them". Staff commented "We decide on outings as the day comes, some are planned, it depends on how he feels", "The mobility car has been brilliant, we can get and out about a lot" and "We go to places where there are adapted changing rooms so we can use them, I look on a website to find them".

One person told us "I would like to do more, play pool and out on trips, but my budget isn't a lot so I have to plan things in advance". We saw this was addressed by a staff member who talked to the person and team manager, about going to the cinema or for a meal. The team manager spoke with the person and explained this could be budgeted for and arranged as a regular thing for them to do if they wished. The person expressed they wanted to do this and were happy with the result.

We saw that staff involved people in meaningful ways during our inspection. One staff was chatting to a person about upcoming events they had planned which included going to see the 'Festival of lights' at Longleat and a local Christmas pantomime. One person told us "We put the tree up and decorated it; I have got some more shopping to do for Christmas". One relative said "He goes out nearly every day of the week which is what it's all about". We observed the registered manager and team manager enjoying a game of dominos with one person who was smiling throughout this interaction.

Systems were in place to deal with any concerns raised. People were encouraged to raise concerns and had been given an easy read version of the complaints process. We saw that results from the last feedback survey had been actioned and improved around reviewing the easy read complaints process. A copy had been issued to every person supported, and the process made it easier for people to raise concerns in a way that worked for them. Any complaints received were managed by the provider's quality assurance team. The registered manager told us the team manager "Will come in and support the person who made the complaint. There is a formal process to acknowledge it and to be in touch. Someone who doesn't know the person looks at it, and keeps a record. We share information if there is something to learn in this".

Good

Is the service well-led?

Our findings

The management team consisted of a registered manager and a team manager. The team manager worked in the service on a daily basis and the registered manager visited regularly and when needed. The registered manager also was registered for three more of the provider's services. Relatives spoke positively about the management team commenting "It is well managed as much as it can be. I have seen positive changes with the new manager, she's more interactive" and "Out of ten it's a ten". A health professional told us "From an operational perspective the staff appear to be very responsive to any issues raised".

People told us they felt confident in the management team commenting "I talk to [X] (team manager) if I have any concerns", "It's a good service, I get on with most staff" and "I am happy with the service, I have met [X] (registered manager) before, she's nice". Staff spoke highly of the team manager and registered manager saying "The team manager has been the best we have ever had, anytime I have a problem you can go to her and you feel comfortable with her", "The team manager is one hundred per cent approachable, she's really understanding, we get support and are always welcomed to the office. She has sat with me and went through paperwork to help me" and "[X] (registered manager) is always around and we are getting to know her more than any of the others we have had, she's very approachable".

The service's office was currently located just outside of the main town. The team manager told us how they were hoping to move location into the town in 2017 commenting, "We have found an office in the centre of Trowbridge so people can come and have a cup of tea without staff supporting them. I feel people would benefit from me being nearer them, so that's my goal for 2017". The team manager regularly visited people at their homes around three times a week to maintain contact with them and the staff.

The staff told us they felt well supported and attended regular team meetings to discuss events concerning the service. The team manager told us "Staff work exceptionally well and go beyond what a normal support worker does and do it in their own time". Staff comments included "I feel supported, we can call if there is a problem", "I think it's quite good, better since [X] (team manager) has started, very settled, a good staff team" and "Staff meetings are regular, can involve anything, we discuss what people want to do, and they make us all aware of things". The registered manager told us "It's obvious to me that the way staff work as a team and with the manager that they feel very supported now compared to a few years ago".

The service promoted a positive culture and participation in developing the service. An engagement officer was employed by the company and had planned to visit in the new year to look at ways people could be more involved in the service. An engagement strategy was in place which stated the vision was 'For all citizens to feel empowered, to engage and be part of shaping care and support services'. The ways this could be achieved included recruitment of new employees, reviewing policies and procedures and participating in a range of service user led forums. Interviews for new employees had previously not involved people using the service but the registered manager told us they have considered a two stage interview process, where an office based interview would be conducted and then a second stage where the candidate would meet people. The registered manager told us "Staff can then have an insight into the people we support".

A yearly survey was sent out to people but the registered manager explained not everyone they supported was able to complete this. They told us "This is part of the engagement strategy about how we can obtain this feedback in better ways". Compliments had been received by the service thanking staff for their hard work. These had been recorded by the team manager who said "We read out compliments in team meetings as it's important for staff to feel valued so we share these".

Relatives told us the service was good at communicating with them and keeping in touch commenting "I have had good communication with the manager, they are good at communicating and involving families" and "They understand where I'm coming from, I did all of [X] care before, I can't fault them". The team manager told us "We get positive feedback from parents and have good relationships with them. We are training staff on how to build these relationships". We saw that people had all been given a service user guide so they knew important information about the service they would receive. However this guide did not contain up to date information relating to the management structure. We raised this with the registered manager who said they would request an updated one from the quality assurance department.

We saw the team manager had created a display of notes on the office wall, written by staff members about other staff on their team. The team manager told us "We do it at one to one meetings, as staff can feel underappreciated so we brought about positive praise for a boost for staff". We saw the comments included statements such as 'Full of information, helpful', 'Always helpful and cheerful', 'Fantastic key worker', 'Very supportive' and 'Try's really hard to understand [X] needs'.

The management team had developed staff to take responsibility for their actions and demonstrate accountability in their role. We saw information was available for staff on safeguarding and the duty of candour (the quality of being open and honest in situations). All the provider policies were kept at the office and online so staff could access these when required. The team manager told us "I always debrief with staff after an incident so they learn and keep a record". If a medicine error occurred the team manger told us they would hold a meeting with the staff member and more training would be offered if needed. Any subsequent errors after this would then be treated through the provider's formal disciplinary process. The team manager told us "Staff aren't afraid to tell us things, or if changes need to be made".

Quality assurance systems were in place to monitor the quality of service being delivered. Incidents and accidents were recorded straight onto an online system by staff which then flagged up to the team manager who would conduct an investigation. The quality assurance department would then pull together a list of any trends and monitor these. Monthly manager checks were completed in people's homes of the paperwork staff completed including people's medicine administration records and daily notes. The registered manager would complete an audit around four areas covering one every three months. These areas included staffing stability, paperwork and support plans, safeguarding and safety. The quality assurance team used an online spread sheet that managers updated with information including support plan reviews and one to one meetings.

The registered manager and team manager had recognised the challenges of growing the business whilst trying to recruit staff. The team manager told us "I don't want to grow at all until the staff are in place, as I wouldn't want to take on a new care package and not meet it. I'd rather do what we do and do it good than fail". The registered manager agreed with this and added "We are always looking for opportunities. We talk about where we see it going and look at our competitors in the area".

The management team spoke to us about the support they received and gave to each other and the opportunities that were available for them to develop their skills. The team manager was arranging to start an NVQ level five saying "If I said to [X] (registered manager) I wanted to do something, I am sure it would be

arranged. I'm not afraid to ask anyone anything if I need something". The registered manager told us "I can lean on other managers for support and [X] (team manager) has other team managers. We can get together and share ideas, encourage people to get together and talk. We communicate things between us if I'm off and I point out who can cover. We have got human resources, quality assurance department and recruitment sources".