

Avon Support Limited

Avon Support Limited

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

Avon Support Limited is a domiciliary care agency that is registered to provide personal care to people living in their own home. At the time of our visit the agency supported 13 people who have physical or learning disabilities. Nine people received support with personal care. Some people who used the service required support 24 hours a day while other people received support at pre- arranged times.

We visited the offices of Avon Support Ltd on 5 and 6 January 2017. We told the provider 48 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has 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. The registered manager was also an owner of the company.

People felt safe with their support workers and knew what they would do if they felt unsafe. Support workers were trained in safeguarding adults and understood how to protect people from abuse. There were procedures to manage identified risks with people's care and for managing people's medicines safely.

There were enough support workers to provide the support people required. Checks were carried out prior to support workers starting work to ensure their suitability to work with people who used the service. All staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively.

People told us support workers were caring and had the right skills to provide the care and support they required. The managers and support workers understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. People had consistent support workers who they were able to build trust and relationships with.

Support plans and risk assessments contained relevant information to help support workers provide the personalised care people required. People were involved in their care and were asked for their views and opinions about the service they received. People and support workers said they could raise any concerns with managers knowing they would be listened to and acted on.

There was an experienced registered manager and management team who provided good leadership and were committed to providing a quality service to people. People and support workers found the management team open, approachable, and responsive.

There were systems to monitor and review the quality of service people received and to understand the experiences of people who used the service. This was through regular communication with people, relatives

and staff, and a programme of other checks and audits.

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.

People were protected from the risk of avoidable harm or abuse because staff understood the processes they needed to follow to keep people safe. Support workers understood the risks relating to people's care and supported people safely. There were enough suitably experienced workers to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Good ●

The service was effective.

Support workers had the knowledge and skills to deliver effective care to people. Managers and support workers understood the principles of the Mental Capacity Act so that people were appropriately supported to make decisions. People's consent was requested before care was provided. People who required support with their nutritional needs had enough to eat and drink and the service involved other healthcare professionals to maintain people's health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the service they received and were supported by workers who they considered kind and caring. Support workers ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from consistent support workers that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

The service people received was based on their personal preferences. People's care and support needs were regularly reviewed, and support workers were kept up to date about

changes in people's care. People were able to share their views, and had no complaints about the service they received.

Is the service well-led?

Good ●

The service was well led

People and their relatives were very satisfied with the service they received. There was good leadership from the management team and staff felt supported to carry out their role. The management team were committed to providing a service that put people at the centre of it and regularly reviewed the quality of service people received.

Avon Support Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The service was last inspected in January 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The office visit took place on 5 and 6 January 2017 and was announced. We told the provider before the visit we would be coming so they could ensure they would be in the office to speak with us and arrange for us to speak with support staff. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Prior to the office visits we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated.

The provider also sent a list of people who used the service; this was so we could send surveys to people and contact people by phone to ask them their views of the service. Information on the contact list showed some people were unable to speak directly with us over the phone, so we spoke with their relatives to find out their views.

We spoke with nine family members and one person who used the service. We sent surveys to people, and received responses from three people who used the service, one relative, eight staff and four professionals involved with the service.

During our visit we spoke with three support workers, a team leader, the supported living manager, the registered manager and a director. We reviewed four people's support plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People and relatives we spoke with and everyone who had completed surveys felt people were safe from abuse or harm from support workers. People and relatives knew what to do if they had any concerns. Relatives told us, "If [name] didn't feel safe, or indeed, if I had any concerns about their safety I would go directly to the manager. I have their direct telephone number and I can contact her at any time night or day if needs be." Another said, "If we saw anything that we weren't happy with, or [name] spoke to us about anything she wasn't comfortable with, and rest assured she certainly would, then we would contact the manager."

Support workers who completed our survey and those we spoke with understood how to safeguard people they provided support to. We gave support workers we spoke with scenarios of abuse and asked what they would do, for example, about unexplained bruising on people and poor staff attitudes. Support workers had completed training in safeguarding adults and had a good understanding of what constituted abusive behaviour. They were aware of their responsibilities to report suspicions or allegations to the management team. One support worker told us that they would have no hesitation reporting any abuse allegation as they had "a duty of care to keep people safe." Another told us, "If I had any concerns I would report it to the managers and record it. The manager would look into it and refer it to social services."

There was a procedure to identify and manage risks identified with people's care. Support workers knew the risks associated with people's care and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take this into account and minimise risk. For example, people who had behaviours that could cause harm to themselves had plans in place so staff knew how to identify cues or triggers and how to interact with the person to calm behaviours. The service was proactive with risk management and used risk assessments positively to support people maintain independence and have new experiences, for example, to cook for themselves or to follow their hobbies and interests. A relative told us, "[Name] has certainly been able to grab hold of life and live it since he had his care provided by Avon Support. They have really helped him come out of his shell and now he loves seeing new places and trying new experiences."

Accidents and incidents were recorded and actions had been taken where necessary to reduce risks of the event happening again. For example, if required, people's behaviours were monitored and people were referred to other professionals for assessment, risk assessments had been revised and actions staff should take to minimise the risks had been recorded.

There were sufficient support workers to provide the support people required. At the time of our visit the service supported nine people with personal care and employed approximately 31 support staff. One support worker told us, "All staff work well together and there is enough staff to ensure consistency for people we support. It's important for people to see the same staff so they can build up trust."

Support workers told us a member of the management team was always available if they needed support. One support worker told us, "There is always someone on call for advice or support; you only need to pick

up the phone."

Recruitment procedures ensured staff were safe to work with people who used the service. Staff told us they had to wait until their DBS and reference checks had been completed before they started working in the service. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Records confirmed staff had a DBS check, references and health declarations completed before they started work. The registered manager was reminded that the regulations also require a photograph of the staff member, they confirmed to us this would be put in place.

Medicines were managed safely, support workers were trained to administer medicines and people received their medicines as prescribed. Some people needed support to take their medicines. Support workers told us they were confident assisting people with this as they had received training that explained how to give medicines safely. Support workers said they had their competency checked to make sure they continued to give medicines safely. Records confirmed staff had completed training in safe handling of medicines and competency assessments were completed to check staff learning. Some workers provided support to people with epilepsy, and there were clear guidelines for staff to follow about people who were prescribed emergency medication, and when this should be given.

No one we spoke with was supported to take medicines. One relative told us, "When my daughter first moved out, and was looking to live independently and be supported by the agency, she was having quite a lot of medication. As I'm sure you appreciate, it was a rather stressful period in her life. However during the last year she has been able to come completely off her medication. As far as I'm concerned I think that has been in no small part due to the dedication, support, patience and time that her care workers have taken to get her to a point where her autism is stable enough for her not to need any medication. They have been brilliant."

There was a procedure to check medicine records to make sure there were no mistakes. Support workers told us they checked the medication administration records (MAR) on each shift to make sure there were no gaps or errors. If they identified any errors they reported this to the team leader or supported living manager. Additional checks were made on MARs during service visits by the management team to ensure support workers had administered medicines correctly. Completed MARs were returned to the office monthly for auditing and filing. Records confirmed any errors identified during audits were followed up with the support worker and if needed their training and competencies were refreshed

Is the service effective?

Our findings

People who completed our survey, people who used the service and their relatives, told us support workers had the skills and knowledge to meet their needs. They told us, "I really couldn't fault the training that the agency gives to their care workers. They teach them what person centred care is all about and how to put it into practice. I have been so impressed with the way [name] has flourished under their care." Another said "I can't think of any shortfalls in their training at all, and in fact other agencies could learn from the way they train their care workers before they are introduced to clients."

Support workers told us they completed an induction which fully prepared them for their role before working unsupervised. This included the training needed to support people's individual needs, choices and preferences. New staff followed the provider's induction programme when they started working for the service to prepare them for their role. The registered manager told us the training was based on the 'Care Certificate' and records confirmed this. The Care Certificate helps new staff to develop and demonstrate they have the key skills they need to provide quality care. Support workers told us their induction also included an assessment of medication competencies and observations of their practice. They also said they worked alongside experienced members of staff until they felt confident to work on their own and so they could get to know people and understand their individual needs.

Records confirmed support workers received training considered essential to meet people's health and safety needs. They also completed training to support individuals that used the service, for example, epilepsy management and autism awareness. Support workers told us the training supported them to carry out their roles effectively. For example one support worker told us, "I am completing the Care Certificate as I am new to care, I am finding it very helpful, and I have had further training to work with and understand the people I support." We found one support workers training had not been updated as regularly as other staff. The registered manager explained the reason for this and told us they would make sure the person was booked for refresher training.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. Where others make decisions on people's behalf these should be made in the person's best interests. 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.

The registered manager had extensive knowledge of the MCA and how this should be implemented as they had previously been a 'best interest' assessor. They were also working with NICE (National Institute for Clinical Excellence) to produce guidelines about the MCA. The registered manager told us there was no one who used the service at the time of our inspection that was unable to make decisions about how they lived their daily lives, although some people lacked capacity to make certain decisions, for example how they managed their finances. All the people who used the service had somebody who could support them to make these decisions. The registered manager followed the Warwickshire County Council guidelines for

reporting DoLS. No one had a DoLS authorised at the time of our inspection.

Support workers had been trained in the MCA and understood the relevant requirements of the Act. For example, they knew they could only provide care and support to people with capacity who had given their consent. Support workers told us the MCA meant, "Decision making, choices and working in people's best interests. All the people I support have capacity to make decisions about how they want to be supported and live their lives." Another said, "It's about supporting people to make decisions about their lives, so they can live how they choose." A relative told us, "Everything is about giving her choice so she can make her own mind up, but at the same time trying to instruct and steer her to understand issues around a healthy diet and lifestyle."

Support workers told us some people required support to make meals and that they offered choices according to their specific preferences. A relative told us, "My [family member] is doing a cookery course at the minute which they are really enjoying, so at home the care workers help and support her to put the new skills they have learnt into practice. She always decides exactly what it is she would like to eat." Support workers told us they accompanied some people shopping so they could buy food according to people's likes and preferences. The registered manager told us that no one required a specialist diet other than two people who had a soft diet to prevent choking. Records confirmed the Speech and Language team (SALT) were involved with people if there were any concerns about their eating or drinking. Records also confirmed support workers followed the recommendations from the SALT.

Some people required support or prompting to manage their healthcare. Support workers told us where needed they would arrange appointments for people and support them to attend if necessary. Relatives told us, "[Name] needs support with everything, so yes, making appointments around health care needs are very much part of what the support package is there to provide." Another said, "They [support staff] are there to support [name] with everything she does in her life, so when she needs to make an appointment with a GP or a dentist, they will help her make the phone call to arrange it. Depending on the type of appointment, she can sometimes go on her own or at other times she will be supported by a care worker." Support workers knew people they worked with well and were able to identify any changes in health conditions that required medical advice. People were supported to manage their health conditions and had access to health professionals when required.

Is the service caring?

Our findings

Relatives were very complimentary about the caring attitude of all staff, this included support workers, senior staff and the managers. They told us, "As far as I'm concerned, the care workers demonstrate their caring attitude in the way they support my [family member] and the fact that she has grown into a lovely independent young woman whilst they have been supporting her."

All the people and relatives we spoke with and people who completed our survey told us they were happy with the support provided by Avon Support. Comments from relatives included, "The look on [name] face every time they come back from an outing with one of his care workers tells me that he is having a lovely time and that he is being looked after in a similar way that I would look after him myself. That's all I need to see." Another said, "My [family member] is supported 24 hours of the day, seven days a week and to be honest her care workers are more like friends to her now. She has plenty of opportunities just to have a normal conversation with her care workers, just as she would do with any of us or indeed her other friends."

The service made sure people received care from familiar, consistent support workers. Surveys from people and staff told us people were always introduced to their support workers before they provided support. Support workers we spoke with confirmed this, "We are always introduced to people and have time to get to know them before working with people on our own. There is no rush and you don't work on your own until you feel confident and the person is happy for you to support them." Another support worker told us, "I know the people I work with really well and can pick up signs and cues when they are unhappy with anything."

Everyone we spoke with told us it was important to have staff that knew people well. The team leader told us, "We try to make sure every person has a consistent team of staff to ensure continuity. This is important so people can build relationships and trust. We listen to people and on service visits always ask how they are getting on with their support team. We will change staff if people request this." Relatives told us they were happy with the staff that supported their family member. One told us, "It is nice to see them [support workers] when they are out with my son because they don't necessarily look like care workers. I love the fact it looks like my son is just out with his friends enjoying time with them as anybody else would do."

People and relatives we spoke with, and everyone that completed surveys, told us support workers were kind and caring and treated people with dignity and respect. One support worker told us, "I am very happy in my role. We ensure people receive the best possible care and we treat people with the utmost respect at all times." The registered manager told us, "We never forget we are working in people's homes and always show them respect and ask before we do anything. We observe support workers to make sure they maintain privacy and dignity at all times." Relatives confirmed that support workers maintained privacy and dignity, they told us, "All of his care workers are very good at making sure that things like the curtains are closed at an appropriate time so that people can't stare in and be nosy when they shouldn't be," and, "Because there are four of them living in the same house, maintaining their privacy is extremely important to the care workers who work there. They make sure that if one of them is having a shower, the others know and they also make sure that the bathroom door is secured before they start helping with a shower."

People were supported to maintain their independence and to live their lives as they wished. People we spoke with and all the people who took part in our survey agreed they were involved with decision making about their care and support needs. They said their views about their support had been taken into consideration and included in their support plans. A relative told us, "Our [family member] has complete control over their life. They make all the decisions about what they want to do and how they want care provided. The care workers are there simply to offer support, and they are excellent."

The registered manager told us in the provider information return (PIR) that, "Support Plans are person-centred, ensuring a holistic approach to support. It is not enough just to provide the service commissioned, but to help people live the life they choose. Staff are encouraged to have warm and trusting relationships with people, whilst maintaining appropriate boundaries." Relatives confirmed this happened, a relative told us, "My daughter lives in a shared house with three other young women with similar disabilities. Whilst some of the decisions around their care and support are made together, they all have their individual care plans and are very independent in saying and explaining how they want to live their lives, what they like to do and how they want their care workers to support them in doing it. I know the modern phrase is 'person centred care' and this is how the care workers support them. They have all become so much more independent and have grown in confidence since the agency has been responsible for their care. I can only thank them, and be grateful that they are there." We looked at four peoples' support plans. Plans were individualised and included details of how support workers could encourage people to maintain their independence. Wherever possible, people were supported to undertake their own personal care and daily tasks.

People told us in surveys that the information they received from the agency was clear and written in a format they could understand.

Support workers understood the importance of maintaining people's confidentiality. One support worker said, "I never talk about people to other people. We maintain people's privacy and that includes any written information." Relatives confirmed people's confidentiality was maintained, for example, "I've never overheard any of the care workers in the house talking about any of the other residents, or my [family member]."

Is the service responsive?

Our findings

People and their relatives told us their support needs had been discussed and agreed with them when the service started. One relative told us, "I think these are the most well-prepared care workers we have ever had. That in turn means we have the confidence that they understand [name] needs totally and that translates directly to the standard of care he receives."

People and relatives told us the service they received met their needs and choices. One relative told us, "We have been so impressed with how they have taken the time and the patience to get to know [name] over the last six months."

Surveys, people and relatives confirmed people had regular support workers that knew their likes and preferences. Comments included, "Because [name] has a small team of regular care workers they have been able to get to know him, whilst he has also been able to get to know them and it is lovely to watch how they all interact with each other."

Support workers confirmed they visited the same people so they got to know how they liked their care provided. One worker told us, "I was introduced to the people I support before I started working with them. I found it was a great way to find out if we get along and find out more about them and what they liked." Support workers said they had enough time allocated to carry out the care and support people required. We looked at the call schedules for the people whose care we reviewed. Calls were scheduled to a team of support workers at regular times. The registered manager told us, "Rotas are fixed; we find this works well as people know who will be coming to support them and on what days. It helps staff as they can make arrangements in their personal lives as they know what shifts they will be working."

Support workers we spoke with had good understanding of people's support needs. Support workers had an induction with each person that used the service so they understood the persons support needs, preferences, and any known risks and how they were managed. Support workers told us this gave them confidence to work with people on their own.

Support workers said where they provided 24 hour care to people they had a handover meeting at the start of their shift which updated them about people's care needs and any changes since they were last on shift. Where people had support at pre-arranged times support workers said they read the daily records in people's homes at the start of each shift to keep updated about people's care. Support workers said if there were any changes in people's needs they would be informed by the managers before they started their shift. They told us this supported them to provide appropriate care for people.

We looked at four support plans. People had support plans that were person centred and informed staff what support they required and how they wanted this provided. A relative told us, "My [family member] does have a support plan and she was very much the driving force behind putting it together with one of the managers from the agency. Obviously, as parents we were asked to look it over and we did add one or two things that we wouldn't have expected her to think about, but in the main, it is very much a plan of how she

wants her care delivered."

There was information in support plans about how people liked to receive their care and to inform support workers what to do during each visit or on each shift. We were told, "We have time to read care plans. They provide very good information and instruction about what to do and how people like this done."

Support plans provided workers with information about the person's individual preferences and clear instruction for staff about how to provide the care people required. Records of calls completed by staff confirmed these instructions had been followed. Two people whose care we looked at were unable to move around unaided and required equipment to transfer in and out of bed, or chairs. There were instructions to guide support workers how this should be carried out. Risks associated with skin damage due to the inability to move had been assessed, and care plans reminded support workers to check people's skin and report any changes in colour. Support workers spoken with understood the importance of checking people's skin to make sure this remained healthy. Although there were no concerns about people's skin integrity, we found that records support workers completed did not show checks were routinely carried out as advised. We discussed this with the registered manager who said they would amend the record that support workers completed to remind them to record that skin checks had been made.

Support workers told us if people's needs changed they referred this to the supported living manager or team leader so plans could be updated. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs. Plans we looked at were reviewed and updated regularly, although we found that review dates were not always recorded on care plans. The registered manager told us they involved relatives and invited them to reviews if the person wanted this. Relatives told us, "We have regular reviews, certainly every six months. The manager organises to come to the house so that all four families can get together. Each of us has our own time with the manager first, and then we look at the review in terms of how the shared living accommodation has worked. We will usually discuss the activities that the people are undertaking and talk about whether we need to apply for any additional hours of support as we go forward in the future." Another said, "My [family member] has a regular review meeting with one of the managers, she will come out and sit with him and me and we talk about whether there is any additional needs that he has." Relatives told us they were always informed if there was anything important or concerning, happening in their family member's lives.

People and relatives said support workers arrived around the times expected. A relative told us, "I can't fault their timekeeping at all. My daughter has never been left without anybody and I have to say when the shift change happens it is very reliable. Nobody would dream of ever rushing off and leaving her without the next care worker being there." Another said, "The care workers are really good, and on the rare occasion she is running late, they always phone the house and speak to the previous care worker who will stay until the handover takes place."

We looked at how complaints were managed by the provider. Support workers knew how to support people if they wanted to complain. We were told, "There is complaints information in the folders in people's homes. It tells them exactly who to complain to." People and their relatives said they knew how to raise any concerns and the actions to take if they wanted to make a complaint. Comments included, "I know there is a complaints leaflet in the folder because I remember the manager at our last review making sure it was there." Another told us, "Because of the relationship my wife and I have with the senior manager, I am confident that if I had a problem, she would want to address it there and then and make sure that I was happy with the response." And, "I know it may sound hard to believe, but there's never been anything that has led us to even remotely treat as a complaint with the agency."

We looked at records of complaints; these had been recorded and dealt with in a timely manner. There were no identified trends from the complaints received. People had the opportunity to raise concerns and could be confident these would be taken seriously and looked into.

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the service and the care and support provided. Three relatives told us that their family member received 'real' person centred care and that this was the first agency they had encountered which had been able to deliver this. Comments from relatives included, "I am very happy with how well cared for my [family member] is. The support has been marvellous. I really think it is person centred care working in practice."

Relatives thought the service was well managed, they told us, "I think everything is well organised, from choosing the care workers, the preparing of the rotas, to the general availability of the managers, who are there for us whenever we need them." And, "I definitely think it is the most organised and well run agency that I have ever come across. Nothing is too much trouble, and I have never had any problem whatsoever with being able to get in touch with the manager straightaway if I need to."

There was a registered manager for the service who understood their responsibilities and the requirements of their registration. For example, they knew which statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR), as required by the Regulations. We found the information in the PIR reflected how the service operated.

There was a clear management structure and the management team had defined roles and responsibilities. The managers and support workers we spoke with had a good understanding of their roles and responsibilities and what was expected of them. Support workers all spoke positively about working for the service and said they "felt part of a team" and, "It was a great decision to work for the company, I really enjoy what I am doing." There was nothing support workers could think of that the service needed to do to improve. When we asked support workers what they thought the service did well, comments included, "They are always looking for ways to improve the service," and "They are good at keeping you informed about things." Another said, "They have a very caring and compassionate ethos."

There was an experienced management team that provided regular support to workers. The management team knew all the people that used the service very well. The director told, "We aim to stay small and personal. We know all the people supported by Avon and all the staff that work for us, and that works well. We (director and registered manager) will provide care to people to establish care needs and to check plans are still up to date and working." Support workers told us they felt well supported by the registered manager and other members of the management team. They said they could contact or visit the office at any time to discuss any issues.

Support workers said they had regular supervision meetings to make sure they understood their role and their practice was observed during service visits to make sure they put this into practice safely. People and relatives confirmed senior staff checked on care workers during care calls. Comments included, "One of the senior managers will visit the house on a fairly regular basis in order to make sure everything is alright. I'm fairly certain she uses it as a way of doing spot-checks on the staff that are there." Another said, "I know that one of the managers does pop in occasionally, because I've been there visiting my daughter when she has

arrived. She will sometimes look at the paperwork or at other times she will just ask the girls if they have any concerns, which if they have, she will usually address there and then." Although records were made during service visits we found observations of staff practice was not recorded as part of the quality monitoring processes. The registered manager told us they had identified this as an area of improvement and were implementing a formal system to record this.

There were senior staff available in the office between 7am and 7pm Monday to Friday; and outside these hours there was an on call system to support staff by offering guidance and advice. Support workers told us the 'on call' system worked well and people we spoke with told us there was always someone available if they needed to speak with them. Comments included, "For once, you can genuinely get hold of somebody whether it is the day, the night time or any time over the weekend. From my experience this doesn't happen everywhere else." Another said, "I have both the emergency contact numbers for the two key managers, together with the contact details for the small team of care workers that support him. I've never had a problem getting through to the person that I needed to speak to."

All the staff we spoke with and who responded to the survey were aware of the provider's whistle blowing procedure and would feel confident about reporting concerns or poor practice to a member of the management team. They were certain any concerns they raised would be listened to and acted on.

We asked the registered manager about the challenges they had faced managing the service within the last year. They told us the main issue was recruiting staff in the local area. They had tried advertising in the local newspaper and holding a recruitment drive in the area, although people had shown a lot of interest, no one had applied.

Responses received from the questionnaires we sent to people, staff, and professionals showed a high level of satisfaction with many aspects of the service. These included people knowing who to contact at the service for support, people feeling safe with their support workers and being supported to live their lives as independently as possible. Overall, people were very positive about all the staff team. This included responses from health and social care professionals who confirmed there was good partnership working with the agency and that the service shared relevant information when needed (for example when people's needs change) and the managers and staff were accessible, approachable and dealt effectively with any concerns raised.

The provider used a range of quality checks to make sure the service was meeting people's needs. The registered manager told us they constantly reviewed the service and implemented improvements. For example they said they were implementing training in care certificate modules for existing staff that were not available when they started working for the service. They were also adopting the principles of the care certificate in regard to person centred work into staff supervision meetings. The team leader told us, "We are always re-visiting what we do to see if or how we can do things better." The registered manager told us they monitored incidents, complaints and findings from audits for any learning. For example, they said following the last medicine error, the procedure for administering tablets when people were supported by staff on holiday had been improved. Records confirmed people were asked for their opinions of the service through, monthly service visits and support plan reviews. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans.

From the surveys we received and conversations we had with staff and people who used the service, people confirmed the management team provided a culture where people and staff felt valued and respected. All the people and staff who responded to surveys stated they were asked for their views and opinions of the service and their opinions were listened to. People had monthly service reviews and relatives remembered

being sent a questionnaire. They told us, "As far as I can remember, I'm sure I have filled in at least one survey although I can't recall ever hearing anything back from it though." Another said, "I'm sure we have, considering it's been nearly three years that we've been having care from Avon Support. I don't think anybody ever told me what happened to the information that was gathered from it though."

The service had a contract with the local authority to provide care to people funded by social services. This was monitored by the commissioning team who had no concerns about the service