

Azure Charitable Enterprises Hexham

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 

Overall summary

The inspection took place on 17 July 2015 and was announced. We announced the inspection to make sure staff would be available at the office. In addition, people were often out in the local community and we wanted to make sure that people would be in and able to speak with us.

Azure Charitable Enterprises provides support and a wide range of services to people with learning disabilities. They also work with people with a history of mental health issues, physical disabilities, those within the autistic spectrum and people who have an acquired head injury.

The provider has four regulated services which are registered with the Care Quality Commission (CQC); Hexham, Keele Drive, Newcastle and Azure Charitable Enterprises Washington.

We inspected Hexham, Keele Drive and Newcastle services between 14 and 22 July 2015. This report only relates to our findings at the Hexham inspection. Keele Drive and Newcastle reports can be found on our website at www.cqc.org.uk.

Azure Charitable Enterprises also have a number of supported businesses that provide employment and training opportunities for people with a disability. These

Summary of findings

include a garden centre and nurseries, a printing service, a landscaping business and a community enabling support service. These services are not regulated by the Care Quality Commission because they are out of scope of the regulations.

Hexham provides personal care to people who have a learning disability; some individuals also have a physical disability. There were 15 people receiving personal care on the day of our inspection. They lived in their own homes within the Tynedale area. Hexham provides staff to support people who lived in these houses.

Hexham was last inspected on 12 November 2013. We found they were meeting all the regulations we inspected.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People told us they felt safe. There were safeguarding policies and procedures in place. There were no ongoing safeguarding concerns. This was confirmed by the local authority safeguarding adults officer. Staff knew what action to take if abuse was suspected.

People, staff and relatives told us there were enough staff to meet people's needs. In May 2015, there had been a change in funding which had resulted in the provider making several staff redundant. This included the deputy manager and three team leaders. Staff informed us that this did not impact upon people's care and support.

There was a system in place to manage medicines safely. People told us that staff supported them to take their medicines.

There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who used the service. Many of the staff had worked at Hexham for a considerable number of years. This experience contributed to the skill which they carried out their duties.

People told us that they were happy with the service provided. We read the results from the most recent survey. All 12 people who had completed the survey stated that they were happy with the service provided. One person had written, "I would give Azure services a rate of 50 out of 10!"

We saw that people's nutritional needs were met. People told us and our own observations confirmed that they were involved in the planning and preparation of meals.

The registered manager was aware of the Supreme Court judgement in relation to deprivation of liberty. The Supreme Court ruled that anyone who was subject to continuous supervision and not free to leave was deprived of their liberty. The registered manager was liaising with the local authority to ascertain what implications this ruling had on people who used their service.

People and the relatives told us that staff were caring. People were supported to maintain their hobbies and interests and housekeeping skills were encouraged to help promote people's independence.

People, relatives and staff told us that they were involved in making decisions about the running of the service. They explained that there was open communication and their views were listened to and acted upon. Regular staff meetings were held. There was a complaints procedure in place. There were a number of feedback mechanisms to obtain the views from people, relatives and staff. These included meetings and surveys.

Some staff informed us that they felt frustrated by the recent changes in funding which had resulted in staff redundancies. They said that they recognised that the redundancies were not down to the provider but due to external influences and changes in funding. They said that they still felt valued by the provider. We spoke with people and their relatives and no one raised any concerns about the recent changes.

We reviewed a number of internal audits and monitoring reports which demonstrated that the provider had systems in place to assess and monitor the quality of the service they delivered. The system was being reviewed following changes in the management structure at the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe. There were safeguarding procedures in place.

People, relatives and staff told us there were enough staff to meet people's needs. This was confirmed by our own observations.

There were systems in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff told us that training was provided. They told us that they felt well supported and supervision and appraisal arrangements were in place.

People's nutritional needs were met. People told us that they were involved in the planning and preparation of meals.

The registered manager was liaising with the local authority to ascertain what implications this ruling had on people who used their service.

Good



Is the service caring?

The service was caring.

People and relatives informed us that staff were caring.

All of the interactions we saw between people and staff were positive. We saw staff spoke with people respectfully.

People's care plans were personalised. We saw that a 'pen portrait' was included in both people's support files. This gave information about people's background and their likes and dislikes. This information helped staff to provide more personalised care.

Good



Is the service responsive?

The service was responsive.

People were supported to maintain their hobbies and interests. They were actively involved in the local community.

People's independence was encouraged. Care plans documented how people's independence was promoted. They also included people's likes and dislikes so staff could provide personalised care and support.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

There had been a change in funding of the service which had resulted in a number of staff redundancies. The manager told us that this had not impacted on people's care and support which was confirmed by people and relatives.

Internal audits and monitoring reports demonstrated that the provider had systems in place to assess and monitor the quality of the service they delivered. The system was being reviewed following changes in the management structure at the service.

Staff informed us that they enjoyed working at the service and felt valued. One staff member told us, "I love my job."

Hexham

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 inspection was carried out by one inspector. The inspection took place on 17 July 2015 and was announced. We announced the inspection because we needed to make sure that staff were available at the office. In addition, people were often out in the local community and we wanted to make sure that people would be at home to talk with us.

We visited four people who used the service at their homes on the day of our inspection. We contacted three relatives

by telephone to find out their opinions of the service provided. We conferred with a local authority safeguarding officer and a local authority contracts officer. We also consulted two care managers from the local NHS Trust.

We spoke with the chief executive, the nominated individual, the registered manager, a team leader and four support workers on the day of our inspection.

We read two people's care records. We looked at a variety of records which related to the management of the service such as audits and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request a provider information return (PIR) prior to our inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Is the service safe?

Our findings

We asked three people who were able to communicate with us verbally, “Do you feel safe with the staff that look after you.” All people answered “yes” in response to the question. Relatives told us that they considered that their family members were safe. One person was unable to communicate with us verbally. We spoke with the staff member who supported this person. He said, “I would know if [name of person] was upset. You get to know him and I would know.”

We looked at the results from the most recent survey. 12 people had completed a questionnaire and agreed with the question, “Do staff support you to stay as safe as you can in your home?” We spoke with relatives who all stated that their family members felt safe at the service. One relative said, “He feels completely at home.” Another said, “It’s very safe. She’s very confident living there.” We spoke with a local authority’s safeguarding adults officer who said that there were no organisational safeguarding concerns with the service.

The service was in the process of updating the safeguarding policies and procedures following the implementation of the new Care Act 2014 and the changes which this had introduced.

The registered manager told us and records confirmed that they had sent out a safeguarding survey to all staff to check their understanding of safeguarding and what actions they should take if they suspected abuse. The results of the survey demonstrated that staff had a good understanding of safeguarding vulnerable people.

We read the results from the local authority’s quality monitoring visit which was carried out in February 2015. This stated that there was “substantial evidence” to demonstrate that the provider was meeting the standard, “Helping me to feel safe and take responsibility.”

We checked medicines management. People told us that staff supported them to take their medicines. We saw in both houses that we visited that medicines were stored securely. We checked two people’s medicines administration records and noted that these had been

completed accurately. There was a safe system in place for the disposal of medicines. Regular medicines audits were carried out. No concerns were raised on any of the audits we checked.

People, staff and relatives said there were enough staff to meet people’s needs. Staff told us that it was rare for agency staff to be used and said that they normally covered any shifts between themselves. The registered manager explained that one new member of staff was starting work in August 2015. She said that they were recruiting for another full time member of staff. She said that due to the changes in funding if had been necessary to make a number of staff redundancies including the deputy manager and three team leaders. She said that this had not impacted on people’s care and support. This was confirmed by people and relatives with whom we spoke.

During our visits to people’s homes we saw they were supported to access the local community and staff carried out their duties in a calm unhurried manner and involved people in activities such as cooking.

We checked staff recruitment. We saw that Disclosure and Barring Service (DBS) checks and references had been obtained. We noted that these had sometimes been obtained after a staff member had started work. The registered manager explained that staff completed training before they had any direct contact with people and said that they always shadowed an experienced member of staff until their employment checks had been received. We looked at staff contracts and noted that all offers of employment were subject to satisfactory references and DBS checks.

There were arrangements in place to deal with foreseeable emergencies. People said that they talked about safety at their monthly “house meetings” and what they needed to do should there be a fire. We noted that “disaster plans” were in place. These instructed staff on what to do in the case of an emergency. These plans included details of emergency accommodation. The registered manager told us and staff confirmed that out of hours and on call arrangements were also in place should staff require immediate advice on any situation.

Is the service effective?

Our findings

Relatives informed us that they thought staff were well trained. One relative said, "They are very good, they definitely know what they are doing."

We read the most recent minutes from the management meeting which was held in June 2015. Training was discussed. We noted that the training manager had discussed the changes in safeguarding training which were going to be implemented following the Care Act 2014. She also gave management staff a short power point presentation on the new Care Certificate. The Care Certificate is an identified set of standards that care workers adhere to in their daily working life.

Staff told us that there was training available. Comments included, "They're good with training," "Training is fantastic" and "I've put down that I want to do diabetes training." The registered manager gave us information which documented that staff had completed training in safe working practices such as food hygiene and training to meet the specific needs of people such as learning disabilities, mental health, dementia and epilepsy training.

Many of the staff group had worked at the service for a considerable period of time. We spoke with five staff. One had worked at Hexham Azure for 24 years, another for 20 years and the third for 16 years. This experience contributed to the efficiency and skill with which staff carried out their duties.

Staff told us that they felt well supported and had regular supervision and an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

We checked how the service followed the principles of the Mental Capacity Act 2005 which governs decision-making on behalf of adults who may not be able to make particular decisions. The registered manager was aware of the Supreme Court judgement in relation to deprivation of liberty. The Supreme Court ruled that anyone who was subject to continuous supervision and not free to leave was deprived of their liberty. The registered manager was liaising with the local authority to ascertain what impact this ruling had on people who used the service.

The registered manager told us that care managers from the local NHS trust carried out mental capacity assessments and best interests decisions. She said that she had referred some people for a mental capacity assessment with regards to their financial situation. She said that this was to ensure that people's finances were managed in a way that met best practice guidelines. The registered manager informed us that staff were now going to carry out mental capacity assessments for non-complex decisions. She told us and records confirmed that she had obtained proformas on which to document mental capacity assessments and best interests decisions. She showed us one assessment which had been carried out for the purchase of a new sofa.

We checked whether people's nutritional needs were met. People told us that they were happy with the meals and that they helped to prepare them. One staff member told us that he was a vegetarian and he sometimes made vegetarian meals which the person enjoyed. He said, "[Name of person] likes a bit of tofu!" We went to another house where three people lived. The evening meal was being discussed. One person said, "Can I have ravioli?" The staff member said, "You can have whatever you like." One person had made rice pudding which we noted that his care plan stated he enjoyed making. This person was 82 and was actively involved in all aspects of his life. People also informed us that they regularly enjoyed meals out at the pub and local restaurants.

We noted that people were supported to access healthcare services. We read that people attended GP appointments; visited the dentist, the optician and the podiatrist. Annual health checks were carried out. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

We noted that all 12 respondents who had completed the most recent survey had agreed that they were supported to have a healthy lifestyle. We read the results from the local authority's quality monitoring visit which was carried out in February 2015. This stated that there was "substantial evidence" to demonstrate that the provider was meeting the standard, "Helping me to keep healthy and feel good."

Is the service caring?

Our findings

We spoke with people and relatives who told us that staff were kind and caring. One relative said, “We are very happy. It’s a brilliant place and lovely ladies.” A care manager from the local NHS Trust said, “They have some lovely carers and team leaders. They work very well with us. I have no concerns.”

We were sad to learn that one person we had met at our last inspection had died. We read a letter from their family to the service which stated, “We want to express our thanks and gratitude to each of you for the loving home you all provided to [name of person] and their cat” and “We were always very impressed at the family feel of the house and residents...The home was a lovely environment. It was heart-warming to see how well the residents interacted and helped each other so they operated as a family unit. Everything was first class in terms of homeliness and care and a great credit to all involved.”

We read comments from relatives who had completed the most recent survey. These included, “I am delighted by the way [name of person] has settled in and for the care and the attention he has received” and “[Name of person] is very happy and that is what counts the most.”

We observed that staff communicated well and people reacted positively to all interactions. Staff knew people well and could describe their needs to us. We saw there was a partnership between staff and people. At meal times staff sat with people and ate their meals with them. One staff member said, “It’s what we do. There’s no them and us.”

Staff spoke positively about the care and support they provided and about ensuring that people were at the forefront of everything they did. We heard two staff talking to each other about the improvement in one person’s condition. They also talked about the person’s recent holiday. One staff member said to the other, “[Name of person] said she was happy - I welled up and wanted to cry when I heard her say that.”

We noticed that staff treated people with dignity and respect. They spoke with people in a respectful manner. One staff member explained that he had to monitor one person when they were out in the local community because they sometimes tried to take off their clothes or

make inappropriate signs. One person showed us how staff always knocked on their door by pointing at their door and making knocking signs. Another person said, “Private” when they showed us their room.

We read people’s care plans and saw that these were personalised. We saw that a ‘pen portrait’ was included in both people’s support files. This gave information about people’s background and their likes and dislikes. This information helped staff to provide more personalised care.

The registered manager informed us that no one was currently accessing any form of advocacy. She told us and records confirmed that there was a procedure in place if advocacy services were required. Advocates can represent the views and wishes for people who are not able express their wishes.

The registered manager told us that people were involved in all aspects of the service. This included meetings, recruitment, planning menus and social and recreational activities. We looked at the feedback from the latest survey. The registered manager had stated, “Most of you said, ‘no’ you have not been involved in choosing the support staff. We have put things in place to make sure you are involved in choosing staff in the future. You will attend interviews, ask questions and be supported to fill in forms to let us know what you think of possible staff.” Staff told us that people were now involved in staff recruitment. One staff member told us, “[Name of person] had their own questions to ask and we observed to see how [name of staff member] communicated with [name of person] and they did well.”

Staff told us and people confirmed that people were always given choices in all aspects of their lives. One staff member said, “He has freedom of choice. When we go out shopping he puts things in the trolley which he wants like ketchup, bananas and Mars Bars are his favourite.”

We noted that people completed questionnaires to provide feedback on the service they received. We noted that all 12 people who completed the survey stated that they were involved in reviewing their care. We read that three relatives stated that they were “sometimes” involved in the review of people’s care and one relative said that they were “never” involved. We noted that the registered manager had written in response to these comments, “Azure clients have a meeting each month with their keyworker to discuss their ongoing support. Clients have the right to invite who they

Is the service caring?

wish to these meetings. If you have not been offered the opportunity to attend these meetings, please can you discuss this with the team leader of the service? Annual reviews also take place with the client's care manager and clients are asked who they wish to attend."

We read the results from the local authority's quality monitoring visit which was carried out in February 2015. This stated that there was "substantial evidence" to demonstrate that the provider was meeting the standard, "Involving and caring about relatives and friends who support me."

Is the service responsive?

Our findings

Relatives said that staff were responsive to their family member's needs. One said, "Oh yes, they're definitely responsive. Anything – anything and they are straight onto it." A care manager from the local NHS Trust said, "Staff bring any concerns or issues about service users to my attention quickly and they are very good at coming up with solutions. The staff know the service users very well. I have a good relationship with the staff. They are a good organisation for communication." Another care manager said, "They are very responsive, they work well with us."

We read comments from the most recent health and social care professionals' survey. One professional stated, "I have previously contacted Azure via email to express my professional view that the service to several of my clients is very good. I appreciate the accurate and timely communication regularly demonstrated."

We saw that assessments were carried out before people started to use the service. The registered manager explained that there was a structured assessment process in place. This included reading a report from the person's social worker, visiting the person at home and organising visits for the person to attend the service both during the day and overnight. This procedure meant that people were assessed to ensure that the service could meet their needs. We read the minutes of a recent staff meeting which stated, "It was agreed that [name of house where people live] would not be suitable for this particular client."

The registered manager explained that they had to refer one person to the behaviour and intervention team because they exhibited behaviours which challenged the service. Unfortunately, despite the support from the behaviour and intervention team, they were no longer able to support the individual's needs. The registered manager told us that they liaised with the new provider to ensure that they had all the necessary information to provide the person with the support they needed to ensure that both the person and staff remained as safe as possible. We read an email from a behaviour specialist nurse who wrote, "Thanks for the update [name of staff member]. So pleased you are there for [name of person] and I am sure the new environment will afford him space to be himself, thanks for all your care - your team are fab."

We saw that each person had a support plan which people and staff referred to as a "Life plan." These plans aimed to maintain the individual's welfare and took into account physical, mental, emotional and social needs. People told us that "Life Plan meetings" took place regularly. They explained that these were "review" meetings. People told us that they chose who they wished to attend these meetings such as relatives or friends. They said that they talked with staff about what was working well in the service and what was not working as well. This information was written down and their life plan was updated with the new information.

Goal plans were in place when people identified anything that they would like to do or purchase. We read one which stated that the person would like to buy a fish tank. This idea had been prompted following a visit to a local pet shop. The staff member had recorded, "Today we visited Pets at Home where [name of person] was very interested in the fish. He stood in front of them and made a fish swimming sign, then pointed to himself. He appeared more taken with the larger gold fish which swarmed to the front to see him and put his hands on the glass." The staff member and the person had decided what actions needed to be completed in order to meet this goal. We read that the person had bought a fish tank and was enjoying looking after the fish. Staff told us that they always set small achievable goals. One member of staff said, "It's no good setting a goal which is unachievable. They need to be small and achievable."

The registered manager told us that one person required support to manage their cigarettes. She explained that the person had tried numerous attempts to stop smoking. She said however, that due to the person's health, medical staff had advised that she should stop smoking. The registered manager said that staff suggested that the person should try e-cigarettes. Over time, the person reduced the number of cigarettes she smoked and now only used e-cigarettes. Staff acknowledged that this would be beneficial if she refrained from smoking any form of cigarettes and stated that this was a future goal. The registered manager told us that the use of e-cigarettes had not only had a positive effect of the person's health, but also on her financial situation and enabled her to have more money to undertake leisure activities and holidays.

People informed us and records confirmed that there was an emphasis on meeting social needs and that the service

Is the service responsive?

promoted their hobbies and interests. One person took great delight in showing us their collection of model trucks and lorries which he had collected. They also showed us their Eddie Stobart membership card. Another person loved birds. They showed us a picture of a bird on their bedroom door which we mistakenly thought was a pelican; they shook their head and pointed to their bird guide which showed it was in fact a grey heron. We read a comment from the most recent survey which stated, "I get lots of choices to do new things. I've been to lots of concerts. I have been on holiday; I have done a high ropes course and am planning a fun day working with sheepdogs soon." We noted that all 12 respondents stated that they were supported to access the local community. One relative told us, "She's never in. They're always taking her out. She decides where she wants to go and they listen."

People told us they went on holiday. They explained they chose where they wanted to go and planned their holidays from start to finish. This included going to the bank to check their money. We read that one person was going on holiday to Bristol with his fiancé. They were flying down themselves and staying with a relative. Another person came to the office to show us photographs of their recent holiday to Haggerston Castle where they stayed in a caravan with staff. They showed us lots of photos of the activities they had completed such as a boat trip to the Farne Islands, swimming and visiting Holy Island.

We saw that people were encouraged to carry out housekeeping skills. Housekeeping skills are important because they help promote people's independence.

There was a key worker system in place. The appointment of key workers meant that each person had a designated

member of staff who helped ensure that people's needs were met in a personalised manner. A staff member on duty in one person's home told us that he had supported the individual for 20 years. He was very knowledgeable about the person and their needs. The person was unable to communicate verbally and the staff member was able to demonstrate how he communicated with them by using a mixture of signs and verbal questions. He explained that when the person touched their head it meant that they had a headache and a point to the shoulder indicated that the toilet was needed.

We noted that 'hospital passports' were in place. These contained details of people's communication needs, together with medical and personal information. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of the individual's needs.

There was an easy read complaints procedure in place. None of the people or relatives with whom we spoke said they had any complaints or concerns. One relative said, "We've no complaints whatsoever. We sing their praises to everyone." We asked each person individually whether they had any complaints or if there was anything that the service could do to improve. They all said "no" with the exception of one person who told us, "A pint of John Smiths would make it better!" We read the results from the most recent relatives' survey. We noted that any complaints and concerns had "always" been dealt with effectively. We saw that two complaints had been received within the past 12 months. Records were available to document what actions had been taken in response to the concerns raised.

Is the service well-led?

Our findings

Azure Charitable Enterprises was established in 1982 under its previous name of the Sheltered Housing and Workshops [SHAW]. SHAW's origins began with the 'Care in the Community' legislation in the 1970's. In 1978 a number of individuals saw this enabling legislation as an opportunity to provide a better life for a number of people with disability. A steering group of interested and suitably qualified people met regularly to progress this initiative and SHAW was founded.

The registered manager started working at the service in 2008 as team leader. In 2009 she became deputy manager and in 2011 was appointed manager and registered with CQC in line with legal requirements. She had completed level 4 vocational training in health and social care and was currently undertaking her level 5 diploma in leadership for health and social care.

People, relatives, staff and health care professionals were complimentary about the registered manager. One member of staff said, "She's always there. I sometimes feel like I'm being a nuisance, but she'll stop typing and just say, 'come in.'" A care manager from the local NHS Trust said, "I think [name of manager] is very good. She deals with any concerns quickly and openly."

There was a well-defined management structure in place from the board down to the delivery teams. There was a chief executive and a board of nine directors, all of whom had a wide depth and breadth of experience in their relevant fields. There were a number of other special posts which included the charity's patron, the president and two vice presidents. These people supported the charity, assisting in practical ways as well as endorsing the charity's activities by their association.

We spoke with the chief executive who spoke enthusiastically about Azure Charitable Enterprises and about his vision for the future. He had worked for Azure Charitable Enterprises for 18 ½ years. He said, "I'm on first name terms with everyone [people who used the service]" and demonstrated this by giving examples of individuals and any special interests they had. He explained that he got great satisfaction from seeing people progress and gain confidence in life skills following the support of the various services they accessed. He also spoke highly about the

individual managers of the services. He said, "I rely on them all and meet regularly with all the managers from the support services" and "My door is always open. I have a very good team."

He explained that the local authority had recently carried out a full review of people's needs which had resulted in a reduction of funding. He informed us that because of the reduction in funding, they regrettably had to make several staff redundant. We read the service's annual report. This stated, "To ensure that staff can cope, certain responsibilities have been adjusted. This ensures that, despite the cutbacks, there is no reduction in the quality of provision. Azure in conjunction with the commissioning bodies are to monitor the revised arrangements closely to ensure the new arrangements are working properly."

We spoke with four staff who all said that they "loved" working at the service. One staff member said, "We have a brilliant team. We support each other." Another said, "I love it. I've had no problems with the company. The management are really helpful. I've got a great line manager. I wouldn't change anything." Staff explained that they had felt frustrated at the change in funding but said they recognised that the redundancies were not down to the provider but because of external influences and changes in the funding. They said that they still felt valued by the provider and were in the process of assessing the impact which the recent changes had on the service and people.

People, relatives and staff told us that they were involved in making decisions about the running of the service. They explained that there was open communication and their views were listened to and acted upon.

We read minutes of staff meetings which were held regularly. Various meetings were held for managers, team leaders and support workers. We read the minutes from the most recent management meeting which was held in June 2015. We noted that accidents and incidents, training, staffing, 'client related matters,' finances, forthcoming legislative changes and compliments and complaints were discussed. At a recent team leaders meeting which was held in July 2015, easy read signage for the office was discussed amongst other areas of good practice. Staff told us that they could raise any issues or concerns and told us that they felt listened to. One staff member said, "They are a good company to work for."

Is the service well-led?

During our visit we reviewed a number of internal audits and monitoring reports which demonstrated that the provider had systems in place to assess and monitor the quality of the service they delivered. Team leaders carried out quality monitoring checks on care documentation, medicines, finances and other processes. We noticed that a form was used to record the checks which had been carried out and document any actions that were required. We noted however, that this form did not record when the actions had been completed. These were written elsewhere, such as the quality monitoring books which were kept in people's homes, staff supervision records or meeting records. The registered manager told us that she would address this issue and add an extra column on the end of the quality assurance audits.

The registered manager told us that the deputy manager used to oversee these monitoring checks and ensure that all actions had been completed. The deputy manager used

to then report back to the registered manager with her findings. The registered manager said that because the deputy manager had been made redundant in May 2015, they were reviewing the quality monitoring system to ensure that an effective system was in place.

Regular board meetings were held. The chief executive informed us that these were to, "Put the board in the picture" with what was happening at each of the services. The chief executive said he invited managers to meet the board and give an update of what was happening at their particular service. He told us and records confirmed that accidents and incidents were discussed. He said, "There's very few incidents and we rank them according to severity." We noted at the last board meeting that the 'fit and proper' requirement for directors was discussed. He also explained and records confirmed that "happy letters" [compliments] were discussed. He said, "It's very important to discuss the positive and see what we are doing well."