

ENS Recruitment Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Outstanding ☆

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

This inspection took place on the 25, 27 October 2016 and 2, 3 November 2016 which was unannounced, the inspection team consisted of one inspector.

ENS Recruitment LTD is registered to provide personal care to people in their own home. The service provides care and support to people who purchase care privately, through direct payments and who are funded by the local authority. Majority of people supported by ENS are housed in supported living schemes or in 24 hour live in care across Essex. ENS provides individualised support to people in the community who have a wide range of needs due to living with learning disabilities or are on the autism spectrum. The service assists individuals to maintain their independence and to take part in a variety of community based activities this includes access to work.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People, without exception, told us they felt safe due to the support being provided by the service. The service worked hard to ensure that personalised and suitable arrangements were in place to ensure that people received appropriate care and support to meet their needs and the service continually looked at other ways in which it could improve people's lives by empowering them to do as much as they could but maintaining their safety at all times.

The dedication of the service to ensuring medication support for people was central to people's wellbeing meant that it had significantly changed some people's lives in really positive ways. Recruitment of staff was detailed and very robust including detailed work on immigration checks and safety checks of prospective staff members to ensure they were suitable to support people.

The service ensured that all staff knew the needs of the people they supported and they were treated with respect and dignity. People's healthcare needs were well managed and they had access to a range of healthcare professionals.

People's needs were met by sufficient numbers of staff. Suitable arrangements were in place to ensure that staff had been recruited safely; they received opportunities for training and supervision. People were safeguarded from harm; Staff had received training in Mental Capacity Act (MCA) 2005 and had knowledge of Deprivation of Liberty Safeguards (DoLS). The manager was aware of how and when to make a referral. People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were being met.

People were provided with the opportunity to participate and engage in activities of their choice which met

their needs. Relatives and people who used the service knew how to make a complaint and we felt reassured that all complaints would be dealt with and resolved efficiently and in a timely manner due to the service having a robust complaints system in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was exceptionally safe.

People all felt safe using the service. Staff empowered individuals by supporting the development of people's own awareness which enabled them to confidently take perceived risks safely.

The provider's very robust arrangements ensured that staff were recruited safely with the input of people using the service.

The service saw medication support for people as a central part of their work in ensuring people's wellbeing. The way medication support had been delivered had changed some people's lives remarkably. Medication was managed and stored safely and people were educated on the effects of their medication.

People were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Is the service effective?

Good 

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

The people had access to healthcare professionals as and when needed to meet their needs.

Is the service caring?

Good 

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they

were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well-led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and used their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

ENS Recruitment 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.

This inspection took place on the 25, 27 October 2016 and 2, 3 November 2016 which was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law.

We spoke with four people using the service and two relatives. We also spoke with the Registered manager, director, operations manager, recruitment manager, human resources manager, compliance officer, care co-ordinator and seven support staff. We reviewed ten people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for four members of staff.

Is the service safe?

Our findings

People, without exception, told us they felt safe due to the support being provided by the service. One person said, "Staff are nice, and they're kind to me and they also make sure nothing bad happens to me." The person went on to say, "Before [provider] I had another service, and they were not very good or reliable; since [provider] started supporting me, I feel safe and I know should I need any help staff are either here with me or I can call the office and there is always someone who is always on the other end of the phone." One member of staff informed us, "After the change over from [another provider] to [current provider] the people at [supported in living scheme name] appear happier, they are safe as they always have their core hours."

The service supported people who may have previously experienced difficulties in other services due to their anxieties and challenging behaviour and they benefitted from a personalised service offered by ENS Recruitment Limited. Staff had a good understanding of people's anxieties and how to support them to live full and normal lives whilst still managing risks to their safety and others, this included engagement in the community, working close with families and giving people sense of worth by promoting their rights. Examples of where the service had positively supported people included one person who had joined the service a few years ago and they had found they would not interact with anyone unless they knew them very well. This was due to their medical condition and previous experience of limited support they had received to engage with them in conversation or general interaction. This person used to get agitated when people stared at them and had resulted in them becoming fearful of accessing the community. The compliance officer advised us that, when the service started they assessed the risks to the person and discussed these with the person and their relatives to find ways in which they could positively support the person to re-engage with the community. The person needed to feel safe going into the community and to be reassured that they would be safe. Since the input from the service, the people informed us that they now go into the community on their own and even have a job locally. The person added, "Staff have told me if I am out in the community and I feel unsafe I can call the office and speak to someone or if I am at work I can ask my supervisor for support and my supervisor can arrange for [provider] to come and meet me at work." The service worked closely with people to put in systems to help them feel safe and gain the support they needed. Another person added, "Staff have told me if someone was trying to be horrible to me I can ring the police and also the office."

Risk assessments had been developed which enabled people to be independent and in control of their lives, to help build up confidence whilst the risks were managed with people. All staff, people and their relatives were aware of the information they needed to maintain people's safety. A visiting compliance officer ensured support plans and risk assessments these contained the correct information and staff were kept up to date. People's risk assessments were very detailed and included information on each person's initial risk when the service commenced and how the risk had been managed right through to the person's current risks. For example, we noted a risk assessment was in place for person who had a long history of agitation. The service had a full history of all the recorded incidents including details of how staff had supported them to calm down and ensure safety of the person and others around them when each of the incidents had occurred as stated in the person's risk management plan. This was all done in the least restrictive way whilst promoting the person's wellbeing and independence. It also helped to identify the best way to help the

person and any triggers that may have caused their agitation.

The service showed they were constantly looking at ways to improve the service and introduce ways that keep people safe. Accidents and incidents had been closely monitored and analysed. The service had regularly reviewed all incidents for each person and these had then been discussed with the person's social worker and doctor. The compliance officer informed us, "As a service we feel this is necessary as this helps ensure we supporting the person to remain safe, this also ensures that we are seeking advice on different ways to keep the person safe that we have not thought of." The compliance officer also added that information gathered would also be used as learning outcomes for all staff working in the service. The manager added, "We have a pen pal/penfriend system in place, this being each person in the service either has four/five regular support staff depending on their needs. This helps ensure the person has staff and are familiar to them and this had been a useful in managing triggers in people's anxieties." The manager added they found this was a robust way to reduce the risk of people being harmed or causing harm to themselves, while at the same time ensuring that people were supported to lead full and satisfying lives. We identified that potential risks to each person had been assessed and recorded and guidelines had been put in place so that the risks were minimised with as little restriction as possible to the person's daily activities and independence.

People's safety was paramount, whilst still ensuring their independence. Everyone coming into the service, be it people, staff or relatives, were given emergency numbers to be in the event of any emergencies. On visiting people in supported living schemes and 24-hour care we found policies and guidance in place on how staff and people should respond in the event of an emergency such a fire in the building. One person informed us, "When I first started using [provider] one of the staff came round and went through with me what I need to do if I thought there was a fire in the building or I heard the smoke alarm." The person went on to say, "I now know that I need to leave my flat and go to the car park at the front of the building until staff or the fire brigade tell me it's safe to go back". The service also involved people to assess potential fire hazards and risk, for example, staff held discussions with people about causes of fire and what precautions people should take when undertaking tasks such as cooking. One person informed us, "Staff have told me that when I finish using the cooker, I need to make sure it's switched off and when it cools down we need to clean it so that food does build up, as this could cause my flat to get smoky when I next cook again. This was all documented in people's risk management plans we viewed. The service had evacuation and emergency contingency management plans in place for everyone using the service. The compliance officer informed us, "We carry out fire drills with all people using the service to ensure they have a full understanding of what actions to take should be a fire or suspected fire." The service had a fire warden who was responsible for ensuring everyone's fire emergency and evacuation plans were up to date and all staff were fully updated on actions to take should they be present in such an emergency.

Medication support for people was a central part of staff's work in ensuring people's wellbeing. The service had a Medication Champion who ensured the safe, appropriate and legal use of medicines by promoting adherence to medicines-related policies and procedures. We observed staff supporting people to access their medication, which was stored in a locked room in each of the supported living schemes we visited, and for some it was stored in a lockable box within their flat. The compliance officer informed the reason for doing was due to the associated risks of each person, and to ensure the safety of people using the service medication was always kept safe. We asked one person about their medication being locked away and they informed, "I am happy for my medication to be locked away as someone else living here might come into my flat and take my medication and this might not be good for them."

Medicines were administered in a person centred way. When we spoke to people using the service they informed us the service spent time with them to help educate them about their health conditions and

prescribed medication and the side effects of the medication. For example, the care co-ordinator informed us, "When we took over one person's care and support from another provider, they could not be left alone due to the risks they presented themselves and staff were finding it difficult to support them to maintain their safety. We held several meetings with the person's doctor and we looked into potential side effects caused by the medication the person was taking. We also requested a referral to a specialist behavioural analyst, who reviewed records we had collected i.e. medical history, diagnosis, behavioural chart detailing triggers and times. The outcomes was that from a very young age the person had been misdiagnosed and the medication they had been previously prescribed was the cause of most of the agitation." When speaking with this person they were able to tell us how this action had changed their life, "Since the change in my medication I feel like I have been given a second chance in life and that all thanks to the hard work [provider] has provided me. I no longer need a member of staff with me 24 hours a day, I go into town on my own and that's something I really enjoy and every day staff check on me to make sure I am okay." We also found that other people had positive experiences and their lives had been improved since the service had supported them with the management and administration of their medication.

We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and reviewed by each person's General Practitioner (GP). The compliance officer checked people's medication administration records at the end of every week to ensure that all records had been completed correctly. This assured us that the service was checking people received medication safely. People received their medications as prescribed. All staff working in the service had received appropriate training in the administration of medication. We found staff knowledgeable about people's medicines and the effect they may have on the person. For example, understanding how to monitor someone on a new prescription medication and noting any adverse or unusual side effects.

The service had a very robust and effective system was in place for safe staff recruitment. The recruitment manager informed that prior to an interview or commencing employment, staff that had shown an interest in working for the service were invited into the office to have pre interview assessment with a member of the recruitment team, only after this visit were candidates considered for interview. The manager told us that a number of the people using the service had been involved in the interviewing of potential new staff. One person informed us, "I have been to a few interviews and had the chance to ask the questions I wanted which I thought were important to people needing support, "I remember asking one member of staff if they had ever worked in care, the answer they gave me was really good, I also asked them if they could tell me how they could protect people from abuse."

The recruitment manager informed us, "With the changes in immigration law and potential risk to people we carry out checks on all staff to ensure they have the right to work in this country, all staff responsible for document checks have undergone training provided by the Home Office's Visa and Immigration service referred to as UKVI by the service. This was something the service felt was needed as to ensure that the team checking staff's documentation had a clear and good understanding of the types of documentation that could be used as proof of right to work." The recruitment manager added, "We have a direct contact within the UKVI and we can speak to them at any time should we have concerns about documentation that we may have been provided, we also have purchased a passport and ID card ultraviolet scanner we use to check all documentation provided by potential staff." The service used guidance and sought advice from Public Register of Authentic travel and identity Documents Online (PRADO). PRADO are document experts and provide support employers via guidance on the website or over the phone on the authenticity of documents people may use.

This recruitment process ensured that the service was carrying out all the relevant checks before a new member of staff started working at the service. These also included obtaining references, ensuring that the

applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One Relative informed us, "Knowing the level of detail the service undertook in their recruit of staff gives me all the assurances I need."

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed and was based on each person's level of risk. For example we noted one person was assessed as requiring one staff member whilst at home, however due to associated risks such as managing agitation due to the fear of being in the public surroundings they had two staff members present to support them.

The manager adjusted staffing numbers as required to support people needs. The manager informed the service employed permanent members of staff for the service. The recruitment manager added, "The service is always looking to recruit more staff due to the needs of people using the service, we always work on ensuring each person has a good bank of staff who understand they needs and can be called upon in the event of an emergency, such as staff going off sick."

The manager informed due to the service providing support to people all across Essex, the service worked on employing staff who lived in each geographical area where people required support. In addition each geographical area had an area supervisor who supported staff in the area, the manager added this ensured people were being supported by staff who were familiar with the area and best placed to support people to access activity centre and shops, also staff told us they felt supported in their role.

The provider's policies and procedures were in line with local procedures and they worked closely with the local safeguarding team. The service took safeguarding people serious and ensured people were kept safe and followed the most up to date guidance and support. The service had appointed a safeguarding lead who was responsible for ensuring that all staff, relatives and people had a clear understanding of what safeguarding is. The lead's role also included reviewing recent cases to ensure they learned from the outcomes and help benefit everyone involved with the service. The lead informed us, "With the information collected I will review this against current and past local and national guidance to develop learning sets for staff and people. I have found this ensures all staff, relatives and people are all aware of the possible safeguarding scenarios that may occur and how staff and people should respond to them should this become apparent within the service." The manager had a good understanding of their responsibility to safeguard people and dealing with safeguarding concerns appropriately. Staff knew how to keep people safe and protect them from harm. Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. Staff could be certain that their concerns would be taken very seriously by their managers. One member of staff said, "Every year we have refresher training on how to keep people safe. During our training we were informed how to raise a concern and who to contact if we think abuse has occurred." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services.

Is the service effective?

Our findings

People and relatives we spoke to felt very confident that their and relatives' needs were being fully met by well trained and supported staff. They told us they found all staff including those working in the office to be well trained and to have a good knowledge about the people they were supporting. One relative told us, "I have found all the staff to very knowledgeable about my relative's needs." Another relative added, "My relative has very complex care needs which staff have always managed very well, ever since my relative's care started, I have since seen a massive change in my relative's wellbeing since [provider] started supporting them." Relative went on to say, "[Name] always looks happy and when I call the office to ask anything about my relative most of them if not all know how my relative is and can answer most of my questions and if not the office staff will get someone who can help me."

The manager informed the service tried to only employ staff who had at least six months experience working in care, they added this was due to the service providing support to people with complex needs. In turn, people benefited from receiving effective care from staff who were very knowledgeable about caring for people and staff who also felt supported to obtain the knowledge and skills they required to provide good care. Staff informed that they had received on-going training in the essential elements of delivering care. The staff training files showed that staff received regular training, updates and reminders from the head office of pending or upcoming training. All the staff working in the service had attended training provided in house, by the Local Authority and other training agencies. The service also encouraged all staff to become training champions; 'Champions' are staff who promote best practice in within a chosen area in the service for example, Medication Management and Behavioural Champions. The Behavioural Champion regularly attended training provided externally on how to manage challenging behaviour whilst keeping people safe, they then imparted this information to other staff to ensure they had the most up to date information on methods of supporting people effectively.

The manager informed that the service regularly invited social and healthcare professionals to team meetings to give talks to staff about how to best support people with complex needs and also what resources would be available to people and the service should they require. For example, the manager informed at one meeting they had a learning disability nurse give a talk to staff about how to improve people's wellbeing and also supporting people's relatives. Learning disability nurses promote the health, wellbeing and independence of people with a learning disability. At another team meeting the manager arranged for a behavioural nurse to speak and educate staff about the different types of treatment for medical diagnosis caused or aggravated by lifestyle or stress. The manager informed this would better equip staff on how to best support people and give staff a point of reference when supporting people. One member of staff informed us, "I find the arranged training and talks from the nurses, very informative and this helps us as staff to best support people."

Staff felt supported at the service and one member of staff reported how much they valued the on-going support and patience of the manager, office staff and area support staff. Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting. Newly recruited staff would complete an

induction training programme, including the Care Certificate before they started working in the community. The Care Certificate is a work based achievement aimed at staff that are new to working in the health and social care and covers essential health and social care topics. Staff we spoke to confirmed that they had been through an induction process and found that it was good as it had given them knowledge and experience they required. Upon completion of their training staff then worked 'shadowing' the manager or another member of staff in the service. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period of time.

Staff told us that they received regular one-to-one supervision from senior members of staff who worked in each geographical area. Senior staff were supervised by the manager and the manager/provider paid for supervision from an external organisation to ensure they were supported in their role as the manager and provider. Staff added that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals. Records we reviewed confirmed this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA." The manager and staff had a good understanding of the MCA and confirmed their awareness of how to make an application if deemed necessary. The manager went on to say that they had recently attended training offered by the local authority as this ensured that they were up to date with the changes in legislation. The manager and senior staff knew how to make an application should one be required.

We found to people to be supported to have enough to food and drink. Support plans contained risk assessments regarding dietary and healthy eating specific to individuals' needs and identified the importance of monitoring weight and encouragement of consuming healthier foods. Some people's support plans contained monthly weight monitoring records; no gaps or adverse changes were identified in the monitoring records. Staff also supported people to be independent with the preparation of their food. One person informed, "Before [provider] I had never cooked myself a meal and only used to have takeaways, which you know is not good for you, but now I have plenty of meals that have vegetables in them and I really like them." Staff supported people to be independent with the purchasing of their food and making an informed choice. Where appropriate, people were allocated a budget weekly to buy their own food. One person informed us, "Every week staff will take us out whenever we want to go buy our food shopping." One person informed us, "My doctor has told me that I wasn't drinking enough and this resulted in me having an infection, since then [member of staff's name] designed a drink chart for me that I have to record throughout the day, and the had also got me loads of water bottles which all add up to the amount of water I need to drink pair day as advised by my doctor." On reviewing the records we found this to be the case and all staff visiting the person had to check and encourage to the person to drink plenty of fluid if required. The person went on to say, "I have noticed over the last few weeks I don't feel dizzy or faint anymore."

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required staff supported people to liaise with their GP, mental health professionals and community mental health services, in addition people were supported to obtain dental care and vision tests in the community. One person informed of their frustration with their GP and informed "I have been going to my doctor for a

few weeks now because I kept feeling dizzy and faint but another was being done, so I asked one of the staff to come with me to speak with the doctor on my behalf and since then, we have worked out that had an infection and I needed to drink my water." An external social professional informed us, "I have been working with the [provider] for a number of years and I have found [provider] and their staff to be very open, willing to listen and try different approaches and strategies we have suggested to help the people they support. This I feel ensures people are being treated in a dignified and respectful manner all the time."

Is the service caring?

Our findings

We found staff to be friendly and caring towards people using the service. Staff made people feel that they mattered. For example, staff made eye contact with the person and always waited for the person to have time to respond. A relative told us, "My observations of staff supporting my relative and other people using the service, I have found it to be very caring and staff always put the person's needs first." Another relative informed us, "I have found staff's approach to supporting people to be fantastic and everything they do is done to a high standard, I couldn't have asked for a better group of staff for my relative." One person told us, "I think I have the best staff in the world, they always know how to put a smile on my face."

Our observations of staff interaction with people showed that staff had developed very positive relationships with people they were supporting and people responded very well to them. One person informed us, "Since the change over from [another provider] I am so much happier because [provider's staff], are so good at helping me look after myself, they always listen to me and give me time as I struggle to explain certain things sometimes. Sometimes I will call the manager in the office and she will have a chat with me about how my week has been and if there is anything I need help with." People and staff were relaxed in each other's company and with the staff who were present. There was free flowing conversation and exchanges about how they planned to spend their day, endorsing people's well-being.

The service had a very strong, person-centred culture that was remarked on by everyone we spoke with. Care plans were personalised to each individual. One relative we spoke to told us that the way staff had worked to make each of their relative's reviews as person-centred and as inclusive as the person wanted it to be. The service worked very closely with other professionals to gain insight on how to undertake specific ways of providing care for each person being supported.

People were supported to be as independent as they chose to be as this was documented in their support plans; the manager also added how they supported people to be independent. For example, we spoke to three people who had been supported by the service to improve their health and well-being, one person was now in part-time paid work, another person was able to access the community without support and the other person had been supported in building confidence to go on long trips with other people using the service. This showed us that the service and staff were continually promoting people's independence and staff respected each other's choices. We observed a member of staff asking and listening to people what they wished to do for the day and then proceeding to support them with their decision.

The interactions we saw were a display of respecting people's privacy whilst ensuring their safety and wellbeing. Staff knew people well, their preferences for care and their personal histories. This demonstrated that staff understood how to care for and support people as individuals. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People and their relatives were aware of their support plans and had regular meetings with their key worker, compliance officer and manager to identify any needs or wants they may have, along with their overall well-being. Details of these regular meetings were verified within the support plans we viewed.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. One person, "I visit my relative every weekend and some weeks staff will take me to visit my relatives who do not live locally." Staff also told of how they had supported one person to maintain a relationship with their relatives whom they had not seen for a number years. When staff mentioned the person's relative's name, the person responded by smiling and appeared excited.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annually reviews and support planning. Staff also informed of another occasion when they had involved an Advocate. . The person was experiencing a difficult and pressured situation with their family and it was upsetting them, after engaging with the family, an advocate was requested for the person to support their views and thoughts. Staff informed us of the great relief for the person and since the intervention of the advocate the person is now able to make the choices that feels comfortable to them and makes them happy. Advocates were mostly involved in decisions regarding changes to care provision. People were given the opportunity to attend self-advocacy groups.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working for the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The manager and staff met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. The service used the information they gathered to make appropriate changes to people's support plans. Staff also carried out comprehensive assessments of people's needs before they started using the service, this information would then be reviewed on a monthly basis to ensure information recorded was still a true reflection of people's needs. The service regularly spoke with people, relatives and professionals involved in people's care in order to learn as much about the person as they could. Staff used this information to devise the person's support plan. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they started using the service.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews.

The manager also informed that the service was looking to supporting people using the service by purchasing assistive technology to aid communication, as some people could benefit with regards to communicating with friends and family. The compliance officer informed us, "Recently we bought a talking book for one of the people using the service and due to them not being able to always verbally communicate they needs, before we had been using the computer which was not portable, since then the person takes the book with them everywhere and when asked a question they can use words within the electronic book to respond and give an answer." The compliance officer went on to say, "We recently purchased software online which helps us make communication aid cards with pictures, these cards will have either a picture of a meal, drink, toilet or bed, so when a person is verbally unable to communicate they can use them to show staff what they need support with, and staff are able to support people promptly and know exactly what they need help with."

The service also encouraged people to access activities in the community. We observed a person who had been supported to access the local bowling centre with their staff member. The person informed us they really looked forward to coming to the centre as they could have their beer and burger, also have a catch up with the support worker, whom they had built a very positive relationship with. This was very evident from

the moment we observed the interaction between them; they had developed a trusting friendship. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. Within each of the schemes we visited there were communal areas which people had regular access to and staff were able to observe them from a distance to ensure they were safe.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. The complaints we viewed had all been dealt with in a timely manner with appropriate responses.

Is the service well-led?

Our findings

One member of staff informed us, "[Provider] have been polite and courteous to all the staff and they have come a long way since they first took over from [another provider] in the way that they have learnt about managing the services and people we support, but I feel we can still do even better as everything we do is about the people using the service."

The provider's managerial structure ensured people, staff and relatives had more than one avenue of support in the absence of the registered manager. The service had managerial leads across the service who in turn reported to the manager and operations manager. The manager informed due to the size of the service, the provider had deemed it necessary to ensure all staff and people working in the service had the support they need to carry out their roles. In addition all the managerial leads brought in different types of experience and expertise which would be beneficial to people using the service. The manager informed us they tried to visit all of the schemes to ensure they were running well, and they also held regular meetings with staff directly involved with the services to offer support. The registered manager had a very good knowledge of people using the service and their relatives.

People benefited from a staff team that felt supported by the manager. Staff said this helped them to assist the person and helped to maintain their independence and also showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book within each scheme which staff used to communicate important information to others staff. It enabled staff who had been off to have quickly access to information they may need to provide people with safe care and support. This showed that there was good teamwork across the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The manager told us that their aim was to support both the person and their family to ensure they felt happy using the service. The manager held meetings with relatives and the person using the service as this gave the service an opportunity to identify areas of improvement and also gave relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they felt involved in the continual improvement of the service. One relative added that during the expansion of the building, the service regularly communicated with family members to get their suggestions on decisions such as bedroom themes for the respite rooms and furniture for the gaming and art room.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager was supported by the compliance officer to carry out a monthly manager's audit where they checked care plans, activities, management and administration of medication within service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit and also reviewed by the Operations Manager to ensure the service was running well. Records we held about the service confirmed that notifications had been sent to CQC as required.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.