

CORMAC Solutions Limited

Liskeard STEPS

Inspection report

Room 69, Luxstowe House
Luxstowe
Liskeard
Cornwall
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11 May 2018

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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

This announced comprehensive inspection took place on 9 and 11 May 2018. The service was rated good in all areas following a focused inspection in April 2017. At this inspection we found improvements identified in the previous inspection had been sustained and the service remains good in all areas.

Liskeard STEPS (Short term enablement planning service) is a domiciliary care service in the east of Cornwall. The service provides up to six weeks of support to people who are returning from hospital or who are in need of extra support, to enable them to continue to live in their own homes. The service provides support to both older people and younger adults.

The registered manager told us and records showed that over 90% of the people who used the Liskeard STEPS service were able to return to living independently without ongoing support needs. On the day of this comprehensive inspection the service was providing personal care for 20 people.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. 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 responsible for providing leadership to two registered services in the east of Cornwall and was based in the Liskeard STEPS office at least two days per week.

The registered manager was supernumerary and supported by four team leaders who were also not routinely allocated care visits. Management roles and responsibilities were clearly defined and well understood by the staff team. Each team leader spent two days per week in the community. Their time was spent visiting people at home to review daily care records, updating care plans each week to make sure they reflected the person's current support needs and completing spot checks of staff performance. The registered manager was office based and provided support and guidance to staff and team leaders as necessary while monitoring the service's overall performance.

The staff team was well motivated and told us they were well supported by their team leaders and the registered manager. Staff said they were always able to contact senior staff when necessary. Staff comments included, "You can always get hold of somebody out of hours and always feel fully supported", "It is a great team to work for, managers are great and clients are fantastic" and "[The registered manager] is brilliant, very approachable".

Everyone we communicated with was consistently complimentary of the care, support and encouragements provided by the Liskeard STEPS team. People's comments in relation to the staff team approach included, "It is nice to be troubled over and to know people care", "I wish I could have their help and chats all the time" and "They work so hard for me which I do really appreciate."

The service was clearly focused on supporting people to regain their confidence and independence. The registered manager told us, "The staff are very good at using everyday items to enable people to be independent" and staff described how they regularly used house hold objects in novel ways to enable people to complete specific tasks for themselves. Staff told us they enjoyed their role and took pleasure in supporting people to regain their independence. Their comments included, "I love it, it's by far the most rewarding and enjoyable role I have had" and "Watching people growing in confidence and getting back their independence is brilliant."

People recognised that the support staff provided had varied as they regained specific skill and records showed people care plans had been reviewed and updated each week to ensure they accurately reflected the person current needs. People's comments in relation to how their support changed included, "They encouraged me to get beyond the bed bound bit, to walk and wash. They were very encouraging" and "I can't speak too highly of them, they were so good. The first week or so they just couldn't do enough for me. Then as I improved they were so inspiring and taught me lots of little tricks to help me get back my independence".

People's care plans provided staff with sufficient guidance to ensure their care needs were met. These documents had been developed from information provided by the commissioners, combined with feedback from the person and their support staff. People were involved in the weekly care plan review process and had signed to formally record their consent to the planed care. Where risks had been identified in relation to the environment or the person's specific needs these risks had been assessed and staff given guidance on how to manage and mitigate each risk. Staff told us, "The care plans are very good, everything is in there that you need".

All staff had received safeguarding training and understood their responsibilities in relation to protecting people from abuse, harm and all forms of discrimination. Staff told us they would report any concerns to the registered manager who they were confident would take any action necessary to ensure people's safety.

Staff were experienced and well trained. They had the skills necessary to meet people's needs and their training had been regularly updated to so staff had a good understanding of current best practice. Staff told us, "We get regular training updates" and "I think I have been well trained to understand how to encourage people and what makes them tick." All new staff had been encouraged and supported to achieve diploma level care qualifications. Staff records showed all necessary pre-employment checks had been completed to ensure staff were suitable for employment in the care sector.

Staff said, "Staffing is not a problem" and we found there were enough staff available to meet people needs. Call monitoring records showed planned care visits were routinely provided on time and for the full duration. People told us, "There time keeping was excellent" and "They were always on time." We found no evidence to suggest any care visits had been missed and staff told us this did not happen.

Information was stored securely and there were systems in place to monitor the service's performance, gather feedback from people and identify where improvements could be made. People were asked to assess their own wellbeing at the beginning and end of their period of support. These scores showed consistent improvement in people's quality of life and 92% of people who had used this service did not subsequently require ongoing support.

Everyone who used the service was provided with complaints and compliments forms and actively encouraged to provide feedback to their experience. People's feedback was overwhelmingly complimentary and included, "All of the staff have been professional and caring with a high degree of

patience in the early days. The care received was 100% complete. We were very pleased with the time allocated and never felt rushed."

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Liskeard STEPS

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 checked 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 9 and 11 May 2018 and was announced in accordance with our current methodology for the inspection of domiciliary care services. The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has experience of, or has cared for a person who uses similar services.

The service was previously inspected on 4 April 2017. That focused inspection was completed to check that necessary improvements had been made in relation to our question, 'Is the service responsive?' following a comprehensive inspection in February 2016. During our April 2017 inspection we found the necessary improvements had been made and that the service was compliant with the regulations and good in all areas.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection spoke with 12 people who were currently using the service and four people who had been recently receiving a service. We also spoke with four care staff, two team leaders and the registered manager. In addition, we received survey responses from nine people who had used the service, two relatives, four staff and three community professionals. We also inspected a range of records. These included five care plans, staff recruitment and training records, duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People told us, they felt safe with and enjoyed the company of, their support staff. People were protected from the risks of abuse and discrimination because staff had received training to help them identify possible signs of abuse and understand what action they should take ensure people's safety. Local safeguarding procedures were well understood by staff and manager. Information about the services safeguarding policy and local safeguarding procedures and contact details were included in service's information pack. This was shared with and explained to people during their initial care visits to ensure people understood how to report any safety concerns.

Staff told us they would not tolerate poor practice and provided examples of issues they had reported to and followed up with local safeguarding teams to ensure people's safety. Staff told us they were confident any safety concerns reported to management would be investigated and resolved. There were appropriate whistle blowing procedures in place designed to protect staff that raised safety concerns.

Risks in relation to people's care, support needs had been identified, assessed and documented during the initial care visit. People's care plans provided staff with specific guidance on how to protect both the person and themselves from each identified area of risk.

Where accidents or incidents had occurred these had been fully document, investigated by the service's manager to identify any changes that could be made to improve safety. Detail of all accident investigation were shared with the provider and analysed to identify any trends or developing patterns. Any learning identified as a result of accident investigation was shared with the providers other services to prevent similar incidents reoccurring.

The service had procedures in place to ensure staff safety. These included an alarm system linked to the service's call monitoring programme. It alerted managers if staff failed to log out of their last planned visits of each care shift and a protocol to allow staff to discreetly report safety concerns by telephone. In addition, the service worked in collaboration with the local lifeline provider to improve people's safety while living independently at home. Each person in receipt of support for STEPS services was offered a free six week trial of lifeline service. People who took up this offer were provided with an emergency pendant and speaker phone system to enable them to request help from emergency services in the event of a fall or other accident within the home.

There were plans in place to prioritise care visits and ensure people's essential needs were met during periods of adverse weather. These systems had worked effectively during recent snow disruption. People told us, "I was cut off in the snow, I looked out the window at 10:00 and I saw this lady walking up the road to come and see me, I could not believe it." While staff commented, "In the snow there is a contingency plan. Some of us walked and things like that but there was a plan in place."

There were enough staff available to provide all planned care visits during the week of our inspection. Staff told us, "Staffing is not a problem" and the registered manager said additional packages of care were only

accepted where they had sufficient staff capacity to meet people needs.

The service used telephone based call monitoring system to allow staff to remotely report their arrival and departure time from each planned care visit. We reviewed data from the call monitoring system, daily care records and the service's rotas. We found no evidence of planned care visits being missed and staff consistently told us they had, "Never missed a visit." In addition, these records showed people normally received their visits on time and for the correct duration.

People told us, "There time keeping was excellent," "They were always on time", "Always very punctual" and "Absolutely spot on, they arrived at eight o'clock on the dot." Staff visit times were regularly audited by managers and a tendency for staff to arrive over 15 minutes early had been identified. This issue had been raised with the individual staff involved during supervision meetings and action taken to ensure staff arrived as planned. Information about the number of early or late visits that occurred was shared with all staff via the service's monthly performance report.

The service had suitable and robust recruitment procedures. All necessary pre-employment checks had been completed to ensure prospective staff were suitable for employment in the care sector. In addition, staff were encouraged to disclose details of any interactions with the police and complete an annual disclosure with details of any convictions they had received.

Staff had received appropriate training to enable them to provide support with medicines where necessary. However, the service actively encouraged people to remain in control of their own medicines. Where staff provided support this was normally to remind people to take medicines from blister packs. Details of the level of medicines support provided each day was recorded in people's care records.

Staff had a good understanding of infection control procedures. Personal Protective Equipment including disposable gloves and aprons was readily available to staff from the service's office.

Is the service effective?

Our findings

The service had well developed relationships with health professionals based in local hospitals and in community teams. Shadowing opportunities were provided to health professionals including occupational therapists, specialist nurses and care coordinators to ensure these staff had a good understanding of the service and the support it could provide to help people regain their independence. The service worked to maintain the quality of these relationships and had recently hosted an open event for community nursing staff in response to an identified drop in referrals. The strong links between the service and local professionals meant the service was normally able to rely on assessments by these professional to identify people's support needs. This enabled the service to respond immediately to request for support and we saw initial care visits were routinely provided on the day of referral.

If a referral was identified as unusually complex for the service this was highlighted by the assessor. In these situations a team leader would visit the person in the current care setting to ensure the persons could be supported to regain their independence. During these assessments visits team leaders discussed the person's goals, aims and support needs with the individual, their relatives and health professionals.

People unanimously reported that their support staff were highly skilled and supportive. Staff training records showed there were systems in place to ensure all training was regularly updated and refreshed. These records showed staff regularly received training in topics the service considered mandatory including, safeguarding adults, food hygiene, Mental Capacity Act, moving and handling and stroke pathway. Staff told us, "We get regular training updates", "I did all the training again when I transferred over" and "I think I have been well trained to understand how to encourage people and what makes them tick." Staff were actively encouraged and supported to further develop their skills and had been encouraged to complete diploma level qualifications. One staff member said they had found this training difficult but told us, "The support with the training has been brilliant, I can't thank them enough. They [managers and team leaders] were amazing, they gave me one to one support through the diploma."

There were induction procedures in place to ensure any new staff appointed were sufficiently skilled and trained to meet people care needs. The services induction included care certificate training and significant periods of shadowing experienced staff before new staff provided support independently. The Care certificate is a nationally recognised training programme designed to provide staff, new to the care sector, with an understanding of current good practice.

Staff were well supported by the registered manager and team leaders. Each team leader was responsible for supporting five staff and formal supervision meeting were held each month. Staff told us, "They are very supportive, excellent team leaders and an excellent manager."

Supervision consisted of an observed support visit in the community and an office based discussion. Records of these meetings showed staff were encouraged to review their performance, share information about observed change in people needs and identify any additional training or support they required. In addition, staff told us, "We always have team meetings once per month" which provided additional

opportunities for staff to share information, discuss specific issues and identify how best to support people's needs.

Care records included clear guidance for staff on how support and encourage people to manage their own food and fluid intake. Staff helped people to regain cooking skills and provided useful aids to help support people to use cooking items safely. For example, one person told us that staff had attached raised orange rubber dots to their microwaves controls to enable them to safely prepare meals independently.

Where staff identified that additional equipment or aids were required to support people's independence referrals were made promptly and followed up to ensure the equipment was made available as quickly as possible. People told us, "They arranged some aids for me and gave me information about local services" and "From the very big things to the very small things they were brilliant, They sourced an aid to help me out of bed and pill poppers to help me get to my medicines." Staff told us, "If people need equipment we arrange it quickly" and "If I need equipment, I just phone the office and they arrange it." Staff were also skilled in identifying how existing house hold items could be used to address and resolve specific challenges to people's independence.

Staff sought people's consent before providing support and respected people choices. Staff aimed to enable people to try to complete tasks for themselves where ever possible providing reassurance and encouragement. Where people were struggling with specific tasks their consent was sought before additional support was provided.

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. All staff had completed training in the MCA and the manager and staff had a good understanding of this legislation. The service did not normally support people who lacked mental capacity. This was because it is a short term support provider focused on encouraging people to regain their independence and experience had shown that this approach was not appropriate for people who lacked mental capacity.

Is the service caring?

Our findings

People described their staff as dedicated, caring and compassionate and told us they looked forward to seeing them each day. People's comments included, "I look forward to her arrival each day, someone nice to talk with", "It is nice to be troubled over and to know people care" and "I wish I could have their help and chats all the time."

People were supported by an experienced and well established staff team who fully understood the service's objective of supporting people to regain their independence. The service provided support for up to six weeks to help people regain skills and develop confidence in their ability to live at home safely. Staff clearly enjoyed this role and took great pleasure in describing to us improvements and changes they had helped people to achieve. Staff said, "Sometimes day by day you can see people doing more and you can see it on their face, it is amazing", "I love it, it's by far the most rewarding and enjoyable role I have had", "Watching people growing in confidence and getting back their independence is brilliant" and "By the end of the time you can see they are so pleased with what they have achieved."

People were supported and encouraged to be as independent as possible by staff who were enthusiastic at using novel approaches to help people achieve their goals. One person told us how staff had fixed small, raised colourful dots to their microwave oven to help them understand how to set the oven correctly and thus cook independently. Staff described how they regularly used various household items unusually to enable people to complete specific tasks independently and the registered manager told us, "The staff are very good at using everyday items to enable people to be independent." Staff described how they often found it difficult to watch people struggling with specific tasks but recognised the value of people re-learning how to do things for themselves.

People appreciated staff had varied their approach as they recovered their independence and told us, "They encouraged me to get beyond the bed bound bit, to walk and wash. They were very encouraging", "They encouraged me to do as much as I could for myself. They would sit on their hands and try to get me to do things" and "I can't speak too highly of them, they were so good. The first week or so they just couldn't do enough for me. Then as I improved they were so inspiring and taught me lots of little tricks to help me get back my independence". The registered manager told us, "We just give it everything and hope that people benefit from the support that they receive."

People were grateful for the support and encouragement staff provided. People's comments about the staff teams approach were consistently positive and included, "Cheerful and she makes my day", "She works very hard and is always smiling", "They work so hard for me which I do really appreciate" and "Friendly and very helpful, what will I do without them?"

The service took account of individual communication and support needs of people with a disability, impairment or sensory loss. People's specific communication needs were identified as part of the service's assessment and care plan review procedures and highlighted to staff. Staff were given specific guidance on how to meet people communication needs and enable them to make meaningful choices about how their

care and support was provided. For example, one person's care plan stated, "[Person's name] can understand most verbal information, but needs the info to be clear and precise. Sometimes writing things down for [Person's name] can help."

Staff and managers had a good understanding of equality and diversity issues and acted to ensure people's dignity and rights were protected at all times. At the time of our inspection the service was supporting one person who was blind. In relation to the positioning of furniture within this person's home their care plan stated, "Do not move anything [Person's name] knows exactly where items are placed and the layout of [their] home". This showed the service recognised the importance of this issue and had acted to ensure staff respected the person's needs.

People told us their support was provided at a relaxed pace and that they never felt rushed or pressurised by their support staff. They said staff always responded to small changes in their care needs and offered additional support or extended visit times where necessary. In addition, visit schedules showed people were able to alter their planned visit times to reflect their lifestyles. People's comments included, "I did not feel rushed", "They were brilliant all the time, they went beyond what they needed to do", "The staff are very good and always ask me how they can assist and help" and "Dedicated to my needs and always patient and very helpful." Staff felt able to extend people's visits if necessary as they had confidence managers would take appropriate action to ensure delays would not adversely impact on others. They told us, "If I'm running late I don't feel rushed as they will rearrange visits if you need to stay longer", "If there is a problem with travel time you just ring in and they arrange it" and "I had a puncture once, they sent someone else to my visit. They are very good with that."

People said they were involved in their care plans and decisions about their care and support. They told us staff always asked them before providing any care and support, if they were happy for them to go ahead. People were always involved in the weekly care plans reviews and had signed care plan updates to formally record their consent. People were encouraged to make decisions about how their care was provided and care records showed staff respected people's decisions. Staff told us, "Individuals always choose their own clothes for the day", "We are all about independence and choice" and "It's their home, we respect their wishes and we can't force anybody to do anything they don't want to." Where appropriate, the service worked with people's friends and relatives to help them recognise the value in the person regaining their independence.

Care files and other information about people who used the service were stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Is the service responsive?

Our findings

People needs were assessed by health care professionals before they were referred to the service for support. The service had good links with local professionals from whom they received regular referrals and had provided them with clear information on the service's aims and types of support they were able to provide. Professionals assessments of people's needs were trusted by the service. This meant people often received the first visit on the same day as the referral for support was made. During the initial care visit experienced staff met with the person and reviewed the assessment information provided. They established the person's individual goals and objectives and completed risk assessments in relation to both the environment and the person individual needs. At this time people were also provided with an information pack about the service including useful contact information and guidance on how to report any concerns or complaints. .

Within the first week a team leader met with the person at home to review their needs, discuss their initial experiences of the service and develop their individual care plan. Staff told us, "The full care plan is always there within a couple of days."

People's care plans were personalised and individual. They included details of the person's overall goal for the support provide. For example the goal of one person's care package was, "[Person's name] would like to establish a routine in strip washing and dressing so [they] can do this independently."

Staff and team leaders worked with people to identify how best to support them to achieve their overall goals. The level of care a person currently needed was clearly identified in the care plan. Staff were given instructions on how to support the person while encouraging them to be as independent as possible. For example one person's care plan stated, "[Person's name] is able to make a hot drink and breakfast, but may need verbal prompting to prepare this. Please stand back and see what [Persons name] attempts before giving encouragement." Staff were provided with guidance on how to encourage and support the person to gain the necessary skills and confidence to achieve their goals.

People told us, "The team leader came at least once a week to talk about how I was doing". Records showed team leaders had visited people each week to review care records, discuss progress towards the person's goals and updated care plans to ensure they accurately reflected the person current needs. There was a clear focus on encouraging independence and each person's care plan included details of the tasks to be completed and how support should be provided during each care visit. Where people had expressed specific preferences in relation to specific aspect of their care this information was incorporated in their care records. Photographs had been used to help staff understand how people liked equipment to be left between care visits. Staff told us, "The care plans are very good, everything is in there that you need" and "They are updated regularly. The client signs to show they are happy with the changes." While team leader commented, "You get the time to really think about the care plans."

Care plans included limited information about people's life history and back ground where this was relevant to their current support needs. Where people had declined to provide these details these decisions had

been respected and highlighted to staff. For example one person's care plan stated, "[Person's name] is a private person and is not happy to talk about [their] private life or previous life experience." This showed the service recognised the importance of respecting people's privacy. people preferences

At the end of each care visit staff completed detailed records of the specific care and support provided they had provided. These records included staff arrival and departure times, details of specific tasks completed and the level of support the person had required. For example one daily record stated, "Assistance to wash back, legs and feet, [Persons name] did all other personal care independently." From these record is was clear that staff progressively provided less support as people recovered their independence. Professionals reported, "It is about making the person feel in control of their journey. No two people are the same and that is what STEPS has really grasped."

It was clear from daily care records that staff were able to extend visits to give people the time they needed to completed tasks independently. One staff member staff told us, "I am able to make decisions and if somebody needs extra I can just do it and it is not questioned. It is all about making the person feel valued and in control. If people need extra I give extra."

The service had appropriate systems in place to ensure any complaints received were fully investigated. However, the service had not received any complaints and people told us, "I have no issues or complaints regarding the staff who do a great job", "I have had no concerns or worries about the staff or service" and "Absolutely nothing to complain about they are fantastic and nice people." We found that the service was regularly complimented and thanked by people and their relatives for the quality of support and encouragement provided. Compliments were shared with all staff in the service's monthly performance report. In April 2018 compliments received included, "I appreciated the support they all gave me. Everyone treated me with kindness and respect. Thank you", "A very good service which quickly built up ones confidence to reassure management later. Well done my helpers. An excellent service" and "All of the staff have been professional and caring with a high degree of patience in the early days. The care received was 100% complete. We were very pleased with the time allocated and never felt rushed."

Is the service well-led?

Our findings

People were extremely complimentary of the quality of care and support they received from Liskeard STEPS. Their comments included, "The job they do is outstanding, I am so grateful", "I would give them 10 out of 10. I am full of praise for them", "I cannot believe how helpful they are, nothing is too much trouble" and "I would give them a glowing report, they were absolutely super."

Staff were highly motivated and driven to support people to regain their independence. They spoke of the pride they took from people achievements in regaining their independence. Staff comments included, "I am proud of everything we do", "We are all proud of what we do" and "I feel proud to wear this uniform." People unanimously said they would recommend the service. Comments we received from people and their relatives included, "I would recommend this service without hesitation", "I would certainly recommend this service to anyone in my situation they are good", "No need to think about complaining this is an excellent service which I could recommend to anyone" and "I think the service they provide to me is outstanding and I would certainly recommend them."

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 service requires a registered manager and there was a registered manager in post at the time of this inspection.

The registered manager was responsible for the leadership of two registered STEPS services in the east of Cornwall and was based in the Liskeard office at least two days each week. The registered manager did not normally provide care visits and was supported by four experienced team leaders each of whom managed a small team of care staff. The roles and responsibilities of the registered manager and individual team leaders were well defined and understood by the staff team.

There was clear, mutual respect between the registered manager, team leaders and the well-motivated staff team. Staff told us they felt well supported by their managers and were always able to access any additional guidance they required. Staff comments included, "You can always get hold of somebody out of hours and always feel fully supported", "Excellent management team, they take the time to help you" and "It is a great team to work for, managers are great and clients are fantastic."

Team leaders told us they spent two days each week in the community reviewing care plans and staff performance. They said the registered manager was available to provide assistance if necessary but that they were encouraged to take responsibility for ensuring people's needs were met. Comments from team leaders included, "[The registered manager] lets us manage and does not constantly check what we are doing. She has confidence in us. We all get on well as a team" and "[The registered manager] trust you to get on with it."

The registered manager told us, "I definitely feel very supported" and described their management style

stating, "It's about empowering the team leaders to take on responsibilities. They are four fantastic team leaders, always very honest with me." All staff were complimentary of the registered manager's approach and told us, "The manager always drills it into us that everybody is important", "[The registered manager] is brilliant, very approachable", "She is an excellent manager" and "I give 100%, 110% and they leave me to get on with it and help if I need it."

There were effective quality assurance system in place designed to monitor the service's performance and identify any areas that could be improved. Each person was asked to complete a wellbeing score at the beginning and the end of their period of support. These scores consistently demonstrated that people felt their quality of life had significantly improved due to the support provided by the service. In addition, people were asked to complete a feedback questionnaire at the end of their period of support. The feedback received was overwhelmingly positive as was the feedback we received in response to our questionnaires. Where any ideas or suggestions were provided via the service's feedback forms, these were investigated by the registered manager who told us, "We are always looking for little ways we can improve."

All care plans and daily records were reviewed each week as part of the care plan review process. In addition these records were audited by another team leader at the end of each period of support to improve consistency and enable any learning to be shared between staff teams. Unannounced spot checks of the quality of care provided by individual staff were also completed regularly and part of the service's staff supervision programme.

The registered manager completed a performance report each month and this was shared with all staff. The April 2018 report showed that 92% of people who had used the service did not require ongoing support and that 100% of people reported improvements in the health and wellbeing as a result of the support provided by the service. In addition, this report was used as an opportunity to share compliments received with the staff team.