

Crossroads Care Central & East Gloucestershire
Limited

Crossroads Care Central and East Gloucestershire - Gloucester Branch

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

This inspection took place on 11 and 18 November 2015 and was announced. The Gloucester branch of Crossroads Care provides a domiciliary care services

which provides regular short breaks to carers/relatives who care for a person with physical needs or memory loss. They provide a service across Gloucestershire,

Summary of findings

including Gloucester, Cheltenham, Stroud and Tewkesbury. Crossroads Care is part of the Carers Trust. The Carers Trust works to improve support, services and recognition for anyone living with the challenges of caring. At the time of our inspection there were 189 people and their carers using this service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Due to the nature of the service, we spoke with people's main carers (people's relatives); throughout the report we will refer to people's main carer as carers. Staff employed by Crossroads Care were called Care Support Workers.

Everyone we spoke with spoke positively about the service. People spoke highly about the care support workers and valued the positive caring relationships they had by having regular care support workers. People and their carers spoke positively about the care managers of the service, telling us they were always approachable.

There was a positive caring culture, promoted by the registered manager, care managers and chief executive officer. Care support workers were passionate about providing high quality personalised care and support. They spoke confidently and positively about people and their preferences. Care support workers felt supported by the care managers, registered manager describing them as approachable and supportive both personally and professionally.

Care support workers were knowledgeable about the people and carers they supported. They had access to

development opportunities to improve their skills and the service people received. Care support workers received the training they required to support people with individual needs and had access to effective supervision (one to one meetings with their manager).

People's needs were assessed. Where any risks were identified, management plans were in place. People were supported in a way that recognised their rights to take risks. The care and support people received was personalised to their needs.

Where people's needs changed, senior care support workers had taken action and made referrals to healthcare professionals where necessary. Carers spoke positively about the responsiveness and flexibility of the service.

People and their carers view on the service were continuously sought. Care managers and the registered manager made every effort to ensure people and their carer's views mattered. People and their carers felt the management was approachable and felt confident in their ability to complain.

Quality assurance systems were in place to enable the service to identify areas for improvement and ensure people and their carers received a good quality service. The registered manager was supported by a chief executive officer who answered to a board of Trustees. The service ensured people and their carers had the information they needed.

The organisation was looking at creative and innovative ways to improve the amount and quality of support people and their carers could receive. This included community events aimed to support people who wanted more support.

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 were safe using the service. Carers/relatives felt their loved ones were safe with the visiting care support workers. Care support workers had a clear understanding of their responsibilities to report concerns both within and outside the service.

People and their carers told us calls happened when they expected them to and were informed if there were any changes.

Risks to people were assessed and plans were in place to manage these risks. Care support workers knew how to protect people from risks. Where necessary people were supported with their medicines.

Good



Is the service effective?

The service was effective. People were cared and supported for by care support workers who were supported and had access to training and development opportunities to improve their skills and knowledge.

People and their carers told us they were supported to make day to day choices. Care support workers had knowledge of the Mental Capacity Act and people's rights were being protected.

People were supported with their ongoing healthcare needs. Where people had assistance with their nutritional needs, they received support from care support workers to meet these needs.

Good



Is the service caring?

The service was caring. People and their carers/relatives were wholly complimentary about care support workers and felt they were treated with dignity and respect.

There was a caring culture. People and their carers spoke positively about the caring relationships they had with care support workers and how they benefitted from this relationships. Care support workers spoke about people in a kind and a caring manner.

People and their carers felt involved in decisions about their care and told us they had the information they needed.

Good



Is the service responsive?

The service was responsive. People's care and support plans were personalised and included information about what was important to people.

Care support workers responded when people's needs changed to ensure they received the care they needed, this included making referrals to other healthcare professionals.

People and their carers/relatives knew how to raise concerns and felt confident they would be dealt with in a timely manner.

Good



Is the service well-led?

The service was well led. The registered manager was approachable and supportive. People and their carers spoke positively about the approachability of care managers at the service.

Good



Summary of findings

People were at the heart of the service. Care support workers and management were passionate about providing a high quality service.

Systems to monitor the quality of the service were effective and led to improvements. The provider was looking at way to improve people and their carer's access to support in the community.

Crossroads Care Central and East Gloucestershire - Gloucester Branch

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 was 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 11 and 18 November 2015 and it was announced. We gave the provider 48 hours' notice of our inspection. We did this because the provider or manager is sometimes out of the office supporting care support workers or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one inspector and two expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of the inspection there were 189 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with a range of healthcare professionals, including trainers, social workers and commissioners.

We spoke with 36 people who were using the service or people's carers. We spoke with five care support workers, two senior care support workers, two care managers, the registered manager and the organisation's Chief Executive Officer. We reviewed 18 people's care files, eight care support worker records and records relating to the general management of the service.

Due to the nature of the service, we spoke with people's main carers (people's relatives); throughout the report we will refer to people's main carer as carers. Staff employed by Crossroads Care and delivered care to people were called Care Support Workers.

Is the service safe?

Our findings

People and their carers told us they or their relatives were safe when care support workers visited. Comments included: "My wife is relaxed and safe with them"; "They are very safe with them. They are a hundred percent. They [relative] cannot speak now but they clearly love them and they will let me know if they are not happy. They are very much at ease with them and they have fun"; "I've always been safe with them. Yes, at ease with them. Used them for six or seven years" and "I'm very safe with them. They give me receipts when they do any shopping and they do stuff like that right".

People were protected from the risk of abuse. Care support workers had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. They told us they would document concerns and report them to the registered manager. One care support worker said, "If I had any concerns I'd go straight to the boss, it's never an issue to discuss things with them". Another care support worker added that if they were unhappy with the manager's or provider's response they would speak to their recruitment agency, safeguarding or CQC. They said, "I'm aware of the whistle blowing policy. If I felt concerns hadn't been taken seriously I would contact the local authority". Care support workers told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

People and their carers told us care support workers were punctual and always stayed for the required length of time. People and their carers also told us care support workers took the time to do any care needed properly, safely and with dignity. No one we spoke with had experienced missed visits. Comments included: "The staff are very helpful. Nearly always on time"; "They turn up when we expect them and stay for a few hours" and "We know when they're coming, they [relative] look forward to it and they are waiting for them".

People told us that if their care support worker was going to be late the office would contact them and let them know. However, people told us late visits were very rare. One carer told us, "We're told if we have a different [care support worker] coming, we know who it is and we're usually introduced to them beforehand".

Records relating to the recruitment of new care support workers showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure support workers were of good character.

People's care plans contained assessments of all aspects of their support needs. Assessments included environment, moving and handling, nutrition and hydration and medicines. Where assessments identified risks there were management plans in place. The management plans recognised people were living in their own home and that people had a right to take risks if they chose to. For example, one person had a pet dog. Senior care support workers had identified the dogs behaviour could be unpredictable and there was the possibility of risk to the person and care support workers. The person's carer and family were involved in making a decision on how to manage this risk. This decision was clearly recorded in the person's care plan.

Moving and handling risk assessments were detailed and gave care support workers the information they needed to support people to mobilise. One person required the support of a care support worker to assist them with their mobility. Clear and detailed risk assessments around moving and handling and the risk of falling were in place. For example, one person had a degenerative condition which had an impact on their mobility. Care support workers had clear instructions on how to assist this person with their mobility, including the equipment they needed to maintain as much independence as possible.

When required people and their carers told us care support workers assisted them with their prescribed medicines. Their comments included: "It's one of the [care support workers] who does the reassessing with us and they are really on the ball with their [relative] medicines and all the care issues. The staff will check if they need antibiotics. For medicines the staff are well trained". and "Very good. They know what they're doing with the medicines, I have no concerns". Staff told us they had the training they needed to support people with their medicines. One care support worker told us, "I've got the training I need. I'm confident dealing with medicines".

People's medicine records were updated by care managers to reflect their current needs. This ensured care support workers had current information on what medicines

Is the service safe?

people were taking, the importance of them and any side effects they needed to be aware of. Staff often discussed people's medicines with external healthcare professionals to ensure their medicine's met their needs and maintained their wellbeing.

Is the service effective?

Our findings

People and their carers told us care support workers were trained to meet their or their relative's needs. Comments included: "The staff are well trained, very professional. They are very helpful"; "They make every effort. They're doing training around Percutaneous Endoscopic Gastromy (PEG) care (a means of feeding when oral intake is not appropriate), I'm very confident about them"; "I can rely on them. The staff are very professional and very nice" and "They look after my relative exceedingly well. The staff are extremely good".

New care support workers were supported to complete an induction programme before working on their own. One care support worker spoke positively about the support they received. They told us, "I shadowed other staff, I worked up to working independently gradually, I was supported to build my confidence which was essential". The care support worker felt confident to work alone once the induction programme had been completed. They were now working towards a qualification in health and social care. They said, "It's great, I'm having lots of tailor made training, tying it into the people I work with. I've done a lot around communication, as I support someone who has a stroke."

People were cared for by care support workers who told us they felt supported and received regular supervisions (one to one meeting) with their manager. Comments included: "Definitely without question, I'm supported"; "I'm supported. I feel I'm valued and can do my job well" and "We get a lot of support, the [care] managers are always there and available". Staff were able to discuss any concerns they had or any training needs. Their meetings allowed them to discuss any concerns about the people they supported and to express any changes in their care. One care support worker told us, "We have supervision around every three months. We can discuss our needs, such as training and any concerns. That being said, We can discuss concerns at any time, we don't just wait for supervisions".

People's needs were met by care staff who had access to the training they needed. Care support workers had received training which included; safeguarding adults, moving and handling, dementia, medicines and fire safety. Support workers told us they had the training they needed to meet people's needs and could request additional

training to further develop themselves. Comments included: "Definitely up to date with training and have the skills I need. They [care managers] are on the ball with training"; "The training is the best I've had. I feel I have the skills to help people. If I want training I know I can access it."; "I've requested safeguarding and first aid for children training. I predominately support older people, however I think this will help me develop and I'm always open to progress" and "I've requested dementia training. This will help develop my skills."

People and their carers told us care support workers always asked for consent before they were supported with their personal care. Comments included: "They always support [relative] to make the choices, and they respect these choices" and "We have a good relationship. They know what we like, however they always ask what they [relative] wants". People were able to make their own choices and decisions about their care. Information in people's support plans showed the service had assessed people in relation to their mental capacity. The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). 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. Where people's carers or relatives had Power of Attorney (the power to make decisions on people's behalf, around property, finances and health) these were clearly recorded.

People were supported by care support workers who had received training on the Mental Capacity Act (MCA) 2005. A number of people being supported were living with dementia and were unable to make some life decisions; however they could make day to day decisions with support, such as what they'd like to eat or drink. Care support workers told us how they supported people and promoted choice for people with dementia around day to day decisions. Staff ensured people had the information they needed to make decisions around food, drink and the decisions they could make. Comments included: "The managers are good at giving us updates around the Mental Capacity Act. I support people to make choices, encourage involvement and independence"; "I give choices. One

Is the service effective?

person needs support to make the day to day choices. I give them two choices and time” and “I would never just assume what someone wants. I treat people as I would like to be treated”.

Where people had made advanced decisions (where someone made a decision relating to their future health needs) these were clearly recorded on their care plans. One person had made a decision to refuse certain treatment and resuscitation due to a long term health condition. Information about the person’s condition, and the support they needed was clearly recorded on their care plan.

People were able to choose what they wanted to eat and drink. People who were able to contribute towards their food preparation were encouraged to do so by care support workers. Care plans contained details of people's nutrition and hydration needs and the support they required. Some people required staff to assist them with their nutritional needs using PEG system. Staff who assisted these people had been trained by healthcare professionals and understood how to meet people’s needs.

Clear instructions were detailed in people’s care plans on how to assist them. The registered manager was looking at ensuring more staff could receive training around PEG care to enable them to assist more people in the future.

The service worked with other professionals to ensure people’s additional or changing needs were supported. For example, people who required support around their mental health needs were supported by mental health teams and advocates. Where care support workers had concerns about people’s healthcare needs, they could access support from people's GPs. We received positive feedback from social workers and staff from specialist professionals. One healthcare professional stated, “I’ve always found Crossroads to be friendly, approachable and keen to help. They’ve made an invaluable difference to carers and the people the carers are supporting”. Another healthcare professional said, “The service is a great provision and there is a huge need for it. When the care is in place service users seem happy with it”.

Is the service caring?

Our findings

People and their carers were extremely positive about the care they received from the care support workers supporting them. Comments included: "It's excellent. The carers are very accommodating and the person [care support worker] is very well aware of their [person's] needs"; "It's very personalised and it fits the needs of the family"; "I would recommend them and rate them as excellent"; "They are like family to me" and "When they are here my wife is very much at ease and relaxed with them".

The registered manager and care managers promoted a caring culture and was enthusiastic about the compassionate nature of the staff team. Management provided guidance to care support workers around respecting people. Information was recorded in people's care plans about supporting people in a personalised way, protecting and promoting their dignity. One carer spoke highly of care support workers, and how they felt they and their relative were respected. They told us, "They [care support worker] are quite a thinking person and she is very accurate and professional and she will not say things about what we need in company. Our dignity and confidentiality are all checked".

People and their carers told us they were at the centre of the care they received from Crossroads Care. Carers spoke positively about the assessment process. One carer told us how they received information before their reviews, with a form they could complete, allowing them to provide information. Comments from carers included: "They are very good and originally we were impressed with the first assessment which was very detailed. The person who now calls is very pleasant"; "The assessments and reviews are excellent. They [care managers] really took on board what we said" and "They ask lots of questions, they find a [care support worker], which not only meets our needs, but is a great fit personally".

People's carers told us they always had the information they needed about their relatives support. Comments included: "We always know who is coming. If someone different is coming they always let us know who it is"; "They come out to see me. They get the forms to me and they help me fill them in (and understand them) because I can't read" and "They also give me a card to get in touch if I'm out and it really helps me".

People and their carers told us they benefitted from the service, as usually the same care support worker came to them. Comments included: "It's the same team and the continuity is vital for my wife. The care is working well for both her and me"; "The continuity is good" and "One [care support worker] who is regular is very good and this continuity really helps. This is good and helps us get by".

Due to the nature of the service, care support workers told us they had the time to build relationships with people when starting their care. Care support workers knew what was important to people and also what additional support they could provide. One person's carer told us, "Crossroads do other jobs and [care support worker] does these after they have gone from here. Friday they do my shopping".

People and their carers spoke positively about the time they spent with care support workers, and the relationships they had developed. Comments included: "They are brilliant and have been so from day one. I have nothing but praise for them, they make a real difference" and "They sit and talk with my wife when they are here. Both are keen golfers so they watch this when it's on the TV. It helps us both because we both enjoy the service."

Care support workers spoke with kindness and respect when speaking about people and their carers. Care support workers clearly knew people well, including people's histories, what they liked to do and what was important to them. One care support worker told us about how they supported someone to access the community. For example, one carer told us how care support workers used their knowledge and people's preferences as part of their support. They said, "He [relative] thoroughly enjoys it. They take him to Saul Junction, as that's his choice. The care worker comes with a picnic. He is so keen to go with them, he waits for them. The service is as near perfect as it could be".

Positive comments to the care manager about care support workers had been recorded. Individual care support workers were informed about the positive comments they received and always appreciated the feedback they received from people and their carers.

People and their carers told us their dignity was respected. One carer told us, "For any personal care they use gloves and we have a stock of things for them to wear. Their role has changed to include more personal care and they have

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got the stages right. They have handled this well and with dignity". Another carer told us, "They are respectful of the house. The [care support worker] is good and does not talk or gossip about things".

Care support workers told us the importance of respecting people's dignity. One care support worker told us, "I'll help in private. I support one person, I'm around if they need me, however I give them their privacy, it's important to them". Another care worker said, "We provide privacy, dignity and control. It's all about the person and what they want".

There was a strong culture around promoting people's independence and individuality. One care worker told us, "One person likes to have control. I support them with that,

I give them options and act as a third party. I am happy to discuss things with the care managers and their family, to improve their quality of life". One person told us, "I have a stroller to help me. They just help me to walk but they keep me safe". Another person told us, "They check if the post is marked confidential. I can check this later, or read it with their help".

One carer told us how the service supported them when their main care support worker changed. They said, "They always introduce the new care worker. They do their best to find a right fit". Care support workers told us they were always introduced to people before they provided them with any support. One care support worker told us, "Always introduced, It's important, good communication".

Is the service responsive?

Our findings

People and their carers told us the registered manager, care manager and care support workers were responsive to any changes in people's needs. People spoke positively that changes in their needs were documented and continuity of care was provided. One carer told us how they received support from the service when their relative's needs changed. They said, "They [senior care support worker] came round after my relative was in hospital and did an assessment and to discuss the changes in their needs. The care plan has been changed and updated."

People were supported by care support workers who were able to identify concerns around their welfare and take action. One care support worker told us how they raised a concern about one person's well-being. They said, "I highlighted a food concern to the family. Which we raised to the gp. It was about food choice, the person wanted choice. Now they have that choice and a variety is prepared. They have food when they want it". They also told us the person's appetite had improved.

People and their carers told us the service was flexible and accommodating. Comments included: "They have changed to the times I now prefer for my gym" and "They've changed times for us, and are flexible to assist us".

People's carers told us they were given relevant information from the service. All carer's spoke positively about care support workers ability to communicate any changes. Comments included: "They call me, and I don't need to call them"; "They have not had to deal with emergencies but my relative has had worsening phases and they have always called to alert me. They will let me know and they get in touch" and "I can tell them what they need, but they will alert me if anything happens or if there are any problems".

People and their carers were involved in all decisions about their care. Thorough assessments of people's and their carer's needs were carried out when they started to receive a service. Assessments included; communication, mobility, social care needs and medicines. For example, one person's assessment provided guidance on how they should be supported with their asthma. One carer told us, "We had a full assessment and they [care manager] were on the ball and brilliant and they were so knowledgeable and also put me at ease. It was reassuring from the start".

Assessments were used to develop detailed support plans that identified people's needs and the support required to ensure their needs were met. For example, Care support workers knew one person was a keen gardener. Care support workers had looked at supporting the person to do gardening during their time together. A carer spoke positively about the care their relative received, "They [care support workers] are very good. They take my relative out, which they really enjoy."

People's care plans contained information relating to specific conditions and support needed as a result of the condition. This included people living with dementia, Percutaneous Endoscopic Gastromy (PEG) care (a means of feeding when oral intake is not appropriate) and motor neurone disease. Care plans were personalised and included details of people's needs and what was important to them. For example, one person's care plan contained clear information about things the person did not want to talk about, and clear information to care support workers about their health needs.

People and their carers knew how to make complaints to the provider. Everyone spoke confidently about raising concerns, and felt they were listened to by the registered manager and provider. Comments included: "I've had no complaints at all. They're brilliant"; "One time they were late and I had to call the office, they said sorry. They usually let me know first and it's not a problem" and "I've got no complaints. I do know how to complain".

The registered manager kept a log of compliments, concerns and complaints. The service had received three complaints in 2014 and 2015 as well as a range of compliments from people and their carers who had been supported by the service. The complaints were clearly recorded and the service had carried out a full investigation. The registered manager identified changes which could be taken and discussed them with care support workers at a reflective practice meeting.

The registered manager and care managers used a range of systems to seek people and their relative's views on the service they received. This included a quality assurance survey and annual reviews of people's care. People and their carers told us they were asked for their views. Comments included: "We've had reviews and we have had people coming round at least yearly or more regularly";

Is the service responsive?

“They have checked up to see how it’s going. I’ve got to know them at the office ok and I can ring them most times” and “They ask for our views and what we think is important”.

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the management of the service. People and their carers told us communication was good and they had positive relationships with care managers, the registered manager and office staff. Comments included: "When we've called them, they are always very professional"; "It's impressive that the office have mainly kept the same people to help us as well. The office staff know of us" and "I can talk to them, I have a 100% confidence in them. The managers are very good".

People and their carers had regular contact with the care managers and told us they were approachable and friendly. Comments included: "The people in the office know us well, they are approachable, nothing is too much trouble"; "I've met the managers, they're approachable, I got satisfactory answers to my questions" and "I feel they listen to us, I raised things at the start, they were quick and efficient to deal with my queries".

The registered manager and care managers promoted a culture that put people at the centre of everything. Care support workers were committed to the service and were positive about the management. Comments included: "You can always get support from the managers. Always very approachable and the office has a friendly atmosphere"; "I can always contact them" and "Both care managers are so supportive, if my manager is not around, I can speak to the other one. They have different backgrounds and they're both knowledgeable".

There was a clear management structure in place for the service. The service employed two care managers who were responsible for the day to day running of the service. The registered manager provided them with support and leadership. The registered manager was managed and supported by a chief executive officer, who in turn worked to a board of trustees. Staff at every level spoke positively about the support they received and clearly knew the vision and goals of the service.

The registered manager ensured people were given the information they needed and promoted an open and transparent culture. Every year the service produced an annual report, this provided information to people, their carers, care support workers and stakeholders of key aspects of the service, finances, as well as the vision and

mission statement of the provider. The registered manager told us they had been concerned about the lack of complaints they had received regarding the service and had taken opportunity to ensure people and their carers knew how to complain. This included sending out new complaints leaflets and referring to complaints in newsletters which were given to people and were accessible in the offices. Everyone we spoke with told us they had no complaints.

The service was looking at ways to provide further support to people who received a service, this also included providing events in the community. This had been identified as a priority as there was a large waiting list of people wishing to access the service and this may provide people with some support they did not already have. The service had engaged with a club for people who were concerned about their memory or that of someone they know. The outcome of these sessions was to provide a reassuring environment filled with opportunities for people to access the community, and to enhance carer's confidence and their ability to care effectively. One carer told us, "We went to singing for the brain. We got a lot out of it. They help people to join in. I think we're very lucky".

We spoke with the manager of the out and about service provided by Crossroads Care. They arranged a programme of activities, which included skittles, access to sporting events such as rugby, football and horse racing. People and their carers could pick events they would like to go to, which were at an additional cost from the services provided. People and their carers spoke highly of this programme and the additional support it provided them.

Crossroads Care deliver the Carers Emergency Scheme (This is a scheme which provides emergency support in the event the main carer is unavailable), which involves them working collaboratively with other organisations, the local authority and healthcare professionals to ensure the care is delivered in a safe and effective way. The registered manager told us they had received a very high number of compliments from clients who have used the scheme during a time of crisis when the family carer has been incapacitated. One compliment documented the gratitude a carer had for the scheme. One carer told us the service was very responsive and supported them through the service's carer's emergency scheme. They said, "I had a fall

Is the service well-led?

myself as well and I rang our neighbour and then my daughter called the carers emergency scheme, and they (care support workers) were then here to help out. They were here for 48 hours”.

The provider carried out annual internal audits of the service. The last audit was carried out in June 2015. This audit identified actions which the service needed to take, such as promoting the complaints policy and providing evidence of the responsiveness of the service. Where an action had been identified there was clear instruction of how this action was to be completed and on who was responsible for the action. Where actions had been completed they had been signed off and changes had been made.

Care support workers were encouraged to be involved in projects. The service were looking to increase the number of care support workers employed, and set up a project which included care support workers to look at new ideas

for attracting potential employees. Care support workers came up with an idea to change the advert the provider used. The registered manager told us this had had a positive impact.

Care support workers told us they had the information regarding people’s needs and the service they needed and were informed of any changes. The provider had carried out a restructure of the service in 2014 and 2015. The chief executive officer ensured support workers were informed of the changes, and the impact the changes would have for people and their carers. Care support workers were supported to voice their questions and concerns. The chief executive officer promoted a system for questions to be raised and answered to ensure everyone had the information they needed. One care support worker told us, “It was a clear process. We were supported to ask questions and get the information we wanted”.