

The Edward Lloyd Trust

The Edward Lloyd Trust

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 was an unannounced inspection carried out over two days on 16 December 2014 and 5 January 2015.

We last inspected The Edward Lloyd Trust on 16, 17 and 18 October 2013. At that inspection we found the service was meeting all of its legal requirements.

The Edward Lloyd Trust is registered to provide personal care to children and adults with learning disabilities. People are supported by staff to live individually in their own homes or in small groups, referred to as independent supported living schemes. Different levels of support are provided over the 24 hour period dependent

upon people's requirements. Many of the people are tenants of their home and pay rent for their accommodation which is leased from housing associations. The main Trust office is accessible for people to visit.

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.

Summary of findings

Due to their health conditions and complex needs not all of the people who used the service were able to share their views about the support they received.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

People told us they felt safe. They were relaxed and appeared comfortable with the staff who supported them. One person said; "I've always been safe with the staff. I feel very relaxed with them." Another said; "I make my own meals but staff help sure I'm safe." One relative told us; "(Name) is extremely safe."

People received their medicines in a safe and timely way. People who were able, were supported to manage their own medicines. One person said; "They make sure I've taken my medicines and I can't recall any mistakes." Another said; "Staff don't help me with my medicines."

There were enough staff available to provide individual care and support to each person.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs.

People who used the service had food and drink to meet their needs. Some people were assisted by staff to plan their menu, shop for the ingredients and cook their own food. Other people received meals that had been cooked by staff.

Staff knew the people they were supporting well and we observed that care was provided with patience and kindness and people's privacy and dignity were

respected. People commented; "The staff are always polite and pleasant. They have a good work ethos." Another said; "We think the team in our opinion is excellent." And; "Staff chat with me. Most are easy to get on with and they are okay." Another said; "It's really good and I like the staff. I've had the service a few years."

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. The records gave detailed instructions to staff to help people learn new skills and become more independent. One person said; "Staff help me make my meals."

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were supported to contribute and to be part of the local community. One person said; "The staff helped me to work. I was sent a form and I applied and got the job."

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

People were supported to maintain some control in their lives. They were given information in a format that helped them to understand if they did not read. This encouraged their involvement in every day decision making.

People had the opportunity to give their views about the service. There was regular consultation with people and/or family members and their views were used to improve the service.

A complaints procedure was available and written in a way to help people understand if they did not read. People we spoke with said they knew how to complain but they hadn't needed to.

The provider undertook a range of audits to check on the quality of care provided.

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 kept safe as systems were in place to ensure their safety and well-being at all times. People were supported to manage and receive their medicines in a safe way.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

People were supported to take acceptable risks to help promote their independence such as to travel independently, to learn to make a meal and to manage their medicines.

There were enough staff employed to provide a supportive and reliable service to each person. They were appropriately checked before they started employment. Staff had guidelines to safely manage and provide consistent care to people who displayed distressed behaviour.

Good



Is the service effective?

The service was effective. Staff had a good understanding and knowledge of people's care and support needs.

People's rights were protected because there was evidence of best interest decision making, when decisions were made on behalf of people and when they were unable to give consent to their care and treatment.

People were supported to eat and drink according to their plan of care.

People received appropriate health and social care as other professionals were involved to assist staff to make sure people's care and treatment needs were met.

Good



Is the service caring?

The service was caring. Relatives and people we spoke with said staff were kind and caring and they were complimentary about the care and support staff provided.

A range of information and support was provided to help people be involved in daily decision making about their care and support needs.

People's rights to privacy and dignity were respected and staff were patient and interacted well with people.

People were supported to maintain contact with their friends and relatives. Staff supported people to access an advocate if the person had no family involvement. Advocates can represent the views and wishes for people who are not able express their wishes.

Good



Is the service responsive?

The service was responsive. People were encouraged by staff to be independent and to maintain some awareness and control in their lives.

Good



Summary of findings

People received support in the way they wanted and needed because staff had detailed guidance about how to deliver people's care. Care plans were in place and up to date to meet people's care and support requirements.

People were supported to live a fulfilled life, to contribute and be part of the local community. Some people worked, attended college or evening classes or attended drop in facilities to meet other people.

People were encouraged to take part in new activities and widen their hobbies and interests. They were supported to take holidays in this country and abroad.

Is the service well-led?

The service was well-led because a registered manager was in place who encouraged an ethos of involvement amongst staff and people who used the service.

Communication was effective and staff and people who used the service were listened to.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

The registered manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Good



The Edward Lloyd Trust

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.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams. We did not receive any information of concern from these agencies.

This inspection took place on 16 December 2014 and 5 January 2015 and was an unannounced inspection. It was carried out by an inspector and an expert by experience. An

expert-by-experience is a person who has personal experience of using or caring for someone who uses a service for people with a learning disability. During the inspection the inspector visited the provider's head office to look at records and speak with staff and after the inspection the inspector visited some people who used the service to speak with them and the staff who supported them. An expert by experience carried out telephone interviews with some people who used the service and some relatives.

As part of the inspection we spoke with 12 people who were supported by Edward Lloyd Trust staff, two relatives, five support workers and the registered manager. We reviewed a range of records about people's care and checked to see how the schemes were managed. We looked at care plans for four people, the recruitment, training and induction records for four staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and the quality assurance audits that the registered manager completed.

Is the service safe?

Our findings

People who used the service said they felt safe. Relative's also confirmed people were safe. Relatives commented; "(Name) is extremely safe." And; "Yes, he is physically safe." And; "(Name's) medicines is done very well and charted and noted." Other people commented; "Staff want to be with me to keep me safe but I like to do things myself. I know that can be dangerous." Another person said; "They make sure I've taken my medicines and I can't recall any mistakes." And; "I feel very safe I've had no injuries or accidents- touch wood." Another said; "I've always been safe with the staff. I feel very relaxed with them." And; "I make my own meals but staff help make sure I'm safe for example, with heavy pans and the oven." Another person said; "I'm kept safe but able to do what I want."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They told us, and records confirmed they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs. They described when a safe guarding incident needed to be reported. We received feedback from the local authority safeguarding team about the positive way in which the registered manager had responded to previous safeguarding concerns. They confirmed that two safeguarding incidents had been raised with them, which had been appropriately investigated by the provider and resolved where substantiated.

All of the staff had received training with regard to how to support distressed behaviour. Support plans were in place to provide clear instructions for staff to follow that detailed what might trigger the behaviour and what they could do to support a person to keep them safe. Where incidents had occurred, we saw that the staff had received advice from external healthcare professionals, such as the behavioural team and psychologist. This provided staff with specialist support to help some people manage their behaviour, which had resulted in fewer incidents happening.

Some people who used the service told us they attended some training courses such as health and safety and fire safety to make them aware of safe procedures and to help keep them safe.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. These were also in place to help maximise people's independence and to encourage positive risk taking and at the same time keep people safe. They included for example, travelling independently, managing medicines, budgeting and cookery and kitchen skills. Each assessment had clear instructions for staff to follow to ensure that people remained safe. Our discussions with staff confirmed that guidance had been followed.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased or decreased as required. As the service supports people to learn new skills and to become more independent in activities of daily living a person may over time require less staff support.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at head office. We were told all incidents were audited by the responsible person at head office and action was taken by the registered manager as required to help protect people. For example, a person who drank too quickly was given support at meal times to reduce the risk of choking and a speech and language therapist became involved to advise about swallowing difficulties.

We checked the management of medicines. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. Suitable checks and support were in place to ensure the safety of people who managed their own medicines. Care plans were in place that detailed the guidance required from staff to help people safely manage and be responsible for their own medicines.

Is the service safe?

Staff had been recruited correctly as the necessary checks had been carried out before people began work in the service. We spoke with members of staff and looked at four personnel files to make sure staff had been appropriately recruited. One relative said they had chosen the staff to support their family member and the agency carried out the vetting checks. They said; “They (the provider) chose the staff, though we selected the people we wanted to be

recruited.” We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

Is the service effective?

Our findings

Staff were positive about the opportunities for training. Comments included; “There’s plenty of training.” “I can request training courses.” People who used the service commented; “I think the staff are well trained to understand me.” “They seem well trained to me.”

Staff told us when they began work at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work.

The staff training records showed staff were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people’s needs and this included a range of courses such as; epilepsy, distressed behaviour, communication, individual care planning, equality and diversity, dementia, counselling and autism. The registered manager told us staff received eight and a half training days annually.

Staff said they received regular supervision from the management team, to discuss their work performance and training needs. One person said; “I have supervision every two months.” Staff told us they were well supported to carry out their caring role. They said they had regular supervision to discuss the running of the service and their training needs. They said they could also approach the registered manager and other managers in the service at any time to discuss any issues. They also said they received an annual appraisal to review their work performance.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people are looked after in a way that does not inappropriately restrict their freedom and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA and related Deprivation of Liberty Safeguards (DoLS). They had a good understanding of the MCA and best interest decision making, when people were unable to make decisions themselves. The registered manager told us an Independent Mental Capacity Advocate (IMCA) had become involved, as required by the MCA, because a person without capacity had needed to be admitted to hospital for some medical treatment and they

were frightened and would not give consent. The IMCA had worked with the person and staff who supported the person. They had liaised with the hospital to help make sure the required visit and treatment took place and the experience was less traumatic for the person.

The registered manager was aware of a supreme court judgement that has clarified the meaning of deprivation of liberty, so that staff would be aware of what processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. The registered manager was aware the deprivation of liberty process was not applicable within the supported living environment as people were tenants in their own house therefore advice was being taken from the local authority about the Court of Protection process. The Court of Protection will consider an application to appoint a person for example, a person’s relative, to make them a court appointed deputy to be responsible for decisions with regard to their relative’s care and welfare and finances where the person does not have mental capacity. The registered manager told us an application had been made to the Court of Protection, by the relevant authority, for a person because visual monitors were used in a person’s house to keep him safe and because 24 hour staffing was required.

People who used the service were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their ‘best interests’. The registered manager told us they worked with the local authority to ensure appropriate capacity assessments were carried out where there were concerns regarding a person’s ability to make a decision.

We checked how the service met people’s nutritional needs and found that people had food and drink to meet their needs. People received care to support them in activities of daily living. They required different levels of support. For example we saw a staff member assisted a person to make drinks and helped them to prepare their meal. Many people we spoke with said they were supported to make their own meals. They were helped by staff to plan their weekly menu, shop for their food and were supported to cook their own meals. People commented; “Staff help me have healthy meals. I have to.” And; “I can’t eat cakes or biscuits

Is the service effective?

and have to be careful.” “I’ve lost some weight and that is good.” Another person said; “Staff put it in the oven and I can help.” And; “I make my own meals and I choose what I want to eat.”

People’s care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Risk assessments were in place to identify if the individual was at risk of choking or malnutrition. We noted that the appropriate action was taken if any concerns were highlighted. For example a speech and language therapist had become involved for a person at risk of choking.

People who used the service were supported by staff to have their healthcare needs met. People’s care records showed that people had access to GPs, dieticians, opticians, dentists, nurses and other personnel. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. Records showed some people were aware of their condition and health needs and written guidance was available for staff to recognise signs for when a person may know they were unwell. For example a record

said ; “(Name) is amazing the way they manage their epilepsy.” The person would put themselves on the ground before a seizure. People commented; “They (staff) will go to the doctor’s with me.” And; “I have check-ups at the doctors, I went last week.” A relative said; “(Name’s) notes ensure regular medical and other check-ups. There’s a detailed care plan and everything is covered.” A staff member said; “(Name) has to lose weight because of a medical condition so (name) follows diet and “Zumba” exercise classes to make this more fun.”

Records showed people who used the service were supported by staff to be involved in all aspects of decision making about their care and treatment. For example; a speech and language therapist had worked with staff to develop a “medical passport” that contained medical information in pictorial format with Makaton (Makaton is a method of communication using symbols and signs) and signs for a person who was hearing impaired. This meant the person could take the file to medical appointments and be actively involved in discussions about their symptoms and the treatment.

Is the service caring?

Our findings

People who used the service and relatives were complimentary about the care and support provided to people. People commented; “Staff chat with me. Most are easy to get on with and they are okay.” And; “It’s really good and I like the staff. I’ve had the service a few years.” Another person said; “The staff are polite and respectful. They’re never unpleasant.” And; “It’s very good.” “I like the staff, they’re nice to talk to, good to get on with.” Other people commented; “The staff don’t get angry or shout or get nasty. They’re nice people.” “It’s been brilliant, it’s the staff they are very kind and helpful indeed.” And; “The staff are good to get on with.” “It’s nice to get their support with things. If they’ve helped me I’ve done really well.” Relatives we spoke with said; “We think the team in our opinion is excellent.” “(Name’s) personal care is done with both dignity and safety and they get him to wash his own hair. “The staff are always polite and pleasant. They have a good work ethos.”

People who used the service were supported by staff who were warm, kind, caring and respectful. They appeared comfortable with the staff who supported them. During the inspection we saw staff were patient in their interactions with people and took time to listen and observe people’s verbal and non-verbal communication.

People were encouraged to make choices about their day to day lives. One person told us; “It’s my choice ...we go all over.” And; “Staff help me look after my money and they help me shop. It’s my choice where we go.” And; “I can get up and go to bed when I want.” Not all of the people were able to fully express their views verbally and staff used pictures and signs to help the person to make choices and express their views. We saw pictures were available to help the person make a choice with regard to activities, outings and food.

People told us they were involved and kept informed of any changes within the organisation and staff kept them up to

date with any changes in their care and support. We saw information was made available in a way to promote the involvement of the person. For example, visually by use of pictures or symbols if people did not read or use verbal communication. We saw evidence of this with the complaints procedure, assessments and care records. All people’s records advised staff how to communicate with the person. For example; “(Name) does not always respond to verbal communication and uses visual information to aid their comprehension.”

People told us they were involved and they said they were listened to. We saw people were involved in the selection of staff and they attended some training courses such as advocacy and confidence building. We saw other suggestions for training from people who used the service included; healthy eating and money matters. People told us they were involved in regular individual meetings to discuss their care and support needs which also included discussion about their dreams and aspirations. They were involved in monthly meetings to discuss the running of the household and asked for any suggestions or areas for improvement.

Staff respected people’s privacy and dignity and provided people with support and personal care in the privacy of their own room. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people’s dignity. We saw staff knocked on a person’s door and waited for permission before they went into their room.

The registered manager told us people who did not have relatives to provide advice and support to them would be supported by an advocate. Advocates can represent the views and wishes for people who are not able to express their wishes. An advocate would become involved where a person needed to have additional support whilst making decisions about their care. Reference was made to the use of advocates in the information guide given to people who used the service.

Is the service responsive?

Our findings

Some people we spoke with said they had been supported by staff from the service for several years. They all said they were involved in discussions about their care and support needs. Comments included; “We have reviews and do joint planning.” “We do have meetings when I can say what I like or not...reviews.” Another person said; “We have a meeting every month and I can say what is good or not good.” And; “Staff pop around and have a chat and we fill a questionnaire to see how everything is going.” Another person commented; “We have meetings, they (staff) come to see me and they take things on board. For example they make changes to times of visits if I ask them.”

We noted a copy of people’s care records were not available at the main office but rather the only copy was available at the person’s house. This meant staff at the main office did not have access to people’s care records to manage the regulated activity and to co-ordinate and arrange people’s care and support.

Assessments were carried out to identify people’s support needs and care plans were developed that outlined how these needs were to be met. Care plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need. People we spoke with commented; “They (staff) help me around the place. Mainly with cleaning and cooking.” And; “I can look after myself and sort out my own clothes.” Another said; “I don’t need any support in my flat. They (staff) help me go out.” And; “They help me look after my money and they help me shop.” Other people commented; “I do my own cleaning and hoovering. Staff help me if I move things or pictures.” And; “They (staff) call every day. They get me out and tidy and sort things with me, but I can do a lot myself.” And; “I get money with their help, they explain things to me.”

Detailed records were in place for the management of some people’s behaviour which could be distressed. These people had care plans to show their care and support requirements when they were distressed. The care plans gave staff guidance with regard to supporting people. Information was available that detailed what might trigger the distressed behaviour and what staff could do to support the person.

People’s care records were up to date and personal to the individual. They contained information about people’s likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Family members told us they were kept informed and were invited to any meetings to discuss their relative’s care. A person who used the service commented; “I had a review with the boss, (Name), Me and Mum. I’m going to get a new mattress and cover. I made the decision.” Another relative commented; “We have reviews and do joint planning like that needed for activities.” People and their relatives told us they were supported to keep in touch and in some cases helped to visit and spend time with family members. One person commented; “I saw Mum yesterday.”

Records showed people were supported to become part of the local community. People said they were supported to follow their interests and hobbies. Comments from people included; “We sometimes go to the cinema. I like them (staff) to help me play golf.” And; “I mainly like to play football.” Another person said; “It’s really worked for me.” And; “I do go out on my own.” And; “I go to swimming, drama, bowling and computing.” Another person said; “They (staff) know I like to go clothes shopping.” “It’s my choice what we do, I’m going to the pantomime.” “Staff take me all over. I go out a lot.” “Staff help me to go round town and to coffee mornings.” A relative said; “(Name’s) plan includes activities like swimming.”

People were supported by staff to go on holiday either individually or in a small group. One person commented; “I went on holiday to Windsor Park and it was good.” Records showed a household had visited the Yorkshire Dales but they wished to holiday individually this year. Another person wanted support to travel by aeroplane and holiday abroad. Staff obtained brochures for people to help them a choice.

People told us they were supported to try out new activities. They told us they were supported to go to work, attend college or day placements and evening classes if they wanted. One person said; “The staff have helped me to get a job, I filled out an application form and I now go to work every Friday.” Another said; “I go to the centre every week and meet my friends.” And; “I like to go to Byker farm.”

Is the service responsive?

Another person said; “I go to the drop in centre and meet people.” And; “I go to Sound.” (Sound is a music resource run by the organisation where people meet and create sound and music.)

People said they knew how to complain and they thought if they made a complaint they would be listened to. They had a copy of the complaints procedure that was written in a way to help them understand if they did not read. A record of complaints was maintained. Two complaints had been received and investigated since the last inspection. A relative said; “We have had no formal complaints within the

last 18 months but had a serious complaint about five years ago.” People who used the service said they could talk to staff if they were worried and raise any concerns. Comments included; “So far I’ve not needed to complain. If I needed to I could get help to complain.” And; “I’ve had no complaints. “I would tell staff if I needed to but I haven’t needed to.” And; “I would complain if I needed to. I can also tell my Mum.” Another person said; “I once complained about a staff member who was rude to me and they took them off my rota.”

Is the service well-led?

Our findings

The service is well-led. A registered manager was in place. She had become registered with Care Quality Commission in January 2011. The registered manager, who was also the registered provider understood their role and responsibilities. They had ensured that notifiable incidents were reported to the appropriate authorities and independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

The organisation and registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. The culture promoted person centred care, for each individual to receive care in the way they wanted. Staff received a company handbook when they started to work at the service to make them aware of conditions of service. They were also made aware of the rights of people with learning disabilities and their right to live an “ordinary life.” Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The registered manager said seven people who used the service were employed by the organisation. There were plans to provide more employment opportunities when they became available.

The organisation communicated well with people who used the service. A service user forum was established by the registered manager and trustees in 2013. The registered manager said it was a way to get feedback from people who used the service about the organisation’s strategic and operational planning. It was an opportunity for people who used the service to be involved and help influence the running of the organisation. Forum members said they “represented the voices of people who used the service to make their lives better.” Any person had the opportunity to attend. Meetings were held quarterly. We saw suggestions were made by people who used the service to meet more regularly and to also use the meetings as an opportunity as a social get together. We saw this suggestion was actioned and a “Meet and Eat” club was established to meet six

weekly at a venue near to where people lived. We saw a meeting was due to take place at the Chillingham Arms later in the month to discuss information from the last “board room” meeting, Christmas and findings from a recent survey.

An annual black tie awards event also takes place with people who use the service. They enjoy a dinner dance as part of the evening and awards are distributed to people for achievement and diligence.

A newsletter was sent out approximately six monthly to people to let them know what was happening in the organisation. It also had a social aspect as it advertised events and shared news and stories around the services.

Staff commented they thought communication was good and they were kept informed. They told us they received a shift handover from the person in charge to make them aware of any changes and urgent matters for attention with regard to people’s care and support needs. A communication diary was also used to pass on information and recorded any actions that needed to be taken by staff. Staff attended team meetings monthly chaired by the team leaders of individual households and separate staff meetings took place with the registered manager. Staff could give their views and contribute to the organisation’s running. Areas of discussion included; staff performance, health and safety, safeguarding and support worker duties.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of monthly, quarterly and annual checks. They included; the environment, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required. The annual audit was carried out to monitor the safety and quality of the service provided.

The registered manager monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to staff and people who used the service. Staff meeting minutes also contained feedback from other professionals who worked with staff. We saw surveys had been completed by staff and people who used the service. We were told by the registered manager a

Is the service well-led?

survey was carried out each year. We saw the findings from the 2013 service user survey were very positive but the 2014

results were not yet available. We saw results from the staff survey in 2014 had been analysed and staff described the organisation as; “forward thinking and a service user and staff centred organisation.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.