

H.G. Care Services Limited

HG Care Services Limited

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 ●

Summary of findings

Overall summary

This inspection was undertaken on Friday 07 October 2016. We provided 48 hours notice for the inspection so that management would be available at the head office.

HG Care Services Limited provides 24 hour domiciliary care and support to adults and children in their own home. The service's office is located in Stockport near Manchester. The service provides care and support to people in Stockport, Rochdale and Manchester areas.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people we spoke with told us they felt safe. The staff we spoke with had a good understanding about safeguarding and whistleblowing procedures and told us they wouldn't hesitate to report concerns.

We found medication was handled safely and people received their medicines at the times they needed it. We looked at how medication was handled at two of the houses we visited. Staff told us they had received relevant training and management conducted regular checks, to ensure staff gave people their medication safely.

The service used a call monitoring system. This enabled management and staff in the office to check care was being provided to people at the correct time of day and in line with people's care package requirements. Staff spoken with didn't raise any concerns about staffing numbers, and felt there were enough to care for people safely.

We saw staff were recruited safely, with appropriate checks undertaken before staff began working with vulnerable adults.

The service had a training matrix to monitor the training requirements of staff. This showed us staff were trained in core subjects such as; safeguarding, moving and handling, medication and health and safety. Staff told us they received sufficient training to undertake their roles and said they felt supported.

People told us staff helped them to maintain good nutrition and hydration. People said staff always left them with something to eat and drink before leaving their house.

We saw staff received regular supervision as part of their on-going development. This provided an opportunity to discuss their workload, concerns and training opportunities. We saw records were maintained to show these took place.

The people we spoke with told us they were happy with the care provided by the service. People told us staff treated them with dignity and respect and promoted their independence where possible.

Each person who used the service had a care plan with a copy held at the office and in their own home. This provided staff with guidance about how to deliver care to people. The care plans we looked at were person centred and provided information about people's likes, dislikes and life histories.

The service sent satisfaction surveys to people who used the service and their relatives. This provided the opportunity for people to provide feedback about the service and recommend how the service could be improved.

There was a complaints procedure in place. We saw complaints were responded to appropriately. People were given a service user guide which detailed the process people could follow if they were unhappy with the service. We saw the service had also received many compliments from people regarding the services they received.

People who used the service and staff told us they felt the service was well managed. Staff told us they felt well supported and would feel comfortable raising and discussing concerns.

We saw there were systems in place to monitor the quality of the service provided. This was done in the form of regular spot checks and observations of staff undertaking their work. We saw medication competency assessments were also carried out. This provided management the opportunity to see how staff worked and make adjustments/suggestions to improve the service people received.

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 was safe.

The people we spoke with told us they felt safe as a result of the care they received.

We found people were given their medication safely and at the times they needed it, with MAR sheets accurately completed.

The staff we spoke with displayed a good knowledge of whistleblowing and safeguarding adults and could describe the process they would follow if they had concerns.

Is the service effective?

Good ●

The service was effective.

We found staff had received training in core topics and staff told us they felt supported to undertake their work

People told us staff sought consent before providing care.

People told us staff supported them to maintain good nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

The people we spoke with told us they were happy with the care and support provided by staff

People told us they were treated with dignity and respect and were allowed privacy at the times they needed it.

People said they were offered choice by staff, who promoted their independence where possible.

Is the service responsive?

Good ●

The service was responsive.

The care plans we looked at contained person centred information about people's likes, dislikes and social histories. This enabled staff to provide person centred care.

People told us the service were responsive to their needs.

We saw complaints were responded to appropriately.

Is the service well-led?

The service was well-led.

The manager conducted regular spot checks and observations of staff undertaking their work.

People who used the service and staff told us they felt the service was well-led.

We saw team meetings and management meeting were undertaken to discuss work and concerns.

Good ●

HG Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was undertaken on 07 October 2016. The inspection was announced 48 hours in advance so that management would be available at the head office. The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any safeguarding or whistleblowing information we had received, or any particular complaints about the service. We also liaised with the local quality assurance team based at Stockport Council, to see if they had any information to share with us.

At the time of the inspection the service provided care and support to approximately 400 people, although only around 190 people were in receipt of personal care. As part of the inspection we spoke with the director, general manager, training officer, compliance officer, safeguarding lead/assessor, office manager, 10 care staff and 18 people who used the service or their relatives. Of the 18 people we spoke with, two were visited in their own homes where we looked at how medication was handled.

We also spent time at the office looking at various documentation including four care plans, seven staff personnel files, policies/procedures, staff training records and quality assurance documentation. We also reviewed two MAR (Medication Administration Records) when we visited people at home.

Is the service safe?

Our findings

The people we spoke with told us they felt safe as a result of the care they received. One person said to us; "The staff we've got now cause me no concerns at all. I have had issues in the past but they have been sorted because I stopped them from coming here". Another person said; "No safety concerns". A relative also told us; "Yes, [person] is safe. They use the correct equipment. [Person's] skin has improved. The pressure care is excellent. [Person's] skin had broken down after being in hospital and the care staff have got it back to how it needed to be and maintained it". Another relative added; "No concerns, I know [person] is definitely okay with them. I did wonder if something happened, would they tell me and I can tell you that they have told me everything that I've needed to know straight away".

During the inspection we spoke with staff and asked them about their understanding of safeguarding vulnerable adults and whistleblowing. We saw there was a policy and procedure available for staff to refer to, with the induction and mandatory training further strengthened staff's knowledge in this area. Each member of staff could clearly describe the process they would follow if they had concerns about people's safety. One member of staff said; "Safeguarding could be abuse, malnutrition, cleanliness, or people not having enough food. I'd report to the office and make a note of everything. If it wasn't dealt with I'd contact CQC, social services and higher up in the company". Another member of staff said; "I've attended training with Stockport council. Abuse could be physical, emotional, and financial or neglect. I'd speak to the person, reassure them and report it to the office. I wouldn't necessarily tell their family because it could be related to them. It would depend on the circumstances". A third member of staff added; "Safeguarding could relate to a host of things. For example, it would be a safeguarding issue if the person required two people to hoist them and only one person did it. Also faulty equipment. I always check the wheelchair. That could be neglect. Any concerns would be reported back to management".

We checked to see if there were sufficient staff working for the service. The service used a call monitoring system to ensure that people received their care at the correct times and in line with their care package requirements. We were shown the system and saw that care staff had undertaken care visits at the times they were required. We saw that staff and management monitored the system closely, so that they could quickly identify if calls were missed or late and respond accordingly. The staff we spoke with felt there were sufficient staff working for the service. One member of staff said; "There seems to be enough staff. We would know people before we visit them if we were asked to cover a shortage or something". Another member of staff said; "We visit the same people so other carers in our team would pick up the visit if I was unwell. Continuity is important to people and we provide that". A third member of staff also told us; "There is enough staff. If there is a gap, we help one another out. We work as a team". A fourth member of staff told us however; "I don't think there is enough staff at the minute. They took on a new contract of 100 hours plus, which starts in a few weeks and I'm not sure how that's going to be covered".

The people, who used the service and their relatives that we spoke with told us they felt there were sufficient staff working for the service. People told us staff were occasionally late, but accepted this could often happen. We were also told missed visits were rare. One person said; "Yes, the care team I have stay for the required time. They are as near to being always on time as can be. On occasions they have been later but it

has been due to the visit before and something has happened. I understand that and they will always text and let me know. They have also stayed with me longer when required and they are not paid for that, they are very flexible". Another person said; "The carers are prompt and it's the same carers that visit. They don't always stay for the full time but that's because it suits us. It's goodwill. They don't rush and they've offered to do more to make up the time but it's not necessary". A third person also said; "The carers are as reasonably near to the time as they possibly can be. There have been a few occasions when they have been later because of an incident before my visit but they let me know. I have peace of mind that they will always come. They are reliable".

We asked staff how they would respond if they found people had serious health conditions whilst delivering care. One member of staff said; "If I visited person and they had a temperature, appeared confused, had a reduced appetite, had fallen, or I observed a change in their general wellbeing, I would ring their GP and schedule an appointment and contact their families. If it was life threatening, I'd call 999, the family and report to the office". Another member of staff said; "If people were losing weight, not drinking, or had changes in them, I would be concerned. Depending if they lived on their own or with family. If they had family I would report my observations to family and then the office. If the person didn't have family, I'd contact their GP". A third member of staff added; "If the person was different, or they were confused, I'd ring the office for advice and contact their family".

We checked to see if people received their medication safely. We visited two people in their home to look at how medication was handled. The medication records we checked were signed and up to date. People's care plans identified the support people received and provided guidance for staff to follow. We saw medication administration records (MAR) were returned to the office and stored appropriately, with audits also completed when returned to ensure they were being completed correctly. People and their relatives told us they had no concerns with how medication was managed and received their medicines at the correct time. One person told us; "I do feel a bit drowsy but I do my own medication. The carers do check that I have taken them though". A relative also added; "I do [person's] medication. I'm sure staff would be okay if they were required to because they are here at the times needed". Another person who used the service said; "Giving me my medicine is one of the first things they do when they arrive".

We saw staff received training to support them with the administration of medication and told us they had no concerns. One member of staff said; "I support with medication but it is in blister packs and the medication is documented on the MAR. I have no concerns. I always double check". Another member of staff said; "The required medication is always available. It is in blister packs. We've had medication training and we have competency assessments. I think they are every three months in line with supervision when we speak about medication too". Another member of staff added; "I do a PEG feed. I've had training with the District Nurses. Parents always run through it with you too. Anything to do with medication, even cough mixture, the parents do it".

People told us they felt safe within their own home. Some people who used the service lived alone and staff were required to use a key to access their house. We saw the keys were appropriately stored in a 'key safe' outside some of the houses we visited. This required staff to enter a pin code before gaining access so they could go in and deliver care safely, or if the person was unable to get to the door to answer it themselves. The staff we spoke with explained how they never discussed the pin codes to key safes in front of other people, or drew attention to the fact that people lived on their own.

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the service to ensure they were fit to work with vulnerable adults. During the inspection we looked at seven staff personnel files. Each file we

looked at contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks, interview questions and responses and evidence of references being sought from previous employers. These had been obtained before staff started work for the service and demonstrated staff had been recruited safely.

We found people had various risk assessments in place to keep them safe within their own home. These covered areas such moving and handling, inside the home, outside and garden areas, slips, trips, falls, the bathroom area and smoking. Each risk assessment we looked at provided an overview of how risks were being managed and the support people required from staff. We also saw accidents and incidents were monitored by the service. Where incidents had occurred, we saw there was a description of any actions taken in response.

Is the service effective?

Our findings

We asked both people who used the service and their relatives if they felt staff were good at their jobs and provided effective care and support. One person said; "Yes, the carers are efficient. They know what they are doing and they just get on with things. They do all sorts for me. Anything I ask of them". Another person said; "The carers that we have are mature. They are not new to doing care. They are well trained and have done this for some time. They cover shifts between them when they are off so we get consistency and continuity". A third person said; "I don't have any concerns. One of our carers is very experienced and the other one is less so, but they complement each other". A fourth person also said to us; "They are brilliant the ones we've got They've the knowledge, experience and skills".

There was a staff induction programme in place, which staff were expected to complete when they first began working for the service. The induction covered areas such as moving and handling, medication, safeguarding and health and safety. In addition to completing their induction, staff completed a period of shadowing where they could watch and observe a more senior member of staff. The staff we spoke with all told us they completed the induction when they first started working for the service. One member of staff said; "My induction involved going out with a few of the workers. I also did training; medication, first aid, safeguarding, moving & handling. I felt the induction was sufficient". Another member of staff said; "I had a standard two days training before I supported people which included; health and safety, moving and handling, first aid, safeguarding". Another member of staff added; "I had an induction which included training and I shadowed senior care staff over several days".

The staff we spoke with told us they received sufficient training in order to undertake their work effectively. Staff also told us they felt supported and received on-going supervision and appraisal to help them in their roles. We saw staff had received training in subjects such as safeguarding, moving and handling, medication, health and safety, infection control and fire safety. We were told all training was undertaken when staff first started working for the service, with updates done every 12 months following that, which were recorded on the training matrix. One member of staff said; "I have an National Vocational Qualification (NVQ) 2 in Health and Social Care. I've attended refresher courses that I completed in induction. We have regular supervision and an appraisal once a year". Another member of staff said; "I have NVQ 3 health and social care with youths and children. I've done manual handling, hoist, infection control, first aid. Supervision is every three months plus an annual appraisal". A third member of staff also reported; "I've done training in safeguarding, moving and handling, first aid and food hygiene. I've done enough I would say".

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. At the time of the inspection, there was nobody using the service who was subject to a DoLS (Deprivation of Liberty Safeguards), although we saw staff had completed training in this area and had an awareness of the legislation.

We spoke with staff about their understanding of MCA and DoLS. One member of staff said; "It's about whether people have got capacity to make decisions or where people have a cognitive issue. For example a person with dementia may not have capacity. People may have a power attorney; a relative or an advocate. If I had a concern about a person I visit, I would let the office know and speak to their family". Another person said; "A person not having capacity could affect finances, treatment and care. People sometimes have a family or nominated person to take these decisions in the event that this occurs".

The people we spoke with told us before receiving care, staff always asked them for their consent. Staff were also able to describe how they sought consent from people before delivering care. One member of staff said; "I always ask people what they want, if people have not taken their medication I would prompt the person. I always offer choices. For example clothing. I'd indicate whether it's hot or cold outside. Another member of staff said; "We say can I help and is that alright for you. We don't do anything without asking [people] first". A person using the service also told us; They wouldn't do anything unless I agreed. I let them know what I need doing when they are here. They always ask if there are other things that they've seen that may need doing before doing it". Another added; "Yes, I tell them from the minute they come in what I want doing. I start writing a list for next time or I'd forget".

We checked to see how people were supported to maintain adequate nutrition and hydration. This was an area, which was covered during the initial assessment process where it would be determined if people needed support in this area. We also saw that people had specific eating and drinking care plans in place, which detailed any risks staff needed to be aware of. There was also a record of people's preferred preferences of food, the level of support they required from staff and if they had any specific dietary requirements, relevant to religious or cultural needs. The people we spoke with said they received enough to eat and drink. One person told us; "Yes, we cooked a chicken together at weekend. They make sandwiches for me for later and will cling film them for me. They always prepare the things that I ask for". Another person said; "They'll help with breakfast in the morning. I usually tell them what I fancy and they can only make what I've got in. When I've not been sure what I fancy, they run through the choice of what I have in the cupboards".

We found staff had a good understanding of people's nutritional needs. We also spoke with staff and asked about their involvement in supporting people to maintain good nutritional intake. One member of staff told us; "We always get food when we are out. I always check whether the person has religious or cultural considerations when considering eating out. For example, halal. Or whether the person has any allergies that I would need to know about". Another member of staff said; "I support a person with Parkinson's and they require their food pureed. They have had a swallowing assessment with dieticians and district nurses".

Is the service caring?

Our findings

The people who used the service spoke positively about the care they received and described staff as kind and caring. One person said to us; "Oh yes. I know one of the carers has done washing for people in their own time. I know it can depend on the carer but the ones I've got do genuinely care". Another person said; "I can only tell you my experience. They are genuine and honest people. They are very kind and I trust them". A third person also told us; "The ones that visit us are kind and are very good. I'll be honest though I've had some that didn't communicate and I stopped them from coming again". A fourth person added; "I'm happy. I have a wonderful girl who is good at her job. She has done very, very well for me".

The relatives we spoke with as part of the inspection also told us they were happy with the care staff and felt they provided a good service. One relative said; "They are very kind, very good people. We have a chat and I hear them make [person] laugh and speak to them about their family. It's nice". Another relative added; "Yes, they seem kind and very caring. I hear them speak nicely to [person]. I know [person] has a favourite but they have been coming the longest and to be fair they are all good".

The people we spoke with said staff took their time when delivering care and had a gentle approach. One person said; "They never rush you. The carers have even stayed after the allocated time and won't leave you unless you are okay and everything you need has been done". Another person said; "I've never felt rushed or that the staff are rushing to get to the next visit. It's relaxed".

People who used the service and their relatives told us they felt involved and consulted in their ongoing care and support. One person said; "Yes, I've told them through their questionnaire when I've not been happy about something. The staff ask you". A relative said; "I am consulted about [person's] care. I oversee the care and they tell me whenever they have a concern". Another relative added; "I do if I need to change things. I'm confident they listen and they've changed how things are done when asked. It's done how we want it". Another person who used the service said; "Yes, I have a good relationship with the carers so we communicate about things all the time".

We asked people who used the service if they felt they were treated with dignity and respect by staff who cared for them. Staff were also able to describe how they aimed to do this when delivering care to people. One person said; "I feel that I am treated well. Staff did always knock but I've told them not to as I can't get to the door". Another person said; "Yes, I've always felt very comfortable. Curtains are closed, doors locked and I do the things I can for myself". A relative also said; "People wouldn't willingly choose to have their personal care done by other people if it wasn't a necessity. That said, the carers make [person] at ease, it helps that we have consistency of staff, they know what they are doing and always communicate with [person] when doing it. [Person] is comfortable with them". A member of staff also added; "When providing personal care, always keep people covered up and make sure people's bottom half is covered up. I always warm the towel on the radiator before using it. I make sure curtains are closed, especially when using the standing hoist. I ask visitors to leave and make sure people feel relaxed".

Staff were also able to describe how they aimed to promote independence when delivering care to people.

One member of staff told us; "I support a young man who is autistic. He had difficulty in social situations. We progressed significantly and now eats in a restaurant. [Person] has built confidence and I encourage them to ask for the bill. I offer plenty of reassurance and encouragement". Another member of staff said; "I always get people to do for themselves what they are capable of doing. We may do some tasks together. For example the washing up. The person can choose and either wash or dry. I keep people motivated by doing things with them". A third member of staff added; "One person I support is physically able but forgets. I prompt lunch, drinks and activities but they can perform the tasks themselves. It's just a matter of reminding the person to do it".

The staff we spoke with also had a good understanding about how to offer people choices about their care and support; One member of staff said; "Some people would be overwhelmed if you asked them to pick what clothes they were wearing that day but you can still give people choices; I ask people what colour would you like to wear and if they would like a skirt or trousers. It can be difficult until you have narrowed it down by giving the person those smaller options". Another member of staff said; "Always give people choices of clothes and food would be the obvious ones". A third member of staff added; "Choices about what people want to eat, choices of what people want to wear, what the person wants help with, where they want to go. Everything really".

Is the service responsive?

Our findings

The people we spoke with told us they felt the service was responsive to their needs and would recommend it to other people. One person said; "Yes, it's good. I'd recommend without hesitation". Another person said; "There are definitely worse companies, this one isn't too bad". A third person added; "It took a while, phoning to sort things but they've been sorted and I'm happy now. They do seem very organised".

We saw that before people's care package commenced, the service carried out an assessment of people's needs. This was done when receiving a referral from the local authority, which would then be followed up by the service conducting an assessment in people's own homes. We looked at a sample of initial assessments completed and saw they covered areas such as the persons background, their daily routine, dietary requirements, mobility, health conditions and moving and handling requirements. One person said; "They did an assessment and looked at what another care company had done and I told the care worker what I needed".

Each person who used the service had a care plan in place with a copy held at the office and also in their own home. This provided staff with guidance about how to deliver care to people. The care plans we looked at covered a wide range of care needs such as dietary requirements, mobility, moving and handling, medication, personal hygiene and communication. The care plans we looked at were person centered and provided information about people's likes, dislikes, life histories, previous employment, family background and cultural/religious beliefs. There was also detail about people's preferences of either a male or female care worker, or what their preferred choice of name was. This meant staff had relevant information available to them in order to provide person centred care.

We looked at the most recent satisfaction surveys sent to people who used the service. We saw people were asked for their views and opinions about staff arriving/staying on time, carrying out their tasks effectively, happy with the service provided, made aware of changes, aware of the complaints/compliments process and if they would like to recommend changes to the service. We noted that the vast majority of feedback and comments were positive, with people stating that they were happy with service provided and had no concerns. This system would enable management to respond appropriately to feedback from people and make changes accordingly.

The people we spoke with told us they had been asked for their opinion and views at different intervals; One person said; "Yes, I get a survey and I put on that what I think needs to change". Another person said; "They phone now and again and ask me similar questions to what you have done such as do the staff arrive on time, do they wear the correct uniform, are they kind and so on". A third person also told us; "Sometimes the carers have completed surveys with us which is a bit strange because if you did want to say something, it wouldn't be anonymous and you wouldn't want to cause offence".

People who used the service were also given the opportunity to make further comment about the service they received during reviews of their care package. We looked at a sample of these reviews and they covered areas such as communication needs, the care people received, mobility, changes to medication, assistance

with nutrition, if people wanted to make changes, impressions of the staff and timings/scheduling of visits. Reviews enabled management to see how each person's care package was progressing and allow people to make changes where necessary.

Staff displayed a good understanding of human rights/equality and diversity and told us they had never encountered problems adhering to people's preferences in this area. One member of staff said; "No, never been a problem. I support people with a halal diet and kosher diet. It is always factored in when considering where to eat". Another member of staff said; "We support people from many different cultures but there are different cultures working for the agency so there are no concerns. If a person wanted a person that shared their culture, it could be accommodated but it isn't something I've experienced". Another member of staff said; "It's people's lives, their house. I do what they want and people are supported how they want to be supported".

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. We saw complaints had been responded to appropriately. People told us if they needed to complain they would speak with staff or phone the office. The people we spoke with told us they had never had cause to make a complaint, but felt if they did, it would be handled appropriately. One person said; "The care staff didn't record for two weeks on the communication log which I did raise. It was resolved straight away. I had a couple of issues at the beginning with things but they were dealt with". Another person said; "I've complained before so it wouldn't stop me again if I had an issue. I've asked that certain carers don't come and they've responded and changed things around. I am very happy with the carers we have now".

The service had received compliment cards, praising staff in different areas. We looked at a sample of compliment cards received by the service. Some of the comments included; 'We are really pleased with member of staff and our relative enjoys going out on them with social visits', and, 'The staff are all doing a really good job and we want to thank them for everything they have done', and, 'I'm wanted to say a big thank you to our carer for being so supportive and helpful towards us' and 'I'm really happy with my carer and she is a credit to HG Care', and, 'HG have brightened up my life and they are all superb. I don't know what I would do without them'.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present during the inspection and our inspection was therefore facilitated by the director, general manager and other members of the office team.

Staff were motivated, positive about their role and felt there was a good culture within the organisation. They were clear about the objectives of the service. They were clear about their roles and responsibilities as well as the structure of the organisation and who they would go to for support if needed. Staff also said management listened to suggestions. One member of staff said; "Management are good at that. When we started supporting young people we were all in the dark initially. Activity lists, more information, getting things for free/discounts. We've learnt things and shared them". Another member of staff said; "We are a really good team. I'm really happy. Love the job and the people".

We asked people who used the service for their impressions of management. One person said; "I've had several conversations on the phone. I don't have a problem, the manager always phones back if they are not there at the time I've rung. I have confidence in the management which is important". Another person said; "I saw management at the beginning, I'd say in the first three to six months but there hasn't been a need since. They'd be at the end of the phone if needed". A third person also told us; "Management visited at the beginning and all the required information is in the file of who to contact and who the management are if required".

The staff we spoke with felt the service was both well – led and managed. Some of the comments from staff about management included; "Management are approachable, I feel supported", and, "Management are very supportive" and "Management are okay" and "The management are great" "They are good. If I want support it's there".

We found there were systems in place to monitor the quality of service within people's homes. This was done through spot checks and competency assessments of staff. We looked at a sample of these records and saw they provided a focus on if staff were wearing the correct uniform, if staff had arrived on time, if staff knocked before entry and treated people with respect, if infection control procedures were followed, if communications books were complete and any other general comments and observations made by the assessor. The service also undertook audits of medication sheets and communication books. This provided the opportunity for management to see how staff worked and to make adjustments where necessary to ensure people received an improved quality of service.

We looked at the minutes of recent management and team meetings, which had taken place. Some of the topics discussed included changes to policies and procedures, feedback from previous meetings, employee handbooks, service user guides and actions moving forwards. We also saw that issues raised in staff

meetings were also discussed at management level. For example where concerns had been raised about staff undertaking calls in different post codes, management had discussed how this could be improved where possible. Staff also had the opportunity to talk about things such as training, communication sheets, feedback from the recent newsletter and activity sessions for children. A member of staff told us; "Team meetings are every other month. We can contribute to meetings. Share information at staff meetings too. About activities available etc. Learn through the staff meeting that the Trafford centre is autistic friendly. There is a quiet room. Staff wear orange bracelet to signify autism trained".

The service had a range of policies and procedures in place, which would allow staff to seek further information and guidance regarding their work. The service were currently in the process of moving all policies and procedures from a paper based, to an electronic system. Staff would therefore have access to these with a username and password and be able to access them when out in the community.