Bright Avenues Limited

Bright Avenues Ltd Registered Office

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

We inspected the service on 19 January 2017 and the inspection was announced. The provider was given 48 hours' notice. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

Bright Avenues Limited Registered Office provides personal care and support to adults with learning disabilities living in their own homes. At the time of the inspection there were four people using the service.

At the time of our inspection there was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and their relatives told us that they felt safe while they received support from staff at Bright Avenues Limited registered Office. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. There were procedures in place to manage incidents and accidents.

Risks associated with people's support had been assessed and reviewed. Where risks had been identified control measures were in place to protect people's health and welfare.

There were a suitable number of staff to meet people's needs. They were recruited following the provider's procedures to makes sure people were supported by staff with the right skills and attributes. Not all checks had been completed before staff started work to make sure that they were suitable to work with people who may be vulnerable. . Staff received appropriate support through an induction and regular supervision. There was training available for staff to provide them with guidance and to update them on safe ways of working.

People received support with their prescribed medicines from staff who had completed training to do this safely. Records had not always been filled in correctly. Following our visit the provider told us that they had taken action to address this. Guidance was available to staff on the safe handling of people's medicines.

People were encouraged to follow a balanced diet. People were supported to maintain their health and well-being. This included having access to healthcare services such as to their doctor.

People were supported to make their own decisions. The registered manager had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us that they sought people's consent before providing support.

People were involved in decisions about their support. They told us that staff treated them with dignity and respect. We saw that people's records were stored safely and people were given information in ways that

helped them to understand it.

People were supported to develop skills to maintain their independence. Support plans contained information about people, their likes, dislikes and preferences.

People were supported by staff who they knew well. They received care that was centred on them as a person.

People and their relatives knew how to make a complaint. The complaints procedure was available so that people knew the procedure to follow should they have wanted to make a complaint.

People and staff felt the service was well managed. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. Staff mainly felt supported by the registered manager.

People and their relatives had opportunities to give feedback about the quality of the service that they had received. Systems and processes were in place so that checks were carried out on the quality of the service that was delivered.

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.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

There were a sufficient number of staff to meet people's support requirements. Staff had been checked for their suitability prior to starting work however not all checks had been carried out. The provider was taking action to make improvements.

People received their prescribed medicines from staff who were trained to administer these. However records had not always been completed correctly. The provider told us that they had taken to address this following our visit.

Is the service effective?

Good

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were asked for their consent by staff when offering their support.

People were encouraged to follow a balanced diet. They had access to healthcare services when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected.

People were involved in making decisions about how their support was delivered. People were given information in ways that helped them to understand it.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who knew them well.

People and their relatives knew how to make a complaint.

People received support that was centred on them as an individual.

Is the service well-led?

Good

The service was well led.

Staff were mainly supported by the registered manager and knew their responsibilities.

People, had been asked for their feedback on the service that they received.

The registered manager was aware of their responsibilities and checks were in place to monitor the quality of the service.

Bright Avenues Ltd Registered Office

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.

The inspection visit took place on 19 January 2017 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.
The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with two people who used the service. We also spoke with a relative of another person who used the service. We spoke with the registered manager, the provider and three support workers.

We looked at the care records of two people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at four staff files to look at how the provider had recruited and supported staff members.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe when they received support from staff. One person said, "They only use three different carers for me and one of them is the manager. I trust them." A relative told us, "Yes I feel that [person's name] is safe. The staff help out a lot."

Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "It is my responsibility to report it as soon as possible if I felt worried." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. The provider had policies to keep people safe from avoidable harm and abuse that staff could describe. We saw that staff had received training in protecting vulnerable adults. This meant that staff had received information on what to do should they have had concerns that people were at risk of harm.

Staff knew how to reduce risks to people's health and well-being. We saw that the provider assessed and reviewed risks associated with people's support. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk of falling. We saw that there were guidelines in place for staff to follow. These included a person being supported to keep their home as clutter free as possible and to ensure that rugs were flat without corners sticking up. This meant that risks associated with people's support were managed to help them to remain safe.

We saw that there was a business continuity plan. This identified what measures were needed to make sure that people still received their support in the case of an emergency such as a flood or flu pandemic. This meant that should an emergency occur, staff had guidance to follow to continue to provide the service.

The registered manager took action when an incident or accident happened. We saw that details of any incidents or accidents were reviewed by the registered including actions that had been taken. We saw that the registered manager notified other organisations to investigate incidents further where this was required, such as the local authority. For example, we found that a person had gone out with a member of staff and they had not taken a piece of equipment that was needed by them. We saw that the registered manager had investigated what had happened and why. They had put training and guidance in place for staff to make sure that this did not happen again. This meant that the provider took action to reduce the likelihood of future accidents and incidents.

People and their relatives told us that they felt there were a suitable number of staff. One person told us, "If my regular carer is not at work they send another experienced carer." A relative told us, "We have never had a time when there has not been staff who know [person's name]." Staff told us that they thought there was enough staff to meet people's needs. However, they felt it would be useful to have more staff introduced to each person to have more staff available for them. Although they told us that this had been tried. One staff member said, "There are enough staff depending on the person. They have tried to introduce new staff but [person's name] chooses who they want." The registered manager told us that the rota was developed around the staff that each person knew and preferred to work with. They told us that it was planned to make sure that people had the support they needed when they wanted it. They told us that if there were times

when staffing levels were low due to sickness or absence, that other staff or they would cover the shift to make sure that people had support from staff who they knew. This meant that staffing numbers were appropriate to meet the needs of people who used the service.

People could be confident that staff were usually recruited safely as the provider followed recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We saw within staff records that these checks mainly took place. However, we found that in one file that references were not from the most recent employer and had not been verified as being from someone who had the authority to provide references. In another file we found that references were received very shortly after the person had started working for Bright Avenues Limited Registered Office. We also found that the person's DBS check had been received four days after they had started working for the provider. It is important that the checks are completed before a member of staff starts work so that the provider can be sure that they have all required information before confirming someone is safe to work with people who use the service. We discussed this with the provider. They told us that the member of staff was completing their induction and not working directly with anyone who used the service before their references and DBS had been received. Following our inspection the provider confirmed that they had revised their recruitment process to make sure that checks were more thorough and complete before staff started work.

Some people told us that they did not need to receive support with their medicines. One person said, "I take medicines but I do them myself." A relative told us that staff supported their relative to take medicines. They said that these were administered on time. Staff told us that they had received training in administering medicines and had been observed to check their competency to do this. Training records confirmed this. The service had a policy in place which covered the administration and recording of medicines. We found that Medicine Administration Record (MAR) charts recorded details of medicines that people were taking. However, we found that one medicine had been stopped. We asked for the confirmation of this from the prescriber. The registered manager told us that this had been stopped during a review and was recorded within minutes of that meeting. We also found a cream that was no longer administered however, this was not identified on the MAR chart so it was unclear for staff. We found the MAR charts had gaps in them where staff had not signed to say that they had administered medicine. The registered manager told us that the person had been in hospital during this time. However, there are pre-determined codes that should be used on MAR charts to identify reasons why someone has not taken their medicine. These had not been used.

Following our inspection, the provider confirmed that a team meeting had been arranged where staff would have their knowledge checked and would receive a reminder of the policy around MAR charts. They also confirmed that the registered manager had spoken with staff individually to update them on the procedures and correct codes to use. The provider told us that a member of staff had been asked to carry out weekly checks on the MAR charts and report any discrepancies.

People had a support plan in place to show the support that they required with taking their medicines. We saw that staff counted all medicines after administration and recorded the number of tablets that remained as a way to check that they had been given. The registered manager told us that they audited MAR charts at the end of each month and checked them whenever they worked with a person to make sure that they identified any errors and could address them as soon as possible. Where people had medicines that were taken 'as required' we saw that there was a protocol in place which gave staff clear guidance on when these should be given. The registered manager told us that authorisation had to be sought from either them or the provider before this was given. This allowed them to make sure that staff were giving the medicine in line with the guidance.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt the staff team had the skills and knowledge to meet their needs. One person said, "They appear confident. They know what they are doing." Another person told us, "They always ask what they can do. For my needs it is fine." A relative told us, "They do things that [person's name] couldn't otherwise do." We spoke with a social care professional who had worked with the provider. They told us, "We have had positive feedback from one person who uses the service. They were complimentary of the service delivered and feels that they meet their needs well."

Staff members who we spoke with told us that they received training to help them to understand how to offer good care to people. One staff member said, "We have had training, this includes training based on the needs of each person." Another staff member told us, "I think the training is good." Training records and certificates showed that staff received training that enabled them to meet the needs of people who used the service. For example, we saw that staff completed training in epilepsy. This was to give staff an understanding of this diagnosis and to enable them to support one person who lived with this condition. The registered manager told us that training was arranged throughout the year to make sure that staff received refresher training when they needed this. This meant that staff were provided with the knowledge and understanding they needed to support people who used the service.

Staff members described their induction into the service positively. One told us, "It was very intensive. There wasn't anything that was left out." Another staff member said, "We covered everything including how to support each person." The registered manager told us that as part of the induction staff would shadow a more experienced member of staff who knew the person and their needs. They told us that new staff were assigned a mentor so that they had someone to go to for advice and support. The provider confirmed that new staff were being asked to complete the Care Certificate. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by staff who usually received support and guidance. One staff member told us, "I have not always had supervision. [Registered manager] will meet with us if we ask for this. I feel that there is not a lot of one to one time." Another staff member said, "I have supervisions. I had my last one in July. I have another one coming up. You can always ask for extra support." Supervision provides the staff team with the opportunity to meet with a member of the senior team to discuss their progress within the service. Records we saw confirmed that supervisions had taken place and were planned for 2017. The registered manager told us that they spent time working on shift with staff and would pop in to visit them when they were on duty to offer additional support.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA and found that it was. The registered manager had a good understanding of MCA and DoLS. They were able to demonstrate that people's capacity had been considered through their support plan and associated records. For example, we saw that each person's support plan had information included about their capacity in relation to decisions in each area of their care. Staff had an understanding of people's capacity to make their own decisions. One staff member told us, "[Person's name] can tell you what they want. They can make bad decisions. We tell her the good option and then [person's name] can make their choice. [Person's name] has capacity. We respect that." There was a policy in place that identified what steps were needed if a person's capacity to make a decision was in doubt. This was in line with the MCA. This meant that people's capacity to make specific decisions had been considered.

People had been involved in making day to day decisions about their support. One person said, "I get a choice every time. They ask me what support I need." We saw that each person's support plan showed how people could be enabled to make decisions. For example, one support plan said '[person's name] can make basic decisions for themselves such as what to eat, drink and wear. Staff need to identify what the decision is and break it down into small bits of information and make sure that [person's name] understands each part.' This gave staff guidance as to how to present information to the person to help them to understand and make their own decision. Staff told us how they involved people in making their own decisions. One staff member said, "[Person's name] makes decisions about what to eat, wear and what they want to do. They know what they want and will tell you if they don't want something." Another staff member said, "We give [person's name] two choices so that it is easier for them to make a decision."

People told us that staff asked them for their consent before supporting them. One person said, "They always ask me first before doing anything." Staff confirmed this and that people had the right to say no. One staff member told us, "[Person's name] can say no. It is their choice." Another staff member said, "We can always offer something else." This meant that people's human rights were protected by staff.

People told us they were supported to make their own food. One person said, "I advise them on what to have for breakfast or my meal." Another person told us, "They remind me what I have got in the fridge so I can choose what I want." A relative told us, "They make [person's name food. They are offered a choice." We saw that people were encouraged to follow a healthy diet where possible. For example in one person's support plan it read, 'I will do the weekly shop. Staff will let me choose what to buy. They will encourage me to buy healthy food.' We saw that each person had information in their support plan about how to involve them with preparing their own food and drinks.

People were supported to maintain good health. We saw that where people required support to access healthcare appointments this was in place. People had a record sheet for all medical appointments. Outcomes from appointments had been included so that staff knew if there were any actions required. Where guidance was in place from a health professional, this was included in their support plan so staff knew what action to take. In these ways people's healthcare needs were met.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff team at Bright Avenues Limited Registered Office were kind and patient. One person said, "They are considerate. They make conversation." Another person told us, "My care calls last an hour and they engage me in conversation throughout." One person commented, "They are understanding and considerate of my needs." A relative told us, "They definitely are [kind and patient]. They take really good care of [person's name]."

People's dignity and privacy was respected. One person told us, "My privacy and dignity is maintained pretty well. I can do most things but they help me in an appropriate way. They ask what I can do." Another person told us, "They don't look in any cupboards or drawers." A relative told us that they felt that staff maintained the privacy and dignity for their relative. However, they told us that they were not comfortable with a male staff member providing support with dressing. We discussed this with the registered manager and the provider. They told us that this had been discussed at a review. They explained that when they first started providing support there were very limited staff. In order to provide all of the required support hours a male member of staff had been provided to carry out some support. They told us that the person was quite independent with washing and dressing. The registered manager explained that they were available on call and if the person needed any support with washing and dressing that they could be asked to provide this. They also told us that the person had not expressed a preference in having male or female carers, however wherever possible female carers were on shift in case the person needed any additional support. Staff we spoke with told us how they promoted people's dignity and privacy. One staff member said, "I always ask and make sure [person's name] is happy before I support them. I prompt them to do what they can for themselves." This meant that staff were promoting people's dignity and privacy.

People felt that most staff knew them well. One person told us, "They know what I like. They know I like a cup of tea and what I like to eat." Another person said, "I would tell them about my likes and dislikes. They don't generally know." A relative told us, "They are getting to know [person's name]. Their moods change regularly." Staff knew about the people they were supporting. They told us how they got to know people including things that were important to them. One staff member said, "I moved from another company to continue to work with [person's name]. We are classed as partners. It is not like a job to me." Another staff member told us, "You have to spend time with [person's name] to get to know them. The more time you spend with them the more you understand." We saw that people's support plans included details about significant life events for each person, what was important to them and how they wanted to be supported. Support plans also included information about the person's family relationships and other people who were important to them. This meant that staff had information about each person to enable them to support them in ways that they wanted to be supported.

People were supported to be independent. One person told us, "They only do the things I ask them to do." Staff told us about how they encouraged people to be as independent as they wanted to be. One staff member said, "[Person's name] will let you deskill them. I won't let them do this. I encourage. [Person's name] can now make a cup of tea. We involve them in the home. You just have to ask." Another staff member told us, "It is fantastic to see the changes. [Person's name] is living independently." We saw that

people's support plans detailed things that people could do for themselves and what they needed support with. For example, we read how one person needed prompting to wash themselves as they could do this on their own and another person should be supported to hang their washing out as they enjoyed this. In these ways people received support from staff to retain or learn new skills.

People were involved in making decisions about their support. One person told us, "I advise them on a time that is beneficial to me to have support." Another person said, "They ask me about my support." We saw from support plans that people were encouraged to make decisions. For example we saw that one person, and their family, had been involved in interviews for their staff so that they could be involved in deciding if they wanted the staff to work with them. Staff told us that the service that was offered was based around what each person wanted. One staff member said, "They respect the choices that [person's name] makes. If they say no to a member of staff that is their choice." Another staff member told us, "If [person's name] chooses to do something else it is not the end of the world." This meant that people were supported to be involved in decisions about their support.

People were given the information that they needed in ways that were appropriate for them. We saw that each person had their own rota to tell them which staff would be providing their support. One person had this done with pictures as this was easier for them to understand. We also found that staff had supported one person to develop an emergency contact list to tell them who to contact in certain circumstances. This had been done using pictures to help them to understand the information. This included times when they should call 111, and times when they should call the police, staff or an ambulance. This was important for the person as they had previously contacted emergency services when this had not been necessary.

People's sensitive information was kept secure to protect their right to privacy. The provider had made available to staff a policy on confidentiality that they were able to describe. We saw staff following this. For example, we saw that people's care records were locked away in secure cabinets when not in use. This meant that people could be confident that their private information was handled safely.

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves. We saw that there was information in a questionnaire that had been completed by people who used the service on advocacy.

Good

Is the service responsive?

Our findings

People had contributed to the assessment, planning and review of their support. One person told us, "I have a support plan. We had a review in 2016." Another person said, "Yes I have a support plan. I was involved in planning my support. A couple of weeks ago it was my review." A relative told us, "[Person's name] can be involved in planning their support. We have a review tomorrow. The one before that was about six months ago."

We saw that people had support plans that included information about routines they liked to follow, preferences, how they wanted to be supported and what they wanted to achieve. Staff told us that the information in support plans was focussed on the people they supported. One staff member said, "The support plan reflects [person's name]. It is centred on them as a person." Another staff member told us, "[Person's name] support plan gives you guidance and explains why they do things, and what they like." The registered manager told us that they spoke with the person and their relatives as part of the assessment process. They told us that they asked for information about what was important to the person, including routines, what they liked and what they could do for themselves. They said, "It is important that we get input from everyone who is involved." We saw that assessments had been completed and support plans were developed from these. This meant that people could be sure that they received care centred on their preferences.

People were supported to set objectives that they were working towards and to celebrate things that they had achieved. Staff explained to us how people had achieved these goals. One staff member said, "[Person's name] has changed completely. They used to struggle with eating and they are now able to do this all on their own." Records showed that progress towards goals had been reviewed, and achievements had been celebrated. For example, we saw that one person had spent time with the registered manager to reflect on what they had achieved. This included making healthier food choices, being supported to follow their own weight loss targets and working towards improving spending less money. We saw that another person had made improvements in the behaviour that they displayed that could be classed as challenging. For example, their support plan read, I now no longer bang on windows. We saw that challenges had been identified and new goals were set so that people had something they were working towards. The registered manager told us that the goals were agreed with each person. They told us that these could be based on what the person wanted to achieve, what the funding authority had suggested the person could work towards and what staff felt the person would like to do. This meant that people were being supported to achieve their aims and objectives and to reflect and celebrate what they had achieved.

People were supported to follow their interests and take part in social activities. We saw that each person had a weekly timetable that included activities that they were supported to do. This included shopping, cleaning and attending appointments. Staff told us that people were encouraged to follow interests that they enjoyed. One staff member told us, "[Person's name] does things they enjoy all of the time. They have been to make cupcakes at a shop locally and loved it. We are also looking at getting some seeds to plant so that they can grow. It is totally up to [person's name] what they want to do." The registered manager told us that people were supported to complete activities that were meaningful to them. For example, one person

wanted to lose weight so they were being supported to find a gym that they felt comfortable to go to. The registered manager told us that staff had spent time identifying good times for the person to attend when they gym would not be too busy. The staff planned to support the person to go to the gym and complete a class or workout. Records showed that people were supported to complete their planned activities.

People's support plans were based on them as individuals. We saw that they included information about what routines were important to a person, what they liked, disliked and preferred. For example, we saw that one person preferred to have a shower in the evening and enjoyed singing in the shower and spending time in there. One person had been involved in developing a picture based support plan for themselves. The use of pictures made it more interesting for the person and easier to understand. One staff member told us, "[Person's name] support plan reflects them as a person. It is all about them."

The registered manager told us that staff were matched with people based on their likes and dislikes so it was important that they knew these. They told us that one person had quite complex health needs. The registered manager explained that one member of staff who worked with this person had been a community nurse previously so they were well placed to discuss health with the person. They told us that another person liked staff who enjoyed cooking as this was an activity that was important to them. The registered manager told us that one staff member who worked with this person was very good at cooking to meet this need.

We saw that paperwork that staff completed, such as daily notes, was based on each individual and their needs. For example, we found that one person had certain tasks that staff supported them with. Their paperwork prompted staff to complete these tasks. For another person staff were prompted to complete tasks that were specific to them. This meant that people received support based on their preferences and support needs.

People and their relatives knew how to make a complaint. One person told us, "I would ring them up. I have had no need to." However, a relative told us that they felt that their complaint was not addressed. They said, "I complained to [registered manager]. But she didn't listen so I went to social services. It has been resolved now." We spoke with the registered manager about this. They told us that measures had been put in place to reduce anxiety for one person and this had resulted in a relative not being happy. The registered manager and a social care professional confirmed that the situation had now been resolved. A social care professional told us, "It was a delicate situation as [registered manager] was working with a number of professionals to reduce the anxiety for [person's name]. [Registered manager] had to ensure that the wishes and views of [person's name] were supported as well as what the family wanted."

We saw that there was a complaint's procedure that was available for people who used their service and their relatives so that they knew the process to follow should they have wished to make a complaint. The registered manager told us that this was available in the guide that people received when they started to use the service so that this could be accessed if needed. We saw a record of complaints that had been received within the last 12 months and these had all been dealt with in line with the procedure. These did not have dates when they had been responded to. We recommend that the complaints log records timescales as to when a complaint is received, investigated and responded to.

Good

Is the service well-led?

Our findings

People and their relative's were happy with the service they received. One person told us, "I don't think it could be improved." Another person said, "They are very friendly and come across as very professional." Relatives agreed with this. One relative told us, "I know she is well in herself and happy." Staff we spoke with told us that they felt that the service was well-led. One staff member said, "It is all down to [provider] and [registered manager]. They worked solidly with [person's name] for a long time. They have been in and done it. I can't think of anything they could do better." A social care professional told us, "I have had a good experience working with Bright Avenues; It has been a pleasure working with them."

The provider had a statement of purpose that was available to people, their relatives and staff. This included the aims of the service. For example, the registered manager told us that the aim was to actively encourage people to have more quality of life and independence. Staff knew about the statement of purpose and the aims. One staff member told us, "I enjoy working there. [Person's name] is a complete success story. They are so independent. We are all singing off the same hymn sheet. It is only good for people." Records we saw, and feedback we received, showed that people were happy with their support from Bright Avenues Limited Registered Office.

People and their relatives spoke positively about the registered manager and told us that they were approachable. A relative said, "I can always talk to [registered manager] and [provider]." Staff spoke positively about the registered manager. One staff member said, "I can say anything to [registered manager] and [provider]. They are approachable and nothing but supportive." However, staff also told us that they sometimes struggled to get hold of the registered manager. One staff member told us, "[Registered manager] can be hard to get hold of. I have called before and not had a response. It has been dealt with now." A social care professional told us, "It sometimes has been difficult to get responses at times." One person told us, "There isn't always someone in the office, but someone is always contactable. It diverts to an out of hours." The registered manager told us that they worked directly with people and this meant that there were times when they were not contactable immediately so that people's support was not impacted. They told us that someone was contactable 24 hours a day, and this had even been times when they were out of the country.

Staff told us that they could make suggestions for improvements to the service. One staff member said, "We are asked for our opinion." We saw that the registered manager and provider both had a good understanding about the service and what was happening. They were both available to staff to answer their questions and offer support. This showed effective leadership.

Staff received feedback, support and guidance on their work from the registered manager during individual supervision meetings. This helped them to understand the provider's expectations of them and to check their values. Staff described how they generally felt supported. One staff member told us, "I feel supported. Things are coming together. If I have any problems [registered manager] and [provider] will be there." Another staff member said, "I feel a bit out of things. There is not a lot of one to one time with my manager. They know the people who receive support are okay. I would like a bit more support for staff." The registered

manager told us that they called staff and people who used the service routinely to share information. They told us that they also visited people when staff were providing support as a way to monitor that people were having the support they needed.

We saw that staff meetings had taken place and covered topics such as people's individual support requirements, good practice, staffing, commendations, updates on policy and procedure and knowledge checks on these. These meetings also gave staff an opportunity to give feedback on these items and any other areas. One staff member told us, "We have team meetings. They are important to the staff." Another staff member said, "I am not part of staff meetings, another staff member tells me what has happened." The registered manager told us that if staff were unable to attend the team meeting they would be contacted and advised what had been said. We saw on the meeting minutes that dates when staff who had not attended the meeting had been updated had been recorded. This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

People and their relatives had opportunities to give feedback to the provider. One person told us, "We have done a questionnaire." We saw that people were sent a questionnaire asking for their feedback on the support that they received six months after they had started to use the service. The registered manager told us that they had tried different methods to seek feedback from professionals as well as families and other people who were involved in supporting each person. Records showed that a relative had completed a survey in July 2016 and reported that they were very satisfied with the service that their relative had received. The registered manager told us that they had spent time one to one with people who used the service to seek their feedback. We saw records of these conversations and people had been asked for their feedback. The registered manager told us that if people requested for things to change that this would be completed.

We saw that the provider had made available to staff policies and procedures that detailed their responsibilities that staff were able to describe. These included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I wouldn't hide anything. If I needed to report to CQC or safeguarding [local authority] I would."

There were systems in place to monitor the quality and safety of the service being provided. The registered manager visited people who used the service regularly and completed a range of checks including paperwork and the environment. We saw that actions had been identified and recorded to be completed such as if changes were needed to the paperwork to make sure it was more based on the person's individual needs. We found that the checks that had taken place on the Medication Administration Records had not identified areas that we had found. Following our visit the registered manager told us that they had implemented a new system to make sure that any areas of concern were picked up. We saw that the registered manager spent time with people discussing the support that they had received, what had gone well and any changes they wanted to make. The registered manager also completed a quality assurance check each month. This included areas such as the health and emotional well-being of people who used the service, choice and control for people who used the service, personal dignity, safeguarding, health and safety, staffing and finances where people were supported with this.

The provider had completed an audit of the whole service in February 2016. This identified any changes that were needed and an action plan to complete these. This meant that the delivery of the support people received was being reviewed.

The registered manager was aware of their registration responsibilities with CQC. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. We found that there had been no incidents that required notification to us. The registered manager could explain to us in what circumstances they would need to make a notification.