Glenelg Support Limited

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Inspection report

Aintree Building
Aintree Way, Aintree Racecourse Retail And Bus Pk
Liverpool
Merseyside
L9 5AQ

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31 March 2017

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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 took place on 22 and 31 March 2017. The inspection was announced.

Glenelg Support Ltd is registered to provide a domiciliary care to people who have learning disabilities and complex needs in their own homes.

A registered manager was 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.

Everyone we spoke with said they felt safe with the support being provided by Glenelg. In addition, staff we spoke with were clearly able to explain the course of action that they would take if they felt someone was being harmed or abused, and how they would report it, including whistleblowing to external organisations.

Risk assessments were clear, concise and explained the impact of the risk as well as how the staff should support the person to manage it. Risk assessments were regularly reviewed with the input of the people who used the service and their families.

Staff were recruited safely and checks were carried out on staff before they started work at the service to ensure they were suitable to work with vulnerable people. There were enough staff employed by the service to provide safe and consistent support to people. Staff told us they had their rotas in advance, and knew the people they supported well. We observed this when we visited people.

Medicines were well recorded and managed for people who required support. Assessments were completed to support people with their medication needs. We saw the service's process for storing medication when we visited some people in their homes.

Incidents and accidents were analysed and each incident and accident was recorded in people's care files including any remedial action that had been taken as a result and any emerging patterns or trends identified.

Staff and managers followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care were acknowledged and respected.

Staff were trained in a range of subjects in accordance with the provider's training policy and the staff's training and development needs. This was identified according to which person the staff member was supporting, and what specific training they would need. Staff told us they felt the training was of good

quality and they were able to request additional training when they felt they needed it. Staff told us training was discussed with them as part of their supervision. Staff were supported to complete an induction and there were shadow shift opportunities so people using the service and staff could get to know each other.

People were supported with their nutrition and hydration needs. Staff kept records relating to peoples eating and drinking and people were involved in the preparation of their own meals with staff support.

Staff were caring towards people. People and their relatives told us they felt the staff were caring and we observed kind and familiar interactions between staff and people and who used the service.

There was exceptional emphasis on person centred care and support for people. Person centred means that the service was tailored to fit around the needs of the individual and not the needs of the organisation. We saw numerous examples and spoke to people and families who confirmed that person centred care and support was a continuous theme within the service. People were creatively supported to be independent and were encouraged to be in control of their own lives.

A positive feature of Glenelg support was their ability to 'train' people to become more independent by using 'active support' plans which were constantly reviewed. There were examples of where this type of support had positive impacts on people, which meant that they were doing things for themselves which they had never done before.

Communication care plans for people with limited verbal communication were written by staff who knew people well. These plans had taken the staff team a long time to compile, however, we saw the benefits for people using the service who had these plans. For example, staff knew how the people communicated and understood what their own signs and gestures meant. This meant that staff could support them more effectively and incidents of anxiety were minimised.

Support plans contained a high level of personalised detail, and were written in a way which both emphasised the person's likes and preferences and their dignity. Support plans were reviewed regularly with the input of the person, their family and the staff at Glenelg. Changes were made to care plans to ensure the most current and up to date care plans were always available to the staff team.

There was a complaints procedure in place. All complaints had been investigated in line with the provider's policy, and everyone we spoke with said they knew how to complain and felt the service would listen to them.

The culture of the service was friendly, caring and positive. Everyone in the office was cheerful and clearly happy to work at the service, we also saw this level of positivity extended to the staff working with people in their homes. The registered manager clearly led by example, and was very much involved in getting to know the people who used the service. They were passionate and enjoyed their role.

Everyone we spoke with said they liked the provider, who was also the owner of the company, and registered manager. In addition, people and their families told us that the provider was well known for holding 'forums' for a question and answer session with relatives, people who used the service, and the staff.

Quality assurance systems were robust and highlighted any potential areas of improvement within the organisation. There were audits in place for medication, support planning training and other operational areas. Actions were followed through in a timely way.

Feedback was gathered regularly from the people who used the service and their family members to help the service celebrate what they do well and what they need to improve in other areas.

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 procedure for storing, receiving and administering medications was safe.

Staff were recruited safely, and only offered employment subject to satisfactory checks being carried out.

There were processes in place which ensured staff were aware of how to protect people against the risk of abuse, and the practicalities of raising a safeguarding concern.

Is the service effective?

Good

The service was effective.

Staff told us they enjoyed their training. We saw from the training matrix and certificates staff had attended regular training. Training was personalised according to the needs of each person.

Supervision records showed that staff underwent regular supervision with their line manager.

The service was working in accordance with the principles of The Mental Capacity Act 2005 (MCA) and other associated legislation to ensure people were exercising their rights to make choices and decisions regarding their care.

People were supported to shop for individual items of food and were supported to prepare meals and snacks when required.

Is the service caring?

Good

The service was caring.

We observed kind and warm interactions between staff and people who used the service.

People told us they were supported to express their views and opinions, and were involved in decisions regarding their care and

support.

Staff were able to describe how they ensured they protected people's privacy and dignity when providing personal care and support in general

Is the service responsive?

Good

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review. Staff were very knowledgeable about people's needs and preferences and supported people to remain as independent as possible and live their life to the full while ensuring they followed protocols in place to keep that person safe. Staff found innovative ways to meet the needs of people less able to express their needs, and to help them become more independent.

People and family members told us they received support which was highly personalised.

People engaged in activities which were varied, meaningful and enhanced people's quality of life and independence

People felt able to raise concerns and complaints and had confidence in the registered manager to address their concerns appropriately.

Is the service well-led?

Good

The service was well-led.

Everyone we spoke with was complimentary regarding the registered manager and the owner of the organisation.

Regular forums ensured that people and their families had opportunities to raise issues or questions with the provider and this feedback was well documented.

There was a system in place for auditing (checking) service provision. This included regular checks undertaken by the registered manager, and the team leaders.

Feedback was gathered and analysed. The feedback form had been adapted to easy read so some of the people using the service could complete this form independently.

Glenelg Support 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 22 and 31 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

Glenelg provides support to people in their own homes to build their independence. Some people chose to live together in a shared house with separate tenancy agreements. At the time of our inspection Glenelg were providing support over 32 separate homes.

The provider sent us 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 also looked at notifications we had received about the service. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with three people using the service and visited their homes. We spoke with six staff including the registered manager, four family members by telephone, and one social care professional.

We spent time looking at a range of records including four people's suport plans and other associated documentation, three staff recruitment files, staff training and supervision records, the staff rota and medication administration records. We also looked at a sample of policies and procedures, minutes of staff and service user meetings, compliments and acknowledgements received at the service, health and safety records and quality assurance records.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe. One person said, "I do feel safe, because I know staff are always there to help me." A family member we spoke with said, "It is very re-assuring for us as a family to know that [relative] is well taken care of." Also another family member said, "I just couldn't ask for better, everything is wonderful." One health and social care professional told us, "I feel they (Glenelg) provide a safe service."

We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure the staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member and had introduced a checklist to help ensure all necessary information was available within staff files. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to commencing in post.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended an interview. They could not start work until they had received clearance from the DBS. This confirmed there were safe procedures in place to recruit new members of staff.

We asked people and relatives if they felt there were enough staff to be able to cover all of the support hours. Everyone told us there was always enough staff. One member of staff told us about the 'out of hours' on call arrangements in place for any shift cover. The member of staff said all of the service managers support each other every week by ensuring shifts were covered and if someone was to go off sick, cover would be arranged between them. The registered manager also provided support on the on call system.

We saw that there was a process in place to monitor any incidents and accidents in the service. The procedure consisted of the registered manager going through any incidents/accidents and documenting any remedial action needed. This was then discussed at team meetings and fed back to the staff team if any action needed to be taken.

Risk assessments regarding people's health, emotional and behavioural needs were clear and provided instruction for staff to enable them to minimise the risk to people using the service. For example, we saw that one person was at risk of choking. We saw a detailed risk assessment compiled with input from the SALT (Speech And Language Therapy) team which clearly informed the staff what foods the person could eat with minimal risk, along with other important information which had to be taken into consideration. For this person, there was information around how to ensure they were appropriately positioned after eating to ensure the risk of choking and aspiration were minimised.

We saw another risk assessment in place for someone regarding the environment at their home. We saw how this person sometimes stored items inappropriately, which could cause injury to staff and the person if not managed correctly. There was a process in place for staff to support this person to ensure this does not happen.

We looked at the adult safeguarding policy for the service and asked the staff about their understanding of their roles in relation to safeguarding. Staff were clearly able to describe the procedures they would be expected to follow to keep people safe from abuse. One staff member said, "I go to the manager and tell them." We also asked staff about whistleblowing. All of the staff we spoke with told us they would not hesitate to use this policy if they felt they needed to. Staff had received training in the principles of safeguarding, but also the practicalities of how to raise an alert with local safeguarding teams. Their responses were in line with procedures set out in the service's safeguarding policies. We saw information regarding safeguarding for people who used the service and relatives was readily available on the noticeboards in the office and the service user guide. People we spoke with confirmed they knew how to raise concerns should they have any. This demonstrated the registered manager had ensured safeguarding principles were understood by staff and people who used the service.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Corresponding Medication Administration Record (MAR) charts were provided and all the MARs we checked were complete and up to date. People were supported to access their medicines when they needed them, as people lived in their own homes and some people chose for staff to administer their medications to them. We spot checked the MAR [Medication Administration Records] for two people who we visited and counted their loose medicines. We could see that all totals corresponded to the totals recorded on the MAR sheets. The MAR contained a plan for each person, a photograph of the person on the front and a list of the medication and what it was used for. People prescribed PRN (medication when required) had a detailed protocol in place which explained when the PRN was needed and why.

Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

Staff who were trained to administer medications had undergone medication training. They were then required to complete competency assessments which were reviewed every year. There were additional training checks in place which had been implemented by the registered manager.

Risk assessments were in place with regards to the environment, such as the garden and kitchen areas. There were also personal emergency evacuation plans (PEEPS). We saw that people received twenty four hour support in their own home were supported by staff to arrange for repairs and maintenance to take place when needed. This included PAT testing, gas and electric checks.

Good

Is the service effective?

Our findings

We asked staff about their training. One staff member told us, "I had to do all kinds of specialist training before I came to support the people here. The support is quite complex." Another staff member said, "The training is really good and current, we can just ask if we feel we need anything additional." One family member we spoke with said, "I know the staff are all up to speed and can support [person] how they need to be supported."

We looked at the training schedule in place for the service. In addition to the training matrix which showed the training requirements for the organisation as a whole, we also saw a breakdown of each specialist training course. We saw specialist training was required in regards to the clinical needs of some people, behavioural needs, and emotional and physiological needs. The registered manager told us, "We identify what training staff need to have before they go and support someone, we don't have a blanket approach to training." We saw the provider's training policy stated that training subjects deemed mandatory by the provider such as medication, safeguarding, first aid, and health and safety had to be booked for all staff as soon as they started. However the additional training was more 'tailor made' and took into account people's diverse needs. The registered manager told us, "It also gives staff the opportunity to decide if that is something they want to be trained in, as not all staff can support more complex individuals." We saw that the service was linking up with medical professionals for some of their training. For example, training regarding percutaneous endoscopic gastrostomy (PEG) support, and breathing apparatus. Newly appointed staff were required to complete an induction aligned to the principles of the Care Certificate, which is a set of guidelines care workers adhere to in their roles. This is designed to be completed within 12 weeks of staff starting work, and signed off by a competent staff member (such as a senior or manager) once completed.

We saw that the service was accredited with the National Autistic Society (NAS) which involved a three day inspection programme, and three years of work before this. The registered manager was extremely proud of this achievement, and had plans to deliver this training nationally to other providers.

Staff were given regular formal supervision and appraisal which was recorded on their file every six weeks. New staff received support via probation reports as opposed to supervision, which started post 24 week probation.New staff were also given regular informal supervision and support by the registered manager and their assigned mentor every week. All staff had had an annual appraisal.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people

who need to be deprived of their liberty in their own best interests. There was no one subject to any DoLS due to the service being supported living, however discussions with the provider indicated they were aware of a high court ruling and the introduction of something called the 'acid test.' This was a process applied to people who lived in their own homes who may be subject to continuous supervision and deprivations in their best interests. The registered manager had completed a restricted practice audit with all of the people this may apply to and had contacted the relevant supervisory bodies with the findings. This demonstrated that the registered manager was aware of their roles in relation to the MCA and the legislation underpinning the act.

We saw from looking at records relating to people's medical and clinical needs, that they were being well maintained by the staff. Each person had a Health Action Plan which contained important clinical information about that person. Appointments were scheduled into people's daily activity plans and staff were allocated to support that person to attend the appointments. We saw staff completed documentation when they returned from the appointment with that person to show the outcome and additional information (such as any medication changes) which the staff would need to know.

People told us they were supported by staff to shop for their own food, and cook their own meals. We observed one person cooking with staff when we visited them in their home. We saw that staff supported people to make balanced and nutritional choices with regards to food and meal preparation.

Good

Is the service caring?

Our findings

Each of the people that we spoke with commented on the caring nature of the staff and the company in general. Some examples of the feedback we received included, "The service is marvellous, I cannot fault it." Also, "It is just excellent, I am involved every step of the way." And, "I would 100% recommend this company", "I have had a positive experience of the company" ,"Absolutely tip top amazing support." Someone else said, "I have raised things in the past, and they have been dealt with, they are a good company." One person who used the service told us, "The staff are great, we have a good laugh." In addition "I am happy since I have moved here, I like the staff and like the people I live with."

Staff described how they provide dignified support to people. One staff member said, "We work in their homes, so it's important to be respectful and ask permission as you would anywhere." Another staff member said, "We appreciate people are all different, and we have to treat them as individuals."

Care plans demonstrated that family members and people using the service had been fully involved in their completion and had been involved in regular reviews about their care and support. Care plans had been signed by family members where legally allowed to so or via a best interest process where people could not consent themselves.

We were able to observe staff supporting one person in their own home. We witnessed relaxed and familiar interactions. The member of staff demonstrated a good knowledge of the person and we heard them talking to the person with respect. When we visited the homes of people, the registered manager sought consent from the people who lived there to check whether it was okay if we came. One person opened the door for us and showed us their room. Another person showed us around their home and explained how the staff supported them with daily routines. Each home we visited was decorated differently, and people confirmed they had been given choice over how their rooms and homes looked.

Both houses we visited had photographs displayed on the walls of the people who lived there, their families and the staff engaging in days out and holidays.

We saw that advocacy information was available for people who required this type of support. No one was accessing advocacy support at the time of our inspection.

We checked to see if people had information made available to them in a way which they understood. We saw that the provider had made various polices, including the complaints policy and safeguarding policy available in easy read to support people's understanding.

We asked one person if they knew about their care plan. They told us they did. The same person told us they felt they made decisions and choices regarding their care and the staff supported them to do this.

Good

Is the service responsive?

Our findings

Relatives we spoke with confirmed they were all involved in the support planning and review processes for their family member. We saw examples which clearly evidenced that a person centred approach was adopted. Being person centred means ensuring that care is provided based on the needs of the people using the service. We asked relatives and people using the service if they/their family member received this type of care. We received the following comments. "They [service] are just amazing." "We can see how far [family member has come]" and "It makes such a difference to be able to be so involved in the care." One person using the service told us, "I am very happy since coming here, the staff help me to find things I am interested in. I make choices." We spoke to one health and social care professional who told us they felt Glenelg was a good support provider and they felt they were person centred. They also said they would recommend the service.

We visited two people in their homes and asked them what types of things they liked to do. One person, who had limited verbal communication, could communicate using Makaton, indicated for the staff to tell us about what they enjoyed. Makaton is a way for people to communication using hand gestures and signals. The staff told us about a particular skill this person had which they enjoyed using. However due to a decline in their physical health, they found they had been unable to do this. The staff member said, "We really thought about how we could help [person] get this skill back, so we researched specially adapted items for people." The staff member showed us what they had managed to find and order specially for the person to enable them to carry on doing what they loved.

Another person told us how they were supported to become more independent with taking care of themselves. They said, "The staff wouldn't give up on me." They told us being able to do this particular thing for themselves made them feel more independent and less 'reliant' on staff.

We visited another person who was cooking dinner with the staff in their kitchen. We heard and saw the staff encourage the person to take an active role in the meal preparation, such as adding ingredients and setting timers for when the food would be ready.

We spent time looking at support plans for other people who used the service. We saw that support plans were highly detailed and written in accordance with people's needs, preferences and dignity. For example, one support plan described how a person enjoyed going to the local pub for a meal. We saw the support plan stated, "Ask the staff in the pub to cut [person's] meal up small before it comes out." We saw this was to ensure the person could eat independently and staff didn't have to cut their food up in front of other people.

We saw another support plan for a person who had complex medical needs. We saw how their support plan demonstrated their involvement in house hold activities in way which was important to them. For example the support plan stated, that just because the person could not physically contribute, this did not mean they did not want to be involved, it also stated 'I could be passed the duster.' This meant the person was being supported to completed tasks in a way which was meaningful to them.

The service was exceptionally passionate about people's 'active support plans.' These were support plans which 'trained' people to learn new skills. These support plans were reviewed every few weeks, and once the person had learned that skill, the support plan was no longer required, and another 'active support plan' was developed. For example, one person had an active support plan in place for using their key to open the front door, we saw the staff had documented how the person had improved being able to do this, and minimal support was now needed. We saw that once the person had achieved this, they were they set another 'active support plan' for travelling unsupported. We saw that the active support plan goals were identified through regular meetings with the people themselves and their family. One family member we spoke with told us how their relative had become increasingly skilled since having support from Glenelg. The relative said, "It sounds like such a small thing, but they [family member] never did it before." The active support plan was around a household task which the person had never engaged with, they were now doing this regularly.

Another relative told us, "I am often invited to interview staff with [family member]. We are made to feel part of the decision making processes and I like the fact I can offer my advice to [family member. We have picked all of the staff team." We saw that this process was adopted for most of the people using the service. This meant that people and their families had choice and control over what staff supported them, so they could make an informed decision based on who they 'hit it off with' the most at the interview stage.

We saw that clinical needs of people were equally as person centred. For example, one person had a PEG. This means that a tube was fitted into their stomach to support them with their eating and drinking needs. We saw that there were re-position chart in place for this person which had all been correctly completed by staff.

We also saw that communication plans were in place for people who required them, and each one was highly personalised. For example, one person's communication plan made use of objects of reference to support the person's understanding. For example, 'staff are to show me my trainers, this means it is time for me to leave.' Another person responded to prompts, and we saw that these were recorded in their communication plan.

We saw another communication support plan which emphasised that staff should 'speak slowly and repeat sentence's' to enable the person to fully understand what the staff were saying.

In addition to the communication support plans, we saw that each person had a list of 'daily skills' which described household tasks they could do for themselves and other tasks which they needed support with. For example, we saw that one person was independent with putting their washing in the washing machine, however they required some support around their finances.

People told us they engaged in regular activities either with the people they lived with or during their one to one time with the staff. One person told us they enjoyed presenting at their local radio station, and someone else told us they enjoyed going to the gym and Zumba. We saw that other people were supported to attend part time jobs, and others were supported to go on holiday and day trips out. One person said, "Basically, I am supported to do the things that I love by the staff." We were shown how rotas accommodated people's activities, for example, extra staff were sometimes booked on shift when people had planned one to ones.

We looked at the process for responding to and managing complaints. We saw that all complaints had been appropriately documented and investigated in line with the provider's complaints policy. We saw there had been seven complaints in the past twelve months. We tracked one of these complaints through and saw that all guidelines set out in the providers complaints policy had been actioned. People we spoke with told

us they knew who to complain to, one person said, "I would go to the service manager." A family member told us, "I know I can raise anything I am worried about and they [service] will just sort it out for me."

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been in post since 2009.

Staff, people we spoke with and family members were very complimentary about the registered manager and the owner of the service (provider) and referred to them both by their first name. One relative said "[Registered manager] is exceptional." Someone else said, "[Registered manager's name] and [provider's name] are an excellent source of support to me and the family." One staff member said, "All of the managers are very approachable and supportive, it is great."

One family member we spoke with told us that they had been asked in the past to speak to other family members of people who were new to Glenelg, to enable them to feel reassured. The family member said, "I am always honest, I think that's why they [Glenelg] ask me to speak to families." This shows that the service recognise the importance for families to feel re-assured as well as people using the service.

Staff were knowledgeable about people, and conversation flowed very naturally. This showed that the culture of Glenelg was clearly about putting the needs of the people at the forefront of service. The registered manager said, "It's about listening to people."

All of the staff we spoke with told us that they loved their jobs, and enjoyed supporting people. One staff member said, "It is really rewarding to help people reach personal goals." Another member of staff said, "I love taking the time to get to know people."

The registered manager clearly led by example and was very well known to people using the service. We were able to see this when we visited people in their own homes. The registered manager had phoned ahead to ask permission for us to visit, and had accompanied us to people's homes. There were positive and familiar conversations between the registered manager and people using the service. The registered manager was exceptionally knowledgeable about each person and what was going on in their lives, this was evidenced by the conversations they were having.

We spoke to the registered manager and they were aware of their role and responsibilities regarding reporting any notifiable incident to CQC. We also saw that the ratings from the last inspection were clearly displayed as required.

All of the staff we spoke with said they would recommend Glenelg to friends and family. All of the people we spoke with, the relatives we spoke with and the health and social care professional all said they would not hesitate to recommend the service. One relative said, "Completely, ten out of ten, I could not praise them more."

We saw that regular forums or 'question and answer' sessions were held with the provider (owner) of the service, and families regularly attended these and gave their feedback and asked questions. We were able to see some documented minutes of the most recent forum, and one family member we spoke with said, "It

just makes you feel involved and happy they are willing to meet with us."

In addition to this feedback, we saw that questionnaires were sent out. These were made available in an easy read format to support people who require this type of communication. We saw the most recent questionnaires, which had been sent out in 2016, had received a good response. We saw that 100% people agreed or strongly agreed that they enjoyed being supported by Glenelg. Feedback was analysed, however we saw no one had raised anything of concern.

We saw highly organised and complex audits completed which encompassed the service provision as a whole. For example, audits were completed on support plans, there were monthly service reviews being completed by the service managers, three monthly audits and six monthly audits were then being completed by the service managers. This was to check that all areas for improvement had been highlighted and suitable actions had been assigned to the team managers. When we visited people in their own homes, we saw that medication audits were taking place weekly and had identified any issues, such as a missed signature, which we saw had been dealt with correctly.

The administration of all aspects of the service was well managed. During the inspection we asked for a variety of documents to be made available to us and these were promptly provided and well maintained. Policies and procedures were regularly reviewed. We found records to be well kept, easily accessible and accurate.

Team meetings were held regularly and were well organised on rotas. We saw the minutes of these meetings.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance. We saw that the polices had last been reviewed in 2016.

We saw that in addition to their National Autistic Society Accreditation (NAS) the service was also accredited with Investors in People.