Alliance Home Care Limited

The Paddocks

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

The Paddocks is registered to accommodate up to six people. It specialises in providing support to people with a learning disability who may also have autism and display challenging behaviour. At the time of the inspection there were six younger adults living at the service. There is level access to a secure garden to the side and rear of the property and the first floor was accessed by a flight of stairs.

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.

People's individual care plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the home and in the community. Activities included trampolining, shopping, bowling, cooking, watching planes, horse riding and attending social clubs and community events.

People's care needs were kept under review. One person's relative commented they were informed "Straight away" of any changes and commented the staff were "Good as gold". People were well looked after and supported and they were encouraged to be as independent as possible.
People were encouraged to stay in touch with their families and receive visitors who were made to feel welcome. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They [staff] are very kind".

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.
People were happy and relaxed with staff. People felt safe and there were sufficient staff to support them. The registered manager commented "First and foremost is people's safety and happiness".

People were encouraged and supported to eat and drink well. There was a varied daily choice of homemade meals. Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately and people receive their medicines on time.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and

trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. A relative told us "One thing I was really impressed by was, (Person's name) once tripped over broke their glasses within about a week the steps were removed and replaced with a ramp and support rails". Emergency procedures were in place in the event of a fire and people knew what to do, as did the staff.

Staff had received the training they needed to support people effectively and there were opportunities for additional training specific to the needs of people such as autism. Staff received one-to-one meetings with their manager and formal personal development plans were in place.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

The registered manager and staff kept up to date with current good practice guidelines.

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.

Medicines were managed safely and people received their medicines when they needed them.

Staff recruitment was robust and ensured staff were suitable to work with people. There were enough staff on duty to keep people safe and meet their needs.

Staff had a clear understanding about how to keep people safe from harm and abuse. Risks to people were identified and managed.

Is the service effective?

Good

The service was effective.

People were supported to have enough to eat and drink.

People were supported to access health care services when they needed to.

Staff received the training and support needed to effectively meet people's needs.

Is the service caring?

Good

The service was caring.

People felt well cared for, their privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs

Is the service responsive?

Good

The service was responsive.

People received care which was personalised to meet their needs, wishes and aspirations.

People were supported to take part in a range of meaningful activities that they enjoyed.

There were processes in place for people to make a complaint.

Is the service well-led?

Good

The service was well-led.

Management were approachable and listened to people's views.

Management arrangements were clear and staff understood their responsibilities.

Quality assurance was measured and monitored to help improve standards of service delivery. Accidents and incidents were analysed and acted upon.

The Paddocks

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 checked 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 took place on 9 August 2016. This visit was unannounced, which meant that the provider and staff did not know we were coming.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and statutory notifications we had been sent by the provider. The provider had also 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 also received feedback from health and social care professionals.

We observed care in the communal areas and we spoke with people and staff. We observed how people were supported during their lunch. Some people had a limited response to our questions, so we spent time observing care. We spent time looking at records, including four people's care records, three staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with three people living at the service, the relatives of two people, three care staff, the registered manager and the area manager.

Good

Is the service safe?

Our findings

We observed that the service was safe and secure and people looked happy and comfortable in the company of staff and each other. Two people's relatives told us they had no concerns about the safety of the service, one told us about when their loved one had tripped in the garden and commented "One thing I was really impressed by was, (Person's name) once tripped over broke their glasses within about a week the steps were removed and replaced with a ramp and support rails". Another told us "(Person's name) loves it there, which is a good thing, whenever they come for a visit they are always happy to go back". The registered manager commented "First and foremost is people's safety and happiness".

People received their medicines as prescribed and intended. We observed a member of staff administering medicines to people sensitively and appropriately. We saw that they administered medicines to people in a respectful way, stayed with them until they had taken them safely and signed the medicine administration record (MAR). Nobody we spoke with expressed any concerns around the administration of medicines. Medicines were stored appropriately and securely and in line with legal requirements. On the day of our inspection the area manager was completing an audit of the medicines and the Medication Administration Records (MAR) to check that the staff were following the providers policies and procedures for the safe management and administration of medicines. As part of this audit they found some medicines which had been prescribed to be given on an 'as and when needed' basis were out of date and had not been removed from the medicine cabinet. Some other 'as and when needed' medicines did not have an expiry date so it was not possible to assess whether these medicines were in date and safe to use. Following the inspection the registered wrote to us confirming the action they had taken in response to this. They sent us additional evidence confirming they had taken immediate action to establish whether any harm could have occurred to the people who may have been administered these medicines. They had contacted the pharmacist who had confirmed that no harm would have occurred and one person's GP confirmed that blood tests results showed their liver function and blood count were normal. The registered manager had also implemented a system to reduce the risk of reoccurrence. Additional audits had been implemented to ensure that the expiry dates of medicines were checked on a more regular basis. Replacement stocks of the medicines had been ordered and the registered manager had requested that they be delivered in their original boxes with clear expiry dates. This gave us assurances that this issue had been taken seriously and had been addressed.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff had the skills and knowledge to recognise signs of abuse and told us they would report any concerns to the registered manager.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of robust risk assessments which were specific to their needs, such as risk of falls, use of the kitchen, risk of challenging behaviour and going out. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to use the kitchen and ensuring people had the support they needed to eat and drink.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. There was a signing in and signing out log book for all visitors so that the staff were aware of who was in the building at all times. There was a health and safety fire information tool kit mounted on the wall in the entrance hallway containing the fire marshal check book, fire evacuation information procedure and information on how to use the colour coded fire extinguishers. Accidents and incidents had been recorded and action had been taken to reduce the risk of re-occurrence for example when one person stumbled on some steps in the garden these were replaced with a ramp and hand rails were installed.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We look at the appointments and activities we've got planned for the week and introduce extra staff as we need them". We were told agency staff were not used and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Our observations and feedback from relatives and staff was that the service had enough staff. A member of staff said, "Yes, we have enough staff".

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within people at risk.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "The staff help me". One person's relative told us they were informed "Straight away" if there had been any changes to their loved one's wellbeing or care needs and commented the staff were "Good as gold".

Staff had received training in supporting people, for example in safeguarding, food hygiene, fire evacuation, health and safety and equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example, the care of people with autism and challenging behaviour. One staff member told us "I spent the first two weeks reading the care plans and then did the training with the company. The manager supported me and helped me. They always asked me if I was ok and checked that I understood everything properly". The registered manager told us and staff confirmed that all staff were required by the provider to complete the Care Certificate. The Care Certificate is a nationally recognised identified set of standards that health and social care workers adhere to in their daily working life.

Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, such as a diploma in health and social care. One member of staff told us, "I did a course on communication. It was really good and I learnt a lot. We were doing a lot of it already but I've put some of what I learnt into practice". They explained as a result of this course they had changed the words they used when offering encouragement to one person who now responded positively to them.

Staff received support and professional development to assist them to develop in their roles. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one supervision meetings as well as annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. One member of staff told us, "I get supervision regularly and an appraisal". Another added, "We all have supervision but we can speak to (registered managers name) anytime".

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).

We checked whether the service was working within the principles of the MCA. Staff told us they explained the person's care to them and gained consent before carrying out care. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice.

The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. The registered manager told us that when one person, who was diabetic, moved into the service their diabetes had been controlled through insulin. They also told us they had supported this person to eat a healthy diet which in turn had led to them maintaining a healthy weight and no longer needing to use insulin to manage their diabetes. A relative of this person told us this had been a positive change for this person who was now leading a much more active lifestyle and who they felt was much happier.

People were provided with the support they needed to eat and drink. Referrals had been made for input from a Speech and Language Therapist (SALT) who had assessed some people as being at risk of choking and provided staff with guidelines to follow when supporting these people to eat. One member of staff told us "We have to be careful with (people's names) because they need to have their food cut up for them or they may choke. Other people can eat without any help". We observed that staff supported these people appropriately at lunch time and followed the guidelines that the SALT had provided by cutting up the food, encouraging them to chew their food and eat slowly. We saw that details of people's special dietary requirements, allergies and food preferences were recorded to ensure staff were fully aware of people's needs and choices when preparing meals. The registered manager told us and staff confirmed that the majority of the meals they prepared were made from fresh ingredients, including homemade soups and sauces. There was a varied menu based on people's choices and people could eat at their preferred times and were offered alternative food choices depending on their preference. People were complimentary about the meals served, and weight was regularly monitored, with their permission.

People had clear healthcare plans. Staff told us, and records confirmed people had regular health checks. The registered manager described how people were observed in relation to their general wellbeing and health. Each person's records detailed how they communicated their needs. This included how they expressed pain, tiredness, anger or distress. Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns. Care records demonstrated that when there had been a need identified; referrals had been made to appropriate health professionals, such as GP's, diabetic nurse and SALT. If people needed to visit a health professional, such as a GP or an optician, a member of staff would accompany them.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "They [staff] are very kind". Another person said, "I'm happy here".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication. At lunch time one person asked a member of staff who was supporting another person to eat their meal, if they could sit next to them at the dining table. The staff member responded by saying "Of course you can. Why don't you move round and we can all have a chat about what you've been doing while we eat". We also heard staff talking with one person and showing an interest in what they had to say about the Olympics and to another person about their trampolining lessons.

Staff supported people and encouraged them, where they were able, to be as independent as possible. The registered manager told us, "The staff always encourage people to do things for themselves". We observed there was a lot of interaction between people and staff and staff encouraging people to be independent for example to help set the table at lunch time and to choose the cups and plates they wanted to use. We saw one person served drinks to others at lunch time and people were encouraged to take their empty plates from the dining table and place them on to the work top in the kitchen. One person told us they cleaned their own room and put their clean laundry away. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair and care plans and daily records confirmed this.

Staff explained that some people who did not communicate verbally used symbols and signs to help them communicate. They showed us a board on the wall containing Makaton signs that people used. Makaton is a form of sign language used by people with learning disabilities. They told us that people and the staff used this board for reference and we saw staff referring to the signs on the board during the day. One staff member explained that one person had developed their own version of the Makaton signs. They told us "(Person's name) has taught me quite a bit. I've watched them sign and learnt their version so I can understand them". We saw staff communicating with this person throughout the day and it was clear from the person's responses that staff did understand their signs. Another member of staff told us "The people we support are very complex, it's very important that we work closely with them and understand how they communicate".

Staff understood the importance of offering people and informed choice in a format they could understand. They told us and we saw they did this in a range of ways including using symbols, pictures, signs and words. Staff explained the importance of making sure that when offering a person a choice through using pictures that the pictures accurately reflect the choices being offered; for example if a person was shown pictures of fruit on offer and chose a picture of a red apple, then they would expect to get a red apple not a green apple.

We saw there was a photograph board in the hall where people put the photographs, with support from the night staff of the staff coming to work each day. One person we spoke with told us they had put up the photographs that morning and showed us the pictures of the staff who would be coming on duty that afternoon. Staff told us that this person used to get very anxious about who was coming on duty and that this anxiety had reduced since the photograph board had been introduced.

Visitors were welcomed. Staff told us that friends and family could visit at any time and were welcome to join their loved ones for a meal. Relatives confirmed this. Feedback provided by people's relatives as part of the provider's own satisfaction survey indicated that relatives found staff to be friendly, kind and caring. It also included comments about how much family members had enjoyed a Christmas dinner they had been invited to at the service.

Staff demonstrated a strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. Staff gave us a good account of people's individual personalities and character traits. They described what made people happy and what could cause people to become anxious or distressed and what they should do in those circumstances to reassure and comfort people. They knew what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. They knew about peoples' families and people's interests.

People looked comfortable and they were supported to maintain their personal and physical appearance. People were well dressed and wore jewellery, and it was clear that people dressed in their own chosen style. For example, some chose to dress casually, whilst others wore smart clothes. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. A member of staff told us, "It's all about the people and what they want".

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions and were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day.

Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "I always ask people if they are ready to get up and when they'd like to have a bath. They get up and go to bed when they want. I'm not here to tell them what to do, I'm here to support them to do what they want, they tell me what to do".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us they enjoyed going trampolininng, another person told us they liked to watch sport on TV especially "Tennis and sport." A relative told us they were invited to reviews of their family members care and commented "They keep me informed, they ask if I'm happy and ask about everything".

People had very detailed assessments and care plans, which contained good quality information about people's preferences, the support they needed and how they wanted this to be provided. The staff focussed on people's individual needs and it was evident that a lot of time and effort had been taken to get to know people's likes and dislikes and how they liked things to be done. Care plans provided staff with information which guided them as to how to provide care and support in a dignified manner that respected people's wishes for example; one person's care plan stated 'I like going up and down to my bedroom when I please and as often as I please. I do not like staff following me everywhere. I know they need to know where I am at all times and that I am safe, but this can be done from a distance'. The care plans provided step by step guidance for how people wanted to be supported with their personal care. One person's plan detailed the person would indicate to staff they had finished washing themselves in the bath by throwing the face cloth at them and directed staff to stay with the person 'giving them lots of praise and encouragement for small tasks completed'.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. They contained detailed information on the person's daily routine with clear guidance for staff on how best to support that individual. They also provided information on the person's interests, dreams and goals, what those who knew the person liked and admired about them and what their hobbies and interests were. The registered manager told us that staff ensured that they read people's care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits that were reflected in people's care plans.

A Positive Behavioural Support (PBS) approach was promoted to increase people's quality of life. The formulation of an Individual Positive Behavioural Support Plan (IPBSP) and continued analysis of people's behaviours were seen as fundamental to achieving this goal. As part of the analysis they looked at what had occurred before the behaviour and may have triggered it, what happened during the behaviour, what it looked like, what the consequences were, and what were the immediate and delayed reactions from everyone involved. IPBSP's were continually reviewed and monitored, and any incidents of behaviour both positive and negative were analysed. This helped to identify emerging patterns of behaviour, for example whether acts of aggression were displayed to push people away or make people come to them. The data was used by staff and external stakeholders to develop the most appropriate way to provide care to the individual and support them to understand why they had reacted the way they had. The registered manager told us that using this approach had led to a reduction in the number of incidents of challenging behaviour and staff confirmed this.

There was evidence that people engaged in activities, in the service and out in the community. Activities included trampolining, bowling, social clubs, horse riding, attending day centres, educational courses, shopping and cooking. On the day of the inspection some people were out in the community doing activities and attending day services. A member of staff told us, "Most people are really busy there's always something going on". We saw further evidence of people enjoying lots of trips and activities in photographs and detailed in people's care plans. The service also supported people to maintain their hobbies and interests and achieve specific goals. For example, one person liked to listen to stories, another person was supported every evening to go and watch planes coming in to land and leaving a nearby airport and a third liked to go out for walks.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. Complaints made were recorded and addressed in line with the policy with a detailed response. The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Regular meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the meetings and surveys was positive, and suggestions were received from people about holidays and activities.

Good

Is the service well-led?

Our findings

People were unable to indicate to us whether they felt the service was well led. However, staff spoke highly of the registered manager and management team, and felt the service was well-led, and our own observations supported this. Staff commented they felt supported and could approach the registered manager with any concerns or questions. Feedback from relatives and health and social care professionals about the leadership and culture of the service was also positive. One health care professional wrote 'I have asked all my colleagues, both GPs and Practice Nurses, and all of us think they are a great organisation. Our experience is that the carers are very good, contact the practice appropriately; know the clients well and having a very caring attitude towards them. It seems like a very well led home. We certainly have no concerns, and indeed feel it is an example of an excellently run facility'.

There was an open and inclusive culture that encouraged people and staff to work in collaboration with each other and to give their views. We saw that the whole staff team were involved in agreeing ways of working and staff were encouraged to make suggestions for improving the way they worked. The registered manger told us they had emphasised to staff "If you make a mistake, be open and honest about it, don't hide it". Staff confirmed this and echoed this view. One staff member told us "We all make mistakes sometimes but the important thing is to learn from it". Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with the management team. The registered manager told us, "I am always open to suggestions on how to improve, I want us to be the best we possibly can be". The management were visible within the service and the registered manager, deputy manager and area manager took an active approach. The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had or if they learnt of witnessed or suspected bad practice. One staff member said, "If I had any concerns I would tell the manager". Another member of staff told us they had raised concerns in the past and they had been dealt with immediately. All the staff told us they believed that any concerns would be taken seriously and addressed. We were told that whistle blowers would be protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

It was clear from our observations, the conversation we had with management, and staff and people's relatives that the service operated in a person centred way. The staff and management all spoke about the importance of putting people at the centre of everything they did. When asked what the ethos of the service was staff said "The registered manager told us that the ethos of the team was to "Look after people in the best possible way; they come first". Staff told us that people were at the centre of everything they did and that people's happiness and safety was their main focus. Our observations were that the care provided was person centred and individualised

Staff were clear about their roles and responsibilities and they felt well supported. They described an 'open door' management approach. One said, "I have good support, the manager is always here or on the end of the phone". Another said, "The manager has supported me in every way, both professionally and personally, they're very approachable". A third staff member told us "The manager and all the staff are friendly. We work well together we are a good team". Staff told us they enjoyed their work and thought a lot of the people they supported. One member of staff told us "I love coming to work. I enjoy being with the people we support, it's a real pleasure". Another staff member told us "I love it here every day is different". The registered manager was supported by a deputy manager and senior support workers and that they had delegated some areas of responsibility for running the service to members of the staff team. The service had delegated leads in the areas such as infection control, health & safety and medication. They also had staff 'champions' who had expertise in areas such as communication cookery and dignity. These 'champions' provided guidance and advice to other staff members and kept their knowledge up to date by attending specific training.

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. The provider undertook robust quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medication and care planning. The results of audits were analysed in order to determine trends and identify areas for improvement. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and inform plans to improve the quality of the care delivered.

The registered manager informed us that they and the management team regularly attended management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques, the Mental Capacity Act 2005 and updates on available training from the Local Authority. We saw that the service liaised regularly with the Community Learning Disability Team and the provider's positive behaviour manager, who gave support when required, and other professionals involved in providing care to people who lived at the service. The registered manager told us they and the staff had signed up to the Social Care Commitment. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. Each commitment focuses on the minimum standards required when working in care. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care.