Northumberland County Council

North STSS (Short Term Support Service) Alnwick

Inspection report

Alnwick Community Fire Station
Blackthorn Close, Lionheart Enterprise Park
Alnwick
Northumberland
NE66 2ER

Tel: 01670623925

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20 February 2018
08 March 2018
12 March 2018

Date of publication:
31 May 2018

Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection took place on 20 February, 8 March and 12 March 2018 and was announced. This was to ensure someone would be available at the office to speak with us and show us records.

North STSS (Short Term Support Service) Alnwick is provided by Northumberland County Council in partnership with Northumbria Healthcare NHS Foundation Trust. It provides three distinct services; re-ablement, crisis intervention and a 'bridging' service. Re-ablement concentrated on supporting predominantly older people following a recent illness, hospital admission or an exacerbation of a longer term condition, with the aim of getting them back to an optimal level of independence. The crisis intervention service supported those who required immediate support due to a sudden change in their circumstances such as an accident or acute illness. The bridging service supported people until a long term provider was assigned.

At the time of the inspection, the service was providing personal care and support to 31 people in their own homes.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

North STSS (Short Term Support Service) Alnwick was last inspected by CQC in November 2015 and was rated Good. At this inspection we found the service had improved to Outstanding.

The service was very flexible and extremely responsive to people's needs. We saw and heard how staff went above and beyond their role.

The service used a number of research based assessment tools to ensure the best possible outcomes for people, and employed occupational therapists and physiotherapists to work alongside care staff.

People's care and support was planned proactively with them in a person centred way. People's preferences and choices were clearly documented in their care records and people told us they were involved in the care they received. The service had used case studies to review the support people had received and identify good practice or lessons learned.

There were consistently high levels of constructive engagement with staff and people who used the service. Staff felt supported by the registered manager and said there was an "open door policy" at the service. Policies and procedures were in place to keep staff safe, and management and office staff provided outstanding support to care staff.

People who used the service and health and social care professionals were extremely positive about the service. The service worked collaboratively with other organisations and local charities.

Governance was well embedded into the running of the service. Service quality and improvement was high on the organisational agenda and was measured through a variety of audits, satisfaction questionnaires and performance dashboards.

There was a strong emphasis on continually striving to improve. The service had an electronic monitoring system in place. The registered manager told us it helped them "effectively manage resources" and achieve "value for money".

People who used the service and family members were extremely complimentary about the standard of care at North STSS (Short Term Support Service) Alnwick.

Staff respected people's privacy and dignity. People spoke positively about how staff respected their privacy and dignity while carrying out personal care, and the support they received to help them regain their independence.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and staff, and described potential risks and the safeguards in place to mitigate these risks.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place to ensure the safe administration of medicines.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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.

Staffing levels were appropriate to meet the needs of people who used the service. No new members of staff had been recruited since the last inspection.

Accidents and incidents were appropriately recorded and investigated, and risk assessments were in place for people and staff.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they began using the service.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

People and family members told us staff were very caring.

The service enabled people to regain their independence.

Respect for privacy and dignity was embedded in the service and people's care and support was planned proactively with them.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The service was very flexible and responsive to people's individual needs and preferences.

Care and support was planned with people in a person centred way.

People were actively encouraged to provide their views and raise concerns or complaints.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

People, staff and health and social care professionals were extremely positive about the quality of the service.

The provider had an integrated model of care to facilitate hospital discharges.

There were a number of processes in place to gauge the quality of the service and there was a strong emphasis on improvement.

North STSS (Short Term Support Service) Alnwick

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 20 February, 8 March and 12 March 2018 and was announced. This was to ensure someone would be available at the office to speak with and show us records. One adult social care inspector carried out the inspection.

Inspection site visit activity started on 20 February and ended on 12 March 2018. It included two visits to the provider's office to speak with the registered manager and office staff; and to review care records and policies and procedures. We also visited four people who used the service in their own homes.

During our inspection we spoke with nine people who used the service and one family member. In addition to the registered manager, we also spoke with the deputy manager, a supervisor, an occupational therapist and four care staff. We also spoke with two health and social care professionals, made contact with a further two by email and made contact with the nominated individual. We looked at the care records of six people who used the service and the personnel files for five members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People told us they felt safe with staff from North STSS (Short Term Support Service) Alnwick visiting them at home. People told us, "Very safe", "Safe? Oh yes" and "Safe? Always. They [staff] gave me secure peace of mind."

The service had policies and procedures in place to help keep people safe. The provider had a 'no reply' policy in place, which was in case a member of staff could not get an answer when they were visiting someone in their own home. This included a checklist for the member of staff to follow. For example, telephone the property, check through the window, inform the registered manager and contact the emergency services. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. The service also provided advice and guidance to ensure people's safety, such as the use of pendant alarms for vulnerable people.

Accidents and incidents were electronically recorded and monitored, and scrutinised at the provider's governance and performance meetings. A 'lessons learned tracking sheet' was in place, which was a record of any incident that had taken place where it had been identified that lessons could be learned from it. To support people at risk of falls, the service had a 'falls pathway' that included a falls assessment, referrals to GPs or consultant led falls clinics, and signposting people to other services.

We discussed staffing with the registered manager. No new staff had been recruited by the service since the previous inspection so we did not review recruitment records. The service operated a flexible rostering system that allowed them to move staff to other areas depending on need. The registered manager told us this made the system more responsive and cost efficient. A supervisor told us they tried to allocate care staff who lived near to the person and where possible, allocated staff based on the person's interests or specific needs. Staff did not raise any concerns about staffing levels at the service. They told us they had to be flexible and sometimes did a lot of travelling but it was "part of the job". People who used the service told us staff always arrived on time and stayed as long as they should.

The National Institute for Health and Care Excellence (NICE) guidance, 'Home care: delivering personal care and practical support to older people living in their own homes (September 2015)' states providers should, "Ensure service contracts allow home care workers enough time to provide a good quality service, including having enough time to talk to the person and their carer, and to have sufficient travel time between appointments." We found the provider acted in line with this guidance.

We saw a copy of the provider's safeguarding adults' procedure and other relevant guidance and policies such as whistleblowing and how to raise concerns at work. Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents. The registered manager understood their responsibilities with regard to safeguarding and staff received training in the protection of vulnerable adults. We found the provider understood safeguarding procedures and had followed them.

The provider had an infection control operational policy and a hand hygiene policy in place. An annual audit

was carried out and team supervisors carried out quarterly audits, which were rotated so all staff were included.

Appropriate arrangements were in place to ensure the safe administration of medicines. A medicines management policy was in place, staff were trained in medicines management and completed an annual competency check. Weekly reviews were carried out for anyone being supported with medicines. These included checks of medicines stocks and records.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. People told us, "I cannot tell you how grateful I am. They're wonderful, the girls. They are fantastic, there are no other words you can describe", "They were excellent girls, very thoughtful", "They [staff] know what they are doing, they are all so organised. They know their clients so well."

New staff completed an induction to the service. We saw staff mandatory training was up to date and included equality and diversity, fire safety, first aid, food safety, health and safety, infection prevention and control, medicines administration, mental capacity, nutrition and hydration, and safeguarding. Mandatory training is training the provider deems necessary to support people safely. Training was monitored to ensure it was up to date and staff had the necessary training for their role. Staff told us the training was "really good" and "They [management] are very good on the training side." A supervisor told us, "Carers come in and request extra training."

Staff received a supervision at least every four months and an annual appraisal that was reviewed after six months. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. As part of the supervision process, staff received an annual observation in the workplace.

Referrals to the service were made via a 'single point of access'. Referrals were made by hospital and GP staff, health or social care professionals, or via the person themselves or their family members. Referrals were prioritised and those triaged as urgent were allocated to the registered manager or deputy manager and were responded to within two hours. An initial visit was carried out by a care supervisor and a comprehensive baseline assessment was carried out. If people were assessed as needing longer care, they were referred to a long term care provider. However, the care and support provided by the service did not stop until a provider was found and in place. A supervisor told us, "We stay in situ until something can be put in place."

Staff supported people with their dietary needs. For example, staff prepared meals for people who were not able to independently mobilise. People's food and drink preferences were recorded and people could make choices about what they had to eat and drink.

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. All of the people using the service at the time of the inspection visit were able to make their own choices. People had provided consent to their care and support and this was

documented in care records. One person told us, "They have my full consent."

Good

Is the service caring?

Our findings

People who used the service were very complimentary about the standard of care at North STSS (Short Term Support Service) Alnwick. One person told us, "She [staff] keeps asking me if I'm ok and says, 'We are here to listen and do whatever you want'" and "I just can't thank them enough for what they've done. I'm going to have them all around for a cup of tea." Other people told us, "I couldn't have coped, especially at the beginning. They are very caring", "They are listeners. They are good at communicating with each other" and "The girls were there for me to talk to. They gave me a lift [mood] when I needed it."

The service involved people in their care, communicating with them so they felt consulted, listened to and valued. People's preferences and choices were clearly documented in their care records, and people told us they were involved in the care they received.

Feedback from the most recent Northumbria Healthcare NHS Foundation Trust 'two minutes of your time' survey sent to people who used the service included, "Thank you to all the carers who were amazing with my [family member]. Lovely people, thank you" and "All my ladies were extremely supportive, positive, encouraging and friendly. It has been a pleasure having them help me through the first part of my healing and I have really appreciated greatly the wonderful service I have received."

Respect for privacy and dignity was embedded in the service. Care records demonstrated the provider promoted dignified and respectful care practices to staff, and people spoke positively about how staff respected their privacy and dignity while carrying out personal care. One person told us, "She [staff] stays outside while I have a shower. I can hear her singing while she's making my breakfast." Another person told us, "They are very good at that [respecting privacy and dignity]. When I was able to get in the shower by myself, they withdrew and were very good not to intrude. Whenever I called for them to come to my aid, they did that. They were respectful and always did what I asked them to do." Another person told us, "They gave me my privacy and they gave me my dignity."

The service supported people to help them regain their independence. Discussions had taken place with people about individual goals or targets they wanted to achieve from their support. This meant people were proactively involved in planning their care and support. The majority of the goals were about supporting people to regain their independence following an injury or operation. For example, one person wanted to regain their independence so they could carry out their own personal care, dress themselves and make their own meals and hot drinks. Another person's goals included being independently mobile indoors and to be able to dry their own feet and apply cream.

People who used the service told us how staff supported and encouraged them to regain their independence. One person told us, "[Staff] told me, 'I'm going to see how far you can go' [when dressing and undressing]. They kept an eye on me. It's an achievement for me and an achievement for them." Another person told us, "I just get one visit a day now as I am walking with a stick. I couldn't have done it without them." Another person told us, "They enabled me within two weeks and gave me enough confidence to be able to carry out my own personal care. The girls allowed me to regain my independence."

A weekly feedback form was completed for each person that provided an update on the progress they were making towards their goals. These were recorded even if only a little progress had been made as it was still an important step for the person. For example, one care staff had recorded, "After working with [name] on Tuesday and Wednesday, on Thursday [name] had managed task before my arrival." Another person who had been receiving four visits per day had cancelled two of them as their goal of being able to transfer independently and make their own meals had been achieved with the support from staff. This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

People's religious and spiritual needs were documented. The provider had an equality, diversity and human rights policy in place. During assessments, people were told they may be asked for protected characteristics and that they did not have to answer every question if they did not want to. There are nine characteristics protected under the Equality Act 2010. They are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records. The provider had information governance and date protection guidance in place.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Outstanding ☆

Is the service responsive?

Our findings

The service was extremely flexible and responsive to people's needs. We saw and heard how staff went above and beyond their role. For example, during a period of bad weather and heavy snow we heard from people who had been affected by the snow about how staff had worked together and responded to the needs of the people they supported. People told us, "They [staff] had to walk here because they couldn't use their cars. They still got here. Marvellous!", "They rang to tell me they were going to be late due to the weather but they still made it. They've never missed a visit" and "They were always on time despite the weather. Some walked to get to me in the snow."

If a member of staff lived in a village or community that was cut off, they responded by carrying out the visits in that area. For example, the deputy manager covered calls in the town where they lived to save staff having to try to drive there. A staff member we spoke with told us, "We have been supporting people we don't normally due to the weather as the usual carers couldn't get there. We made sure people had basic needs like bread and milk." One of the occupational therapists told us they had gone out in their four wheeled drive vehicle to ensure people were okay and had taken supplies and made fires for people. This demonstrated an exceptionally person centred approach by staff. Person centred means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Health and social care professionals told us the service was focussed on providing person centred care and support. They told us, "They [staff] worked very long hours making sure people's needs were met" and "We managed to sustain services because staff were out there. It was amazing." Another health and social care professional told us, "Staff were amazing [during the bad weather], checking around to make sure people were ok. They used their initiative."

Staff and health and social care professionals told us the service had recently stepped in to assist when a long term care provider had withdrawn their service. This meant the registered manager had to utilise their resources in a different way and help to cover the gap in long term care until other providers could be found. The registered manager had set up a weekly meeting to review every person using the service and to ensure a robust plan was in place for their current and long term care needs. A health and social care professional told us, "They [registered manager] set the ground work for long term planning. Usually the plan is that good that we don't need to tweak it."

The service employed occupational therapists and physiotherapists to work alongside care staff to support people and their families. An occupational therapist told us how the service worked closely with district nursing teams to ensure people received timely and positive outcomes. For example, they arranged for a person to have a hospital bed with an air mattress at their home so they could stay at home rather than being admitted to hospital. They told us, "We see the family as the whole package, not just the client. We support the family and give them advice and prompts." A staff member told us, "It's good that occupational therapists and physios all work with us. It streamlines the process and makes things happen a lot quicker." People who used the service told us, "I can't praise them highly enough. The physio is fantastic" and "Every single member of the team that came in here, including the occupational therapists, were fantastic."

The service used a number of research based assessment tools to ensure the best possible outcomes for people and ensure their care was planned proactively with them and their family members. Assessment tools included the 'Canadian occupational performance measure' (COPM), which was used to assess people's performance with everyday living skills. The service also used the 'Tinetti assessment tool'. This was used to gauge a person's ability to perform a specific task such as sitting on a chair, rising from a chair, standing, turning 360 degrees and sitting down. These tools involved people in their care and recorded their perception of how well they were able to carry out everyday activities of daily living.

People told us staff were exceptional at consulting them and involving them in their care. One person told us, "The girls were there for me to talk to. They supported me all the way and made me feel valued" and "They enabled me and gave me confidence." Another person told us they were consulted "every step of the way" and they were asked by staff how they felt things were going. A staff member told us, "We listen to them and encourage them" and "It's nice to make a difference." This meant people were involved in their care and felt consulted, listened to and valued.

The service had used case studies to review the support people had received and identify good practice or lessons learned. For example, one person was referred to the service because of the deterioration in their ability to mobilise following a fall. The person was discharged from hospital into respite care until they were able to transfer independently. The service implemented a maintenance exercise and mobility program and over a period of several weeks, improvements in the person's mobility were documented. The person went from requiring 24 hour care to returning home with care visits four times per day. It was also noted the person's mood had improved significantly as they were able to mobilise independently around their own property. Reflections and learning from the case study showed the person had benefitted from the joined up working between the service and other health and social care professionals. In particular, the gentle encouragement provided by staff for the person to achieve their goals.

People spoke positively about how responsive the service was and that without them they would have spent a longer time in hospital or full time care. One person told us, "I would have been in a state without them and would never have been able to manage at home." Other people told us, "It took them one day to get sorted after I left hospital, which was fabulous" and "I couldn't have coped, especially at the beginning."

Care records described what tasks and activities were to take place at every visit and where risks had been identified, an appropriate risk assessment was in place. Every improvement in people's abilities was documented, no matter how small the improvement was. A staff member told us, "Every little change or improvement is important, it shows they are making progress." Records were kept up to date and were regularly reviewed.

The service had supported people with their end of life care. Policies and procedures were in place to support people at this time, and staff had received appropriate training. A compliment received by the service from a family member stated, "Just to tell you how much your gentle, kind nursing meant to [name] and I in the last few weeks of his life. You are a wonderful set of women who do a fantastic job with such skill."

The service worked with other organisations to help ensure people's social needs were met. Support planners worked alongside the staff team and were knowledgeable about what activities were available in the community and how people who used the service could access them.

People were encouraged to provide comments, compliments or concerns via 'Have your say' sheets that were in each person's care file. The provider's complaints policy was made available to every person who

used the service. Only one concern had been reported to the service in the previous 12 months. We saw this had been appropriately investigated and dealt with, and the person was happy with the outcome. People we spoke with told us they were regularly consulted but did not have any complaints to make. One person told us, "They come out to check everything is ok" and "They listen to what you say."

The registered manager regularly reviewed the quality of the service to see what could be improved. Meetings were held to discuss lessons learned from case studies, complaints and surveys, and best practice was shared and discussed. For example, it had been recognised that lessons could be learned from the recent bad weather and how the service ensured the most vulnerable people they supported were prioritised. An action plan had been put in place to support this.

Outstanding ☆

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since July 2016.

Staff received exceptional support from management and office staff. For example, staff we spoke with told us office staff had gone out to a village where there were problems with receiving a mobile phone signal. They had checked to find where the mobile phone hotspots were in the area so staff knew where to go if they needed to contact the office or make an emergency call. Staff completed security forms, which included emergency contact and car registration details that could be passed to police if they were unable to be located. Systems were in place if staff needed urgent assistance and an out of hours emergency assistance protocol was in use. A manager was always on call and available.

Staff told us there was an "open door policy" at the service and they received "fantastic support" from the management and office staff. They told us, "We are welcome here anytime", "The manager is fantastic. You can approach her with anything. If she can't sort it there and then, she will get back to you" and "We can just call anytime. We are not frightened to." Staff told us they were consulted and involved in the running of the service. The provider's nominated individual told us, "Despite Northumberland being a large county consisting of both urban and rural communities the senior management team undertake regular visits to each team to offer support, deliver key information through team briefing sessions and to engage staff in the service modernisation programme."

A health and social care professional told us, "This is a spectacularly professional group of staff. They always put the clients first. I can't commend them enough" and "They are incredibly well led and the staff on the ground are brilliant." Another health and social care professional told us, "[Registered manager] gives good direction" and "They are a really fantastic service."

Effective systems, guidance and policies were in place to support staff and keep them safe. Staying safe on social media, driving safely at work, severe weather and lone working guidance was provided for staff. Staff 'tagged' in and out of a visit to someone's home using their mobile phone. This data assisted management staff to monitor the safety of people and staff if the system flagged up that a staff member had failed to make a visit. The provider had a contingency plan in place in case of a failure with the electronic system. The electronic system also allowed the registered manager to produce a variety of reports such as punctuality, visit lengths and staff capacity. The registered manager told us it helped them "effectively manage resources" and achieve "value for money". This included the monitoring of response times for visits by therapists. The registered manager told us they were reviewing the current system to see if it was still fit for purpose.

The provider had fully adopted the guidance outlined in the National Institute for Health and Care Excellence [NICE] in their publication, 'Transition between inpatient hospital settings and community or care home settings for adults with social care needs.' This stated, 'Consideration should be given with regards to early supported discharge with a home care and rehabilitation package provided by a

community-based multidisciplinary team for adults with identified social care needs.' We found there was a joined up approach to providing holistic care that met the needs of people. This was enabled by an integrated system of leadership to help ensure people experienced the best possible outcomes. This was confirmed by people and social care professionals we spoke with.

People who used the service were extremely positive about the service. They told us, "I couldn't really praise them enough. They are second to none", "They [the service] are open. Communication is very good" and "They are excellent. I really cannot fault them."

We found the provider's integrated model of care facilitated hospital discharges, helped avoid unnecessary hospital admissions and reduced the number of people requiring long term care by supporting people to regain their independence. The service used the 'Situation, Background, Assessment and Recommendation' [SBAR] to communicate between each other and with other health care professionals such as GPs and social workers. The SBAR technique provides a framework for communication between members of the health and social care team about an individual's condition.

The service worked collaboratively with other organisations. For example, a link with the Red Cross provided low level 48 hour support, transport out of hospital and freed up the service's own staff. The service was in partnership with Age UK, who ran exercise programmes and positive stability classes on behalf of the service. The service also worked in partnership with a local charity that supported people who cared for family members, the local blind association who supported people with sensory needs, and a group that supported elderly people with activities in the local community.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider's nominated individual told us service quality and improvement was high on the organisational agenda and was measured through a variety of audits, satisfaction questionnaires and performance dashboards.

A performance and quality assurance framework was in place that featured a number of key themes. These included risk, service review, management of human resources, governance, development initiatives and service specific training. For all of these themes, a number of measures were in place to gauge the effectiveness of the service. For example, to ensure people received effective care and support, staff performance was monitored and fed back via supervisions. Checks were carried out to ensure mandatory training was up to date and each member of staff had received two appraisals in the year. A supervisor told us the systems in place were "effective" and regular meetings took place to discuss performance. We found the provider's performance management processes were effective and regularly reviewed.

There was a strong emphasis on continually striving to improve. The provider had an action plan in place, which was based on the five CQC key questions and for each action there was a description of the action, who the owner was, the target date for completion and progress made. The provider's nominated individual told us, "The registered manager forms part of the front end service team who meet regularly at performance, quality assurance and service delivery improvement days. Locally the team develops quarterly CQC compliance action plans that highlight the key areas for service improvement. The localised quarterly action plans contribute to the broader service action plan countywide for the Short Term Support Service. In addition to these measures there is continued sharing of best practice through team meetings and where lessons can be learnt through the scrutiny of any informal/formal complaints and incident reported through the online Datix system."

Managers' meetings reviewed the quality of the service, whether there were any themes and what could be

improved. Alternate meetings took place that included a peer supervision where best practice was shared and discussed. Any issues that couldn't be resolved were added to the agenda for the main meeting. Managers also took part in a fortnightly conference call so they could be kept up to date and discuss any issues.

The Northumbria Healthcare NHS Foundation Trust 'two minutes of your time' survey was used to gather feedback from people on the quality of the service. This was carried out quarterly and questions were based on dignity and respect, feeling involved, staff skills, confidentiality, accessibility and information. All of the sections on the most recent survey scored over 90%, with three scoring 100%. One person who had completed the survey commented, "I was extremely pleased with the service. All the staff were polite and caring, and what's more is I'm assured should I need them again in the future, I can call them."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.