Spectrum Continuing Care CIC

Spectrum Continuing Care CIC

Inspection report

9-19 Rose Road
Southampton
Hampshire
SO14 6TE

Tel: 02380330982
Website: www.southamptoncil.co.uk

Date of inspection visit:
13 February 2017

Date of publication:
14 March 2017

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 13 February 2017 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

Spectrum Continuing Care CIC provides personal care and support to people in their own homes. At the time of this inspection they were providing a personal care service to nine people with a variety of care needs living in the Southampton area.

There was a registered manager at the service. 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.

At the last inspection in December 2015, we asked the provider to take action to make improvements to the quality monitoring procedures and to ensure people's legal rights to make decisions were assured and the Mental Capacity Act 2005 was fully implemented. The registered manager sent us an action plan and at this inspection we found this action has been completed.

People felt safe and staff knew how to identify, prevent and report abuse. Legislation designed to protect people's legal rights was followed correctly. Staff were aware of consent and how this affected the care they provided. People said staff always obtained their consent before providing care. Staff offered people choices and respected their decisions. People were supported and encouraged to be as independent as possible and their dignity was promoted.

The registered manager and provider were aware of key strengths and areas for development of the service. Quality assurance systems were in place using formal audits and through regular contact by the provider and registered manager with people, relatives and staff. People and relatives were able to complain or raise issues on a formal and informal basis with the registered manager and were confident these would be resolved. Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs and preferences. Reviews of care involving people were conducted regularly. People had access to healthcare services and medicines were managed safely. People received support to manage their dietary needs if required.

People and their relatives said they were very happy with the service and care they received. They said staff were kind and caring. Staff had built good relationships with the people they provided care for. People and their relatives told us care was provided to them with respect for their dignity by a consistent care staff team.

There were enough staff to meet people's needs. The recruitment process helped ensure staff were suitable for their role. Staff received appropriate training and were supported in their work.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe as there were systems in place to recognise and respond to abuse. Staff had received training in safeguarding adults and were aware of how to use safeguarding procedures.

There were safe medication administration systems in place and people received their medicines when required. Risks associated with the delivery of care were assessed and steps taken to minimise that risk.

There were enough suitably skilled and knowledgeable staff to support people when they required them. Recruitment procedures were followed to ensure staff were safe to work with people.

Is the service effective?

Good

The service was effective.

Staff were aware of consent and how this affected the care they provided. People said staff always obtained their consent before providing care. Systems were in place to support people who may be unable to make some decisions and ensure their legal rights were protected.

Staff received sufficient training to give them the knowledge and skills to support people and meet their needs. Staff received support and supervision with systems were in place to enable staff to speak with the registered manager regularly and whenever required.

People received support to manage their dietary needs if required. Staff knew people's needs and people received appropriate health and personal care.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were kind and caring. Staff

had built good relationships with the people they provided care for.

Staff respected people's privacy and dignity. People felt involved in their care and that they were encouraged to be as independent as they could be.

Is the service responsive?

Good

The service was responsive.

People told us the care they received was personalised. People's needs were reviewed regularly to ensure this remained appropriate for the person.

The registered managers sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Is the service well-led?

Good

The service was well led

Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided.

Staff could access advice and guidance as needed.

Audits were carried out to assess and monitor the quality of the service people received and action was taken to address areas of improvement.

Spectrum Continuing Care CIC

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 the 13 February 2017 and was announced. Notice was given because we needed to make sure that the people we needed to speak with were available. The inspection was carried out by one inspector.

Before the inspection, the service completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the home including previous inspection reports and action plans received from the provider.

We spoke with six people or relatives of people who received a service from the agency and visited one person and viewed records held in their home. We spoke with the registered manager, three office based staff and six care staff. We also spoke with the provider's nominated individual who has legal responsibility for the service. We looked at care plans and associated records for five people, staff duty records, staff recruitment and training files, policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

People said they felt safe. They told us they were cared for by staff who took their time and provided care in a safe manner. One person told us, "New staff always come with one of the experienced staff who shows them what to do. A new girl [staff member] came last week, that's good because then we get to know them". When asked if they felt safe with staff, another person said, "Yes, Yes, they arrive on time and always ask if we need anything else done before they leave". A relative said, "There are always two staff when they use the hoist, they have to do that for [name of relative] safety". Another relative said, "I have peace of mind knowing [name of relative] is safe with them". People and relatives said they would have no hesitation in contacting the registered manager if they had any concerns about the care they received.

Staff knew what to do if they suspected abuse. Staff could identify the signs that abuse might be taking place and felt confident to report their concerns and follow these up with the local authority or CQC if necessary. Staff knew about whistle blowing procedures and were aware of their personal responsibility to report unsafe practices to the registered manager or relevant authorities. One member of staff said, "I'd tell [name of registered manager] I know they would do something or I could call you (CQC) or social services". The safeguarding policy used by the provider gave comprehensive information and guidance for staff about safeguarding and their responsibilities for ensuring people were safe. The registered manager was aware of their responsibilities for safeguarding and was aware of how to contact the local authority if they had any concerns about people's safety.

Medicines were managed safely. Some people or their relatives managed their own medicines, whilst for others staff administered their medicines. A relative told us, "I used to give [name of relative] the tablets but now the personal assistants [care staff] do that". Staff were aware of people's rights to refuse medicines and stated they asked people if they needed 'as required' medicines such as paracetamol for pain relief. Where people would be unable to state if they needed 'as required' medicines there was limited information as to how the person may demonstrate a need for this to be administered and a formal pain assessment tool was not in use. Staff administering medicines worked consistently with the person and therefore would be aware of when these may be required. The registered manager agreed additional information within the care plans about when 'as required' medicines should be given was an area which required development. Staff had completed Medication Administration Records (MARs) when they had administered medicines. These were returned to the agency office each month where they were reviewed. Where gaps or other concerns were identified the relevant staff member was contacted and an explanation sought. We were told that if necessary additional training or supervision would be provided. We saw this had occurred where staff had not been recording when some medicines were not needed by a person.

Staff involved in the administration of medicine told us about medicines training they had undertaken and commented that it was detailed and relevant to their work. Following training and before any staff commenced medicines administration they were observed and assessed as competent by an experienced staff member. Care staff knew people's needs in relation to medicines and information was included in care plans. For example, in one care plan there was guidance for staff that tablets should be put in a specific container and given to the person who would then take them. There was also information that a relative

would be responsible for giving the person other medicines when personal assistants were not scheduled to attend the person. Systems were in place, and in use, to ensure staff knew which prescribed topical creams should be used for each person and where they should be applied. Care staff confirmed they always used gloves when applying topical creams. One person told us how staff always applied topical creams and this was also mentioned by a staff member who assisted the person on a regular basis.

People were involved in identifying and managing risks associated with their care needs. When people were referred to the service, the registered manager and care co-ordinator carried out visits to the person in their home. They identified the care required with the person and potential risks to the person or staff that could occur during the delivery of care. These included any risks due to the health and care needs of the person such as for moving and handling, use of equipment, nutrition, medicines and where the person may behave in a way which places themselves at risk. Where risks were identified there was guidance for staff as to how to reduce risks to people and themselves. For example, one person was at risk of choking. There was guidance for staff as to the texture of any food they provided and that fluid thickener powder should be added to all drinks to a specific consistency. Where people required support with their mobility, moving and handling risk assessments had been carried out in consultation with health care professionals. These included the date equipment staff would be using was due to be serviced. Where particular equipment was used in a person's home, members of staff were taught to use that equipment and where necessary two staff were scheduled to work with that person. Staff told us they had completed training to use any equipment and that two staff were always present if this were required.

Environmental risks were also assessed which included the rooms being used, access and security to the home and any pets. Risk assessments were written based on the needs within the care plan and were designed to ensure the safety of the person and staff whilst carrying out the activity.

Recruitment and selection processes ensured that all essential pre-employment checks were completed before new staff commenced working with vulnerable people. The registered manager explained how they matched staff to the requirements identified by the person such as age, specific skills needed such as driving licence and gender of the staff they wished to support them. Adverts were placed and suitable candidates were invited to an interview with the registered manager and a senior staff member. Successful candidates then completed an application form. References and a criminal record check with the disclosure and barring service (DBS) where requested. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working in care settings. The registered manager said staff did not commence working until these pre-employment checks were received which established that staff were suitable to work in care. The registered manager had identified that the application form did not contain sufficient space for a full employment history and had amended the form. We saw that more recent applicants had provided a full employment history and records showed the pre-employment checks were completed. New care staff confirmed that these procedures had been undertaken and they had not commenced work until all pre-employment tasks and checks had been completed.

There were sufficient staff to provide the care and support people needed. People said they always received the care they required, and that staff always stayed the correct length of time. Office staff showed us the staff allocation system they used. Staff and people were able to access an on-line service which posted up rosters of staff for an individual person. Each person had a group of regular care staff who provided the majority of care hours for that person. Where staff were required to cover for staff on leave or off sick, the service aimed to find another member of staff who had previously supported the person. This ensured people were supported by staff who they knew and who knew their needs. One person said, "They (the office staff) are very good at letting me know if staff are delayed. Sometimes [name of the registered manager and other office staff] come out". The registered manager said they always considered the implications on staffing

when deciding whether or not to accept new care packages. Staff told us they had adequate time to complete all required tasks at each visit and that should they arrive late "due to traffic" they always apologised and stayed the full time. People confirmed this saying that if staff were late they would always stay for the correct time and complete all the allocated tasks.

Staff knew the procedure to follow in the event of an emergency. Staff told us they would first call for medical assistance if required and then contact the registered manager or office staff who would arrange for assistance and if necessary inform people staff were due to attend that there was a delay. An on call service was available where staff and people could contact a senior member of staff out of office hours for support or guidance. Staff told us about when they had needed to take action in emergencies and this confirmed they had acted correctly to ensure the person received the care they required. Staff also confirmed people they were due to subsequently support had been informed of the delay although specific details had not been provided to them.

Good

Is the service effective?

Our findings

Following the previous inspection in December 2015 we found improvements were needed to ensure people's legal rights to make decisions were assured and the Mental Capacity Act 2005 (MCA) was fully implemented. We made a requirement telling the provider they must make improvements. An action plan was received and at this inspection we found improvements had been made.

The 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 and relatives all told us they had been involved in discussions about care planning and were included in reviews of their care plans. We saw people had signed their care plans agreeing to the care the agency intended to provide. Formal assessments of people's ability to make decisions relating to their care had been undertaken. Where these had shown people lacked the capacity to make some or all decisions best interest assessments and decisions about care had been completed. Care plans included information about people's ability to make decisions and support they may need to do this. For example, one care plan reminded staff that a person could make decisions but needed time to process information and respond to questions.

Staff were aware of consent and of the Mental Capacity Act 2005 (MCA) and had an understanding of how this affected the care they provided. Staff described the process to follow if they were concerned a person was making decisions that were unsafe. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. They told us they had completed training and this was reflected in certificates seen in staff files and information seen on the training records.

People said they were always asked for their consent before care was provided. One person said, "They ask before doing anything and check that it's okay". Staff said they gained people's consent before providing care. One staff member said, "I always ask and tell them what I am doing, if they say no I wouldn't continue and let [name office staff] know". They added they tried to encourage people to accept planned care but respected people's decisions. A relative confirmed that if their loved one declined care this was recorded and the person was not made to receive care they had not consented to.

People's health and personal care needs were met. People's health needs were identified as part of the assessment process and care plans contained information about people's health and personal care needs including any action that was required to meet these. These also identified health care professionals who were involved in providing care and treatment for the person. There was information available for staff on medical conditions people were known to have and how this may affect the person or delivery of care. Clear guidance and instructions were in place for staff to follow should people require support with their specific health needs. A person told us how staff were assisting their rehabilitation after a prolonged hospital stay and supported them to have daily walks to build up their strength. Staff told us they had supported people

to attend medical appointments or had been involved in discussions with health professionals who visited the person. Where necessary specific health professionals were involved in providing direct training for staff to meet identified health and care needs.

Staff knew people's needs and described how they met them effectively. Staff recorded the care and support they provided and a sample of the care records viewed demonstrated that care was delivered in line with the care plan. Staff told us they would read previous daily notes to check if there were any additional tasks that needed doing and also asked the person. Duty rosters detailing which staff would be attending at each call showed a high level of consistency of care staff for each person. This meant staff were aware of people's individual needs and how these should be met.

People received support with eating and drinking according to their assessed needs which were detailed in their care plans. Some people required their nutritional needs to be met via a specific type of diet or to be received via a tube going directly into their stomach. Where this was the case staff had received the necessary training to do this safely and told us about the support people required. Other people told us staff always asked them what they wanted and made sure they had access to drinks at all times. Staff told us, "We always ask the person what they want to eat or drink." Another staff member said, "I always check with the person and offer choices when available." Where staff had provided food or drink they recorded this within the daily notes made at the end of their visit.

Systems were in place to ensure staff received regular structured supervision. Structured supervision provides an opportunity for individual care staff to discuss their work, training needs and any concerns with the registered manager. Care staff and the registered manager confirmed they had opportunities to formally meet and discuss their work or training needs which was confirmed by records viewed in staff files. The registered manager and office staff also undertook some care calls with care staff when two care staff were required. They identified this provided a good way to supervise care staff and ensure they were providing appropriate care for people. Staff said they felt supported by the registered manager and other office staff and that they could telephone or visit the agency office at any time if they had concerns or needed support.

People were cared for by staff who had received appropriate training. People and relatives were confident that care staff had the skills to care for them effectively. One person said, "Everything is wonderful. I get all the help I need". Another person said, "They do everything very well". A relative made similar comments and said, "They know what they are doing and how to do it, no worries at all about that". Training was provided by in house computer based training and via external trainers. An office staff member had recently completed additional qualifications enabling them to provide training directly to staff. They identified that this would help ensure training was focused on the specific needs of the people the service supported. Staff said they had received a lot of training. Comments included, "The training is really good, especially when we learn about specific aspects of conditions people may have". Another care staff member told us, "We get lots of training". The subjects covered by the on-line courses included safeguarding, general moving and handling, medicine administration, food hygiene and infection control. Some training was specific to the needs of individual people which included understanding of medical conditions and care needs. These were delivered in the organisation's offices.

New care staff completed an induction which covered a range of training including the Care Certificate. This is awarded to care staff who complete a learning programme designed to enable them to provide safe and compassionate care for people. Most care staff had obtained or were undertaking a care qualification. The registered manager monitored staff training and had systems in place to identify when staff were due for refresher training which was then booked. When new staff began working with a person they worked alongside more experienced staff until they were familiar with the person, their care needs and their home.

This was confirmed by people and relatives who told us about a new staff member who was shadowing experienced staff at the time of the inspection. A member of staff said, "The shadowing is giving me the confidence and skills I need before working on my own." Another new member of staff said the induction training had been comprehensive and they were undertaking the care certificate. They also told us they had been told they would be able to do a care qualification once the induction period was completed.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person said, "They are wonderful, I could not manage without them". Another person confirmed that the staff who supported them were nice and they liked them. A relative said, "[name of relative] is very happy with them", they added "We have a nice little team at the moment who get on with us and each other". People said they had good relationships with the staff caring for them. One person said, "We have a chat, I've got to know them". A relative said "[My relative] is happy to receive care". Comments also included, "They are fantastic", and, "Very caring".

Care staff said they always kept dignity in mind when providing personal care to people. Staff told us they maintained people's dignity by always closing curtains or doors and using a towel to keep the person covered as much as possible. People said this was how care was delivered. One person said, "Yes, they remember to close the curtains".

People said care staff consulted them about their care and how it was provided. The service did not usually accept calls for less than one hour duration. The registered manager told us this meant staff had time to provide care and did not rush people. Care plans showed people were involved in the planning and reviews of their care. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

Care staff respected people's choices as to how they received care and their rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. Care staff also said they would inform the registered manager or office staff. The registered manager told us that if a person requested not to have a particular staff member again this wish would be respected. This showed staff respected people's opinions. Staff understood the communication needs of people. For example, when we spoke with one person a care staff member gave us guidance about the person's communication needs and were able to help us understand the person's responses. A relative told us staff took time to understand what their loved one, who was unable to speak, was trying to communicate. Information as to how people communicated and made decisions and choices was included within care plans. This would help ensure people were able to express their choices.

Staff had built up positive relationships with people. People were supported by a small consistent staff team. This meant people and staff had the opportunity to get to know each other, which helped build trusting relationships. The registered manager described how this had helped a person accept the care and support they required with their personal care. The registered manager explained how they used a meet and greet system to introduce new personal assistants to people. One person told us, "It is good that I can meet them before they come to work with me. The meet and greet gives me a good idea if I am going to get along with them". A relative told us a new staff member had recently been introduced to them by an office staff member. They felt this was good as they would then know who to expect when they saw the staff members name on the allocation roster. A staff member told us they had met everyone they would be providing care for before commencing shadow shifts.

The registered manager told us how they had responded when a person was admitted to hospital and then helped ensure the person could return home, as was their wish, for end of life care. When first admitted to hospital the registered manager had visited the person and stayed with them until they were settled on a ward. Subsequently, when it was identified that no further treatment could be provided they supported the person's wish to return home. Staff stayed with the person throughout the day and returned to support their relative following the person's death. This showed that the service supported the person to have their preferences for their end of life to be met and ensured they received the care they and their relatives required.

Staff spoke positively about their work and about the people they supported warmly. One staff member told us, "I love working for Spectrum. I've not done care work before but I really enjoy it." They added that they liked going home knowing they had made a difference to people's lives. Other comments from staff included, "I enjoy this job". Staff were able to tell us about the people they were supporting and were aware of what was important to them. A relative told us how staff did extra jobs such as providing transport for the person when the care visit was completed and the person wanted to go somewhere. Another relative told us how office staff had noticed that they, the relative, was not looking so well and had, "Encouraged me to go to the doctors". They told us the office staff member had telephoned them to see if they were 'okay' following the appointment. Staff told us how they felt cared for by the office staff and registered manager. One told us how they were offered lifts back to the train station following training and that whenever they telephoned the office staff there made time to talk to them.

All records relating to people were kept secure within the agency office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access.

Good

Is the service responsive?

Our findings

People received individualised care that was responsive to their needs. Everyone we spoke with was very satisfied with their care and the way it was planned and delivered. One person said, "My needs are met, I'm quite happy". A relative said, "They [office staff and care staff] are really helpful and when things change will arrange to change times of visits". The relative gave the example of when the person had had a hospital appointment and staff offered to support the person if needed. Another relative told us their family member got consistent care from regular staff, and said, "It's usually the same four or five staff". Where a person had requested a change to their care relatives confirmed this had been done. For example, the registered manager explained how they had provided extra staff at a weekend when a person's relative had not been available to undertake the care they usually provided.

Care plans reflected people's individual needs and were not task focussed. For example, one care plan viewed contained a contingency plan stating that other family members would provide care in an emergency or if the regular staff member was not available. Another care plan detailed what was important to the person including, them gaining more independence and confidence to go out on their own. Information about social goals were also included such as how people liked to spend their leisure time. Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care. There was a system that care plans could be reviewed and updated as needs changed or on a regular basis every three months. The office staff member responsible for care plans told us they consulted with staff who provided care prior to reviewing care plans and the person whose plan they were reviewing. People and relatives said they were involved in the planning of their care and that this was reviewed regularly. Records confirmed this and most people had signed their care plans.

A daily record of care provided was kept for each person. These were returned to the services office monthly where they were reviewed to ensure people had received the care and support as planned. Staff were clear that if they felt they needed extra time to meet a person's needs they would let the registered manager or office staff know and were confident they would make any necessary arrangements. The registered manager told us they were working with the local authority to increase the hours allocated for one person whose needs had increased. One relative told us they had requested a change of time for their calls and that this was being addressed. They said they had been introduced to a new staff member who would be able to provide care at their preferred times once they had completed their induction.

People were encouraged to share their opinions and experiences of the service in a number of ways. In January 2017 the registered manager arranged for all people receiving a service to be contacted by telephone by a professional working with the provider but not directly for the service. Overall the response from people or their relatives had been positive. Where issues had been identified the registered manager had reviewed these and taken action to address the concern.
Spectrum also sought feedback from people or their families during the regular reviews of care plans where an office staff member visited people to discuss how the service was meeting their needs. People or their relatives were specifically asked about what was going well and what was not going well. This would provide a prompt to people or relatives to raise areas for improvement. The registered manager told us that they

would contact people, or where appropriate relatives, after new staff had visited to check they were happy with the way the staff member had provided care.

People or their relatives were aware of how to make a complaint or raise a concern about the service they received. Information on how to make a complaint was included in information about the service provided to each person and kept in the file held in the person's home. People and relatives were all able to name office staff including the registered manager and stated they would feel comfortable raising any issues or concerns with them. A person told us, "I haven't had reason to complain", but confirmed they knew how to if the need arose. A relative said, "If I had a complaint I would ring up the office but have no need – not at all." Everyone we spoke with confirmed they knew how to complain and would do so if the need arose. They were confident that the registered manager took their concerns seriously and would take appropriate action in response. Should complaints be received there were appropriate procedures in place to respond to these including providing a written response to the complainant. The registered manager stated they had not received any formal complaints since becoming the registered manager. They stated that if a complaint was received it would be recorded with a full record of the investigation and outcomes documented. A written response would also be provided to the person making the complaint.

Good

Is the service well-led?

Our findings

Following the previous inspection in December 2015 we found improvements were needed to ensure the provider had formalised and effective systems in place to review and monitor the quality of service provided. We made a requirement telling the provider they must make improvements. An action plan was received and at this inspection we found improvements had been made.

There were procedures in place to monitor the quality of the service people received. The provider had contracted with a social care consultant who had undertaken a quality review of the service in July 2016. This had identified a need for a greater focus and detail within the provider's quality monitoring systems. A follow-up audit by the consultant in November 2016 had highlighted improvements and some areas for continuing work. Since the previous inspection the provider had undertaken formal audits covering three of the five key questions we ask when we inspect. Audits in respect of the safety, effectiveness and responsiveness of the service had been undertaken. On the advice of the external consultant the process used for these internal audits was being strengthened to provided more detail and ensure a comprehensive review of the service was completed. These audits had identified actions required which key staff were addressing. The consultant was due to undertake further audits.

Records of care provided and medicines administration records were reviewed when these were returned to the office monthly. This was to ensure they were appropriately completed and that people had received the care they required. We saw that where areas for improvement were identified, such as in the level of recording one staff member was making about the care they had provided, office staff had acted to address this with the staff member concerned. Subsequently the quality of recording had improved showing this had been effective management. Where staff undertook shopping on behalf of people, cash books were used to record expenditure and receipts. Systems were also in place for these to be audited either when they were returned to the office or during care plan reviews. On occasion the registered manager and office staff worked directly with care staff and completed training with them. They said this enabled them to fully monitor the way staff worked. Systems were also in place to ensure other areas of the service were well managed. For example, a review of recruitment procedures had identified a need for more space on the application form for a full employment history to be recorded by applicants. The form had been amended and systems were now also in place to ensure office staff could easily track training completed and required and that staff documentation such as car insurance and MOT's were in date.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. Although there had been few of these the registered manager was aware that the procedures in use would help ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

All the people and relatives we spoke with were on first name terms with the registered manager and other office staff. They expressed satisfaction with the way the service was run. They said the office staff and registered manager were accessible, knowledgeable and friendly. One person commented, "They are very

good; they will sort out any problems and also take time to talk to us." A relative said, "I can contact [name off office staff or name of registered manager] if there are any problems or we need to make any changes. I know they will sort things out".

There was a clear management structure in place. Staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff felt well supported within their roles and described the management as approachable. Staff said the registered manager was supportive and they felt valued by her. They told us they could access advice and guidance at any time and this was encouraged. One staff member said, "[The registered manager] listens and is always available". Another staff member said of the registered manager and office staff, "They are so lovely, always there when we need them". Whilst a third said, "They [registered manager] are brilliant, I can't fault them". Staff were encouraged to give feedback at staff team meetings and staff social events were organised to help in team building. The provider's nominated individual who has legal responsibility for the service spoke with us following the inspection. They confirmed they had regular contact with the registered manager and were aware of the ways the service was looking to develop and improve to better meet people's needs.

The service had a clear vision which people and staff told us was based on the principal to enable people to live the lifestyle of their choice. The parent organisation is run and controlled by people who have experience of living with a disability. They aim to change the way disabled people are viewed, included and valued for who they are and what they contribute to society. The services provided were designed to be personalised, empowering and enabling for people. The registered manager stated the agencies core values were independence, dignity, privacy, and choice. All the staff including the registered manager told us people came first and it was apparent from our conversations with people, their relatives and staff that this philosophy governed the day to day delivery of care. There was a duty of candour policy in place which required staff to act in an open way when people came to harm and we saw this was followed appropriately.