

Wessex Regional Care Limited

# Wessex Regional Care Domiciliary Service

## 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

This inspection took place on 7,8,10 and 13 January 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service also provides care and support to people living in 'supported living' accommodation, so that they can live in their own home as independently as possible. People's care and housing are provided under separate agreements; this inspection looked at their personal care and support arrangements. At the time of our inspection the agency was providing a service for 33 people with a variety of care needs, including people living with a learning disability or who have autism spectrum disorder. The agency was managed from an office base in Southampton.

The service had a registered manager. 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.

The registered manager oversaw the running of the full service and was supported by two support managers who were allocated a geographical area to manage. Support managers were responsible for individual parts of the service, for example support to people in a supported living unit or support to people living in their own home.

People and their families told us they felt safe and secure when receiving care. Relevant recruitment checks were conducted before staff started working at Wessex Regional Care Domiciliary Service to make sure they were of good character and had the necessary skills.

Staff received training in safeguarding adults. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction designed to ensure staff understood their new role before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. Staff meetings were held every month. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

The risks to people were minimized through risk assessments and staff were aware of how to keep people safe and the information provided staff with clear guidelines to follow. There were plans in place for foreseeable emergencies.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. People received their medicines safely. Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Staff knew what was important to people and encouraged them to be as independent as possible. People were supported to lead full and varied lives and encouraged to make choices and had access to a wide range of activities.

Staff were responsive to people's needs which were detailed in people's care plans. Care plans provided comprehensive information which helped ensure people received personalised care. People felt listened to and a complaints procedure was in place.

Staff felt supported by the registered manager and could visit the office to discuss any concerns. There were systems in place to monitor the quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

## 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 and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staffing levels were sufficient to meet people's needs and people were involved in recruiting staff to the service.

Staff were trained and assessed as competent to support people with medicines and risks were managed appropriately.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People chose what they wanted to eat and drink. People were supported to access health professionals and treatments.

### Is the service caring?

Good ●

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible.

They were involved in planning the care and support they received. Their dignity and privacy was respected at all times.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed and personalised and their

needs were reviewed regularly to ensure their care plans remained appropriate.

People were actively encouraged and supported to engage with the local community and take part in a variety of recreational activities.

The registered manager sought feedback from people. An effective complaints procedure was in place.

### **Is the service well-led?**

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided. □

**Good** ●

# Wessex Regional Care Domiciliary Service

## **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 7,8,10 and 13 January 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection used the standard CQC assessment and ratings framework for community adult social care settings, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

The inspection was carried out by two inspectors. Before the inspection, we asked the provider to complete 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 the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we visited and spoke to seven people who used the service. We spoke with six family members by telephone. We received completed surveys from twelve people, twenty four staff members and six health professionals. We spoke with the director, the registered manager and ten staff members. We looked at care records for six people. We also reviewed records about how the service was managed, including four staff training and recruitment records. Following the inspection we also spoke to one health professional.

# Is the service safe?

## Our findings

People and their families told us they felt safe and that the service provided staff who kept them safe whilst providing them with personal care. Everyone responded positively to the survey question 'I feel safe from abuse and or harm from my care and support workers', showing they felt safe with their care staff. One person told us, "I feel safe with staff." Another person said, "Nobody upsets me. If I had any problems I would tell staff." Other comments included, "Everything is going really well, no problems I feel safe here." As well as, "I love my house, I feel safe." A family member told us, "It's as safe as it can be." Another family member said, "I definitely feel [person's name] is safe here."

People were protected against the risks of potential abuse. All staff responded positively to the survey question 'I know what to do if I suspect one of the people I support was being abused or was at risk of harm'. A safeguarding policy was available and support staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "If I had a safeguarding concern I would report it to my line manager and fill in the safeguarding form." Another staff member said, "If I had concerns I would pass then on to my line manager or their GP."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service. Staff told us people using the service were part of the interview panel and were provided with training to assist them. This meant that the service could then check if the applicant was suitable to work with the people they would be supporting. One staff member told us, "[Person's name] was involved in my interview which was great, as I didn't know what to expect about the job so it was really good." The registered manager told us, "Service users [people] are getting more confident about interviewing staff and now seeing the process through by phoning up the candidate's to share the good news if they successful in employment."

There were sufficient numbers of care workers available to keep people safe. One person told us, "I haven't been let down, staff show up and there is enough of them." A family member said, "There are usually enough staff. There was an issue a while back with no one being available to take her to a pantomime. But the manager stepped in, picked her up and then dropped her back afterwards, which was important to her." Another family member told us, "They try not to use agency staff as he doesn't respond well to strangers. He has three permanent members of staff and they juggle the hours between them. If the agency are called in, they try to use someone he is familiar with, which is good." Staffing levels were determined by the number of people using the service and their needs. This varied from 24 hour support which was generally for people who required support with all of their care needs to a few hours a week for people who were supported with personal care or medicine prompts. Staff told us they had sufficient time to support everyone. The registered manager told us, "We try to use our own bank staff first. If we need to use agency staff we have preferred providers and meet with staff so they are aware of our service users' needs and they go through a

service induction and only go to people who are happy with agency staff."

Peoples' medicines were managed and administered safely. One person told us, "Staff help me with my medicines." A family member said, "He is on a lot of medicines and it's monitored quite frequently. If ever there's a problem with his mood, it's reassessed. They're very hot on that. They're constantly reviewing his medicines to get them right." There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. People received their medicines as prescribed. When staff assisted people to take their medicines they signed a medication administration record (MAR) to confirm the person had taken it. All staff received medicine management training, which was refreshed regularly and their competence was assessed three times to make sure they were safe to administer people's medicines. Care plans included specific information to direct care staff as to how people should be supported with their medicines. We saw safe systems were in place and followed by care staff to support people who were prescribed topical creams. This information was included in care plans and on MARs. Where people had been prescribed 'as required' medicines staff were provided with guidance and staff were informed to phone a manager or on call if they were required to give a second dose of medicines for as required medicines. However on some people's care plans more information was required to offer staff better support on when these should be given and signs to look for which showed when people were in pain. We spoke to the registered manager who informed us they would look into this straight away and update any plans that required updating.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risk of harm. Staff understood people's risk assessments which were monitored and reviewed monthly. These included environmental risks and any risks due to health and support needs of the person. Risk assessments were also available for moving and handling, use of equipment, medicines and falls. For example the risk assessment for one person accessing the community informed staff if they were going somewhere unfamiliar, staff were to assist a couple of times so person felt comfortable about travelling on their own and to ensure the person had their mobile phone switched on and fully charged.

Wessex Regional Care Domiciliary Service supported people to take some risks where this was their choice and it promoted independence and wellbeing. For one person we viewed their risk assessment around their epilepsy. Control measures were in place that staff were to remain in the room whilst they showered and bed monitor was in place. The Person told us they were aware of why they had monitor and consented to it. They said, "I have a monitor in case I have a seizure."

The service had a business continuity plan in case of emergencies. This contained a set of procedures for staff to follow in an emergency situation. Staff also had information in people's homes which stated the location of the gas; water and electric so in an emergency staff would know where to locate these. In addition, risk assessments about each person were available; these documents highlighted the support the person required during an emergency. For example, for staff to support people who required support as they may not understand the need to leave their home in an emergency.



## Is the service effective?

### Our findings

People who used the service appeared happy with the care and support they received. Everyone responded positively to the survey question, 'My care and support workers have the skills and knowledge to give me the care and support I need.' A family member told us, "The care is excellent." Another family member said, "I value their [staff] opinion. I feel they are competent and know what they are doing." A third family member told us, "She is well-supported in everything she does."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. One staff member told us, "Training is good and it helps me in my role especially different learning disability's everyone is different and it teaches us how to deal with negative and positive behaviours." Another staff member said, "I had a lot of training which has been good. [Name of trainer] has a good way of bringing fun into the training so keen to learn more."

Training newsletters were sent to staff to keep them updated on training and development. These provided dates of training that was available each month. Records showed that the provider had set up evening classes for training to enable staff to attend who were unavailable during the day. The first class held in September 2016 had been a success and due to demand, the registered manager had set up regular evening classes for staff to attend. These included additional specific training to ensure they had the skills necessary to meet people's needs such as autism awareness, epilepsy awareness, learning disability awareness and Makaton. Makaton is a language programme using signs and symbols to help people to communicate.

People told us new staff members were accompanied by a regular staff member and shown how people like things done. New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete, The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. When a staff member has been with the company for over six months they are asked if they would like to take a health and social care qualification.

People were supported by staff who had supervisions (one to one meetings) with their manager and yearly appraisals. Staff told us supervisions were carried out every six to eight weeks and enabled them to discuss any training needs or concerns they had. Staff received on going monitoring and support from their managers. The registered manager told us, "We sent a questionnaire to all staff recently on how we can improve supervisions and staff meetings for staff so we can review and assess are current format." One staff member told us, "My supervisions are good as my line manger knows the people I support very well." Another staff member said, "I've just had my appraisal which went really well. I was pleased with the comments from management." Other comments from staff included, "Supervisions very good. I've got a good senior I can talk to and come up with solutions." As well as, "Supervisions good, very good. It's good to get feedback and how to improve."

People were supported at meal times to access food and drink of their choice. One person told us, "I choose my meals and staff cook it for me." Another person said, "I need help with food for timing and getting it out of the oven." A third person said, "Staff help me with my food and take me shopping." A family member told us, "He eats all the wrong foods but they do encourage and promote a healthy diet as much as they can. He just doesn't listen to them." Another family member said, "She's well looked after. She chooses her own menu. She would drink a lot of sweet fizzy drinks if she could, but staff encourage her to limit them and find more healthy alternatives, like water or squash." The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members prepared or reheated meals and ensured they were accessible to people who received a service from the agency. Care staff involved in the preparation of food told us they would always ask the person what they wanted.

Where people were at risk of malnutrition or dehydration, staff recorded and monitored their food and fluid intake. One person had set themselves a goal of losing a little weight. To support this they had a watch, which calculated the steps they had taken in the day and how many calories this had burned. They told us that staff helped them monitor this to help ensure that they reached their daily target. They said, "I am on track because I am going out with staff later." Another person told us how staff were helping them to lose weight by choosing healthy options as they had an event coming up in the summer that they wanted to lose weight for to fit into a new suit.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person.

We saw that mental capacity assessments were in place when it had been identified that a person was unable to make specific decisions regarding their care. The information in people's assessments and support plans reflected their capacity when they needed support to make decisions. People were involved in discussions about their care and staff gained people's consent before they supported them. Staff had received MCA training and were able to tell us how they applied this in practice.

Staff were clear about the need to seek verbal consent before providing care or support and we heard them doing this throughout our inspection. People's consent to care and treatment was sought in line with legislation. Staff supported a person to answer some questions by giving prompts and encouragement, without controlling them or putting words in their mouth. The staff member told us, "Our role is about encouraging and enriching, not controlling."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. A family member told us, "Systems in place for monitoring health, seems to all be in place, working well can't praise them enough." Another family member said, "If she's admitted to hospital, for example for a UTI or a chest infection, I'm always informed." Information about people's health needs was included within their care files and care plans included information as to what support people may need in relation to these. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person. A health professional told us, "Staff team are really positive."

Worked really well with one service user who was reluctant to access the community. They worked really well with them and encouraged independence and empowered them."

## Is the service caring?

### Our findings

People told us they got on well with their support staff and enjoyed their company. One person told us, "I think [staff member's name] is my favourite. I think she is a very nice young lady, in fact I like all the staff." Another person said, "I like them [staff] all very much." Other comments included, "Staff are nice." As well as, "I love the staff." People's families felt support staff treated them with care, compassion and kindness. A family member told us, "He has a positive relationship with the regular staff. All I hear is good reports from him about the staff. One staff member is exceptional and works very hard to support him." Another family member said, "We definitely have a close relationship with staff they are definitely caring." Other comments included, "Staff are caring all have been wonderful." As well as, "We are very happy and have a close relationship with staff." A family member also told us, "Last year I had to have treatment in hospital. The staff were a delight they brought [person's name] to see me and explained what was happening. They were very caring to [person's name] and me." Everyone who completed a survey told us the carers were kind and caring.

People were treated with dignity and respect. One person told us, "Staff always knock on my door." Another person said, "All the staff treat me with respect." Staff needed to monitor a person during washing due to risk of seizures. We spoke to the person who told us staff did this discreetly to protect their privacy. Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. Staff told us they would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One staff member told us, "I remind service users to put a towel round them and shut the curtains."

People were encouraged to be as independent as possible. One family member told us, "[Person's name] has come a long way to get a little bit more independent. He can now make his breakfast and a cup of tea and put his laundry in the machine much more self-sufficient." Another family member said, "They encourage her to do things, but don't make her." Support 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. One staff member told us, "I love the feeling of accomplishment when people achieve their goals and help independence."

People said care staff consulted with them about their care and how it was provided. One person told us, "I plan what I want to do and I am involved in my support plan which is reviewed every month and staff listen to me." Another person said, "I have support over 24 hours and it's going well, I'm happy with the support. Over the last month they've introduced female support, so they listened to me as I wanted some female support." Each care plan contained information about people's backgrounds, needs, likes, dislikes and preferences. These records also contained people's personal goals and objectives and how they wanted to spend their time. Staff were able to demonstrate a good knowledge of people's individual choices.

People were supported by staff who adjusted their communication style to meet people's needs. We observed some people's care taking place in their own homes. During these visits staff knew how to best

communicate with each person they cared for. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. A family member told us, "Staff communicate well with [person's name] as they have no speech and uses Makaton."

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.

## Is the service responsive?

### Our findings

People received individualised care from staff who understood their needs. One person said, "I am involved in my care plan and can choose what I want to do." Another person said, "I can choose where I want to go." A family member told us, "[Person's name] now has purpose in their life, he's happy I'm happy." Another family member said, "[Person's name] has a very good relationship with staff. They support her well. She has two drivers for her mobility car and they are planning to take her on holiday, which is nice and I know she'll enjoy it." Other comments included, "Staff really do their best to make life as fulfilling as it can be." As well as, "[Person's name] is looked after very well."

People received care which met their assessed needs. One person told us, "Staff moved my handover time so it didn't impact on my day." Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. Care plans were easy to follow and supported independence. For example, for one person their care plan detailed the support they required around their anxieties. It informed staff that the person struggles with timing and changes in their routines. Staff were to avoid giving specific times to activities, as person would get upset if precise time was not kept too. We observed staff taking this approach when discussing upcoming shopping excursion. They used language like, 'after 1130', 'later on today'

People and their families when required were involved in their care planning. One person showed us their care plan. There was an easy read document inside which contained various care tasks. The person told us that they went through this with staff to identify areas they needed support in and areas, which they could do themselves. They said, "It is my care plan, I did it." A family member told us, "I'm involved in meetings about his care, we are all involved." Care plans were reviewed regularly by the support manager, or their keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. Staff reviewed care plans with people. One staff member told us, "I'm involved in reviews with people and their families as a keyworker. For [person's name] I use pictures and they will point to what they want." Another staff member said, "Every month I review risk assessments and care plans for anything that needs to be changed or updated."

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of their care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. One member of care staff told us, "Care plans and risk assessments give a clear idea on what to expect and service users' needs I find them really helpful."

Staff were aware of people's interests and how people liked to spend their time. Some people were able to go out on their own and others were accompanied by staff members. One person said, "Staff support me to go out. I like going to discos as I like dancing and having fun." Another person told us, they had arranged to attend a 'rock concert' with a member of staff. A family member said, "They are very good at taking him out

and about and trying to stimulate him. They take him to different places, like museums, shopping, charity shops and a workshop where he makes things. He gets a lot out of it."

People told us that they were involved in lots of activities in the community including gym, badminton, shopping, and social clubs and volunteering with the Salvation Army. One person went through their timetable of activities and told us they were very happy with the content. When we visited them in their home they were ready to go out to do their shopping (as stated on their activities timetable). In the meantime, staff were playing a board game with them. They were clearly enjoying it and were laughing, joking and were very engaged. They told us that they had a long-term goal of walking over to the Salvation Army without staff. Staff understood the importance of promoting and maintaining people's independence. A staff member said, "[Person's name] long term goal is to go over on a Sunday by themselves. At the moment they are still quite nervous, but I think this will be a really positive step forward."

The provider sought feedback from people through the use of a quality assurance survey questionnaire. These were sent to people using the service annually. Results showed people were happy with the service and felt in control of their support. The provider also held a service user forum to engage feedback from people to improve the service. These were held every three months. To discuss issues related to the agency and to involve people in the construction and reviewing of policies and procedures. To make it fun people had wanted to make pizzas at the meeting which they enjoyed. Minutes showed that people would like a cinema club which was going to start in April 2017.

People told us they knew how to make a complaint. One person said, "If I needed to make a complaint I would know what to do. I have done before and the result was what I wanted." Another person told us, there were many people in the organisation they could raise a complaint of concern too. "I would probably tell staff first", but then went on to name various office staff from administrators, to manager to directors as people who they could speak too. A family member told us, "Nothing is too much trouble I only need to phone up and say and it's sorted. It's like a breath of fresh air." Another family member said, "I have a phone number should I need to make a complaint." Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes in which complaints would be acknowledged and investigated. There had been two complaints about the service over the last year which had been investigated thoroughly and people and their families were satisfied with their response. Everyone responded positively to the survey question, 'I know how to make a complaint about the agency' and 'my care and support workers respond well to any complaints or concerns I raise.'

## Is the service well-led?

### Our findings

People and their families told us the service was well run. One person said, "I get on really well with all of management." Another person told us, they had regular contact with the office and one of the directors sometimes takes them for long walks, which they really enjoy, "I love walking, its good exercise." A family member said, "The management are very responsive. We have a good relationship; I've known most of them for years. They are well-organised. When mistakes happen, as they do from time to time, they will tell me what's going on." Other comments included, "A fantastic service, five star.", "Can't fault the service", "Nothing but praise for Wessex". As well as, "that management that I have met seem nice and caring."

There was a clear management structure, which consisted of a managing director, registered manager, deputy manager, and two support managers who support the staff in the homes. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. One staff member told us, "Registered manager very approachable in fact I could ring all of the management and they would all answer the phone and talk to me."

The management team promoted a positive culture and had an 'open door' policy. Staff felt supported by the registered manager and support managers. One staff member told us, "Management very good and helpful. Any problems can come in and have a chat. Best company I have worked for." Other comments included, "Management are a friendly team I could go to them for advice." As well as, "All the office staff are really good; they keep people really involved in their care."

All staff responded positively to the survey question, 'I would feel confident about reporting any concerns or poor practice to my managers' and 'the staff in the office give me important information as soon as I need it.' We received lots of positive comments from our survey including, 'the director will regularly carry out shifts and is easily approachable. The management team have a clear vision which is led by regular service meetings and good communication.' As well as, 'the managing director is completing shifts in every service. I feel this gives them a real feel for what is occurring in the services and ensures they are able to be approached by all service users and staff to ensure a quality service is provided.'

Staff meetings were held every month, but could happen more frequently if something needed to be discussed with staff. Management meetings were also held fortnightly. Staff meetings were used to discuss issues raised about people, and staff were invited to make suggestions about how to improve the service. One staff member told us, "Staff meetings are good. Nice to see different inputs and share best practice." Another staff member said, "Team meetings are held every month and I am able to put ideas forward." Minutes showed these had been used to reinforce the values, vision and purpose of the service.

The registered manager and support managers used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, food and fluid charts, weight checks, finance checks, daily logs, dignity and health and safety. Where issues were identified, remedial action was taken. The provider also completed a full audit of the supported living homes annually.



There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped 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.

The registered manager informed us they kept up to date by attending training. They told us they kept updated by attending provider forums and sharing best practice as well as updates from CQC and publications on learning disabilities.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm. The provider had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider produced a local newsletter which included stories about the services and people's achievements.