

Newbarn Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 26 June 2018 and was announced. The last inspection took place on 1 September 2016 and the service was rated good overall. We found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because systems to ensure the safe handling of medicines were not sufficiently robust. At this inspection we found that the medicines policy and procedure had been reviewed and a number of changes made. Improvements had also been made to the systems used with regard to medicines and all staff had received further training in this area. This meant that the medicines systems were now safe.

Newbarn Limited is based in Rochdale, Greater Manchester. This service is a domiciliary care agency and provides 24-hour support, and personal care where required, to people living in their own houses and flats in the community. It provides a service to people with a range of physical and mental health needs. At the time of the inspection there were fifty people using the service.

There was a registered manager in place. 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.

Safeguarding policies and procedures for adults and children were in place. Staff undertook annual refresher training.

Recruitment procedures were robust. The service employed their own bank of experienced support staff whom they could call upon to supplement the regular staff to cover sickness or annual leave.

The medicines policy and procedure had been reviewed and updated. Some additions had been made around error reporting and staff training following the last inspection.

There was a general risk assessment and management plan and appropriate health and safety measures were in place. Accidents and incidents were recorded appropriately.

There was a thorough induction process and training was on-going at Newbarn. There were opportunities for staff to access supplementary training relevant to their roles.

Support action plans included relevant health and personal information. There was evidence that the service worked alongside other agencies to help ensure the best outcome for each individual.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

The service provided exceptional training for staff on equality and diversity. People's dignity and privacy was

respected by staff, who demonstrated real empathy and compassion for people they supported. Throughout our inspection we witnessed a strong person led culture; staff were highly motivated and offered kind and compassionate care.

Staff were aware of confidentiality issues and were meticulous in ensuring the confidentiality procedures were followed. Documents were suitably stored in locked cabinets and computer systems were password protected.

People who used the service were fully involved with the support planning and review processes. The service was exceptional at helping people to express their views. Opportunities for people to put forward suggestions and discuss their support included one to one conversations, questionnaires and regular tenants' meetings.

The service encouraged a high level of independence. Positive risk taking encouraged people to take control of their own lives.

Support plans outlined people's likes and dislikes, background, hobbies and family dynamics. People who used the service were supported to follow their own spiritual and religious beliefs and cultural practices.

Individual risk assessments clearly identified the particular risks and triggers for each person. These risk assessments were reviewed and updated on a six-monthly basis or when changes occurred.

People were encouraged to participate in community activities. The service sought feedback on a regular basis and the service had received positive comments and compliments. There was a complaints log which outlined actions taken to address any concerns.

People who used the service told us they felt well supported by the staffing structure. Staff we spoke with demonstrated a high level of pride in their service and a commitment to continual improvement and development of service delivery. We saw that person-centred, ethical, leadership was role-modelled by all lead staff.

Supervisions, appraisals and staff meetings took place on a regular basis. We saw evidence that there were high levels of constructive engagement with staff and people who used the service.

Practice observations were carried out regularly. There were a number of audits and checks undertaken at the service. Throughout the audits and checks we saw a commitment to learning, evolving and changing to help ensure the service continued to deliver support at a high level at all times.

The registered manager attended local provider forums, where good practice was shared. Other provider forums attended by senior staff at the service included the Mental Health Partnership, Learning Disability Provider Forum, Health and Wellbeing Alliance and Black, Asian, Minority Ethnic (BAME) partnership meetings.

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.

Safeguarding policies and procedures for adults and children were in place. Staff undertook annual refresher training.

Recruitment procedures were robust. The medicines policy and procedure had been reviewed and updated. Some additions had been made around error reporting and staff training following the last inspection.

There was a general risk assessment and management plan and appropriate health and safety measures were in place. Accidents and incidents were recorded appropriately.

Is the service effective?

Good 

The service was effective.

There was a thorough induction process and training was on-going. There were opportunities for staff to access supplementary training relevant to their roles.

Support action plans included relevant health and personal information. There was evidence that the service worked alongside other agencies to help ensure the best outcome for each individual.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good 

The service was exceptionally caring.

The service provided exceptional training for staff on equality and diversity. People's dignity and privacy was always respected by staff, who demonstrated a high level of empathy and compassion.

Staff were aware of confidentiality issues and were meticulous in ensuring the confidentiality procedures were followed.

Documents were suitably stored in locked cabinets and computer systems were password protected.

People who used the service were fully involved with the support planning and review processes.

The service was exceptional at helping people to express their views. There were one to one meetings, questionnaires and regular tenants' meetings for people who used the service.

Is the service responsive?

Good ●

The service was responsive.

Support plans outlined people's likes and dislikes, background, hobbies and family dynamics. People were supported to follow their own spiritual and religious beliefs and cultural practices.

Individual risk assessments clearly identified the particular risks and triggers for each person. These were reviewed and updated on a six-monthly basis or when changes occurred.

People were supported to pursue their hobbies and interests. The service sought feedback on a regular basis and had received positive comments and compliments. There was a complaints log which outlined actions taken to address any concerns.

Is the service well-led?

Good ●

The service was extremely well-led.

People who used the service felt well supported by the staffing structure.

We saw that person-centred, ethical, leadership was role-modelled by all lead staff. Staff we spoke with demonstrated a high level of pride in their service and a commitment to continual improvement and development of service delivery.

Practice observations were carried out regularly. There were high levels of constructive engagement with staff and people who used the service.

A number of audits and checks were undertaken. Throughout the audits and checks we saw a commitment to learning, evolving and changing to help ensure the service continued to deliver support at a high level at all times.

The registered manager attended local provider forums, where

good practice was shared.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to facilitate the inspection.

The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team. This helped us to gain a balanced view of what people experienced accessing the service.

We looked at notifications received by CQC. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection we spoke with the registered manager, the business manager, a project lead and two support workers. We spoke with four people who used the service, two in their own homes and two at the office.

We also contacted six health and social care professionals to gain their views. All the feedback we received was extremely positive and health and social professionals told us this was a service they would recommend to others.

We looked at records including five support plans, five staff personnel files, training records, health and safety records, audits and meeting minutes.

Is the service safe?

Our findings

A health and social care professional we contacted told us, "I have had no concerns in relation to Newbarn's ability to keep service users safe and if concerns are raised regarding clients Newbarn have reported these in a timely manner".

Safeguarding policies and procedures for both adults and children were in place at the service and staff had been required to read and sign these. The policies were reviewed and updated on an annual basis and we saw that additions and amendments had been made where relevant. Staff undertook annual refresher training in safeguarding and those we spoke with demonstrated a clear understanding of the issues and were confident to report any concerns. There were posters around the office outlining the whistle blowing procedure for reporting any poor practice. The whistle blowing procedure was also outlined in the staff handbook. Staff we spoke with were aware of how to report poor practice and confident to do they encountered it.

There was a procedure for managing self-neglect, which was a recent addition to the service's procedures, and reflected recent changes in the local authority safeguarding procedures. This set out guidance for staff around the protection of people who used the service and balancing risks with rights. Staff had signed the policy to say that they had read and understood the content.

Recruitment procedures were robust. We looked at five staff files, each of which included an application form, job description, at least two references, proof of identity, and a contract of employment. Any gaps in employment were identified and explored. There was a Disclosure and Barring Service (DBS) check for each new employee within the files. A DBS check helps ensure people recruited are suitable to work with vulnerable people. Each employee was given a staff handbook which included information and guidance for their employment as well as key policies and procedures.

The service employed their own bank of experienced support staff whom they could call upon to supplement the regular staff to cover sickness or annual leave. This helped ensure consistency with regard to the staff team.

At the previous inspection, we identified issues in relation to the administration and management of medicines. Following that inspection, the service had reviewed and updated the medicines policy. The medicines policy and procedure had been reviewed and updated. Some additions had been made around error reporting and staff training. Staff had signed to say that they had read and understood the policy and procedure. All staff had received supplementary medicines training since the last inspection and we saw that medicines procedures had also been discussed at staff meetings. Medicine Administration Records (MAR) sheets had been changed and improved and medicines audits had been completed on a monthly basis. Any issues identified had been recorded and actions completed to address the concerns.

There was a general risk assessment and management plan for the service which was reviewed and updated on an annual basis. This included information about the security of the building, infection control, fire risk,

slips, trips and falls, first aid, medication, money, unwelcome visitors, lone working, manual handling, whistle blowing and incidents.

We saw the fire safety risk assessment dated April 2018 which staff had signed to say that they had read and understood. There was a Control of Substances Hazardous to Health (COSHH) file for staff to refer to guide them about safe use and storage of all cleaning fluids used. Training was given to staff in infection control procedures and fire safety awareness.

The service had a business continuity plan, to help ensure the service would still be able to function in the event of an emergency, such as the loss of utilities. This plan had been reviewed and updated in October 2017.

There were personal emergency evacuation plans in the accommodation where people who used the service lived. These set out the level of assistance people would need in the event of an emergency and were updated regularly.

Accidents and incidents were recorded appropriately with details of the incident and actions taken. These were analysed on a regular basis to help identify any patterns or trends and actions taken accordingly.

Is the service effective?

Our findings

We contacted health and social care professionals who had regular dealings with the service. One told us, "I have found this service to be effective and provide an appropriate placement for clients that are unable to live independently. A number of clients have gained the required skills to move onto more independent living".

There was a thorough induction process for all staff, which included providing an understanding of human rights principles, equality and diversity, data protection and confidentiality. The induction included undertaking all mandatory training, reading key policies and completing required induction documents. New employees shadowed experienced staff until they were deemed competent to work alone.

Training was on-going at Newbarn, including all mandatory training courses which were undertaken annually. There were also plentiful opportunities for staff to access supplementary training relevant to their roles and the people they supported. For example, there was positive behaviour management training, including breakaway techniques and the service also offered ligature and basic life support training to some staff where it was relevant to specific individuals. Training was sourced in a number of ways, including in-house, via e learning and from outside agencies including the local council.

Many of the staff employed held professional qualifications, such as social work and there were also qualified counsellors employed. Many staff accessed National Vocational Qualification (NVQ) training and were supported by the service to achieve as high a level as they were able. Staff we spoke with felt there were ample opportunities offered for training and personal development.

Supervisions were undertaken regularly for all staff. Staff with professional qualifications, such as social work, also received professional supervision from external professionals as well as the in-house one to one meetings. This supported their professional development in their roles and in a wider context.

Staff undertook assessment and support planning using a variety of tools and ensuring the individual was as involved in the process as they wished and were able to be. We looked at four support action plans which included information on current progress, future aims, action taken and by whom, and outcomes at review. There was a health action plan in each file which was reviewed with the support plan on a yearly basis, or sooner if required.

The plans contained information about individuals' routines, goals and aspirations. We saw each file included a traffic light hospital passport. This included important information which would make an admission to hospital less stressful for the individual.

There was evidence that the service worked alongside other agencies to help ensure the best outcome for each individual. People were supported by the service to attend appointments within the community. Nutritional and hydration issues were addressed as needed with support from the relevant community teams. We saw evidence of multi-agency risk management meetings and other professionals' meetings at

which staff from Newbarn had fully participated and contributed valuable knowledge and information.

One health professional we contacted told us, "I have had a lot of positive dealings with Newbarn, they have supported a couple of my service users, they know the service users well, they ensure that a staff member is present at any assessment/ review if the service user requests this. They are consistent in their calls to services users it is unusual for them to miss any calls".

Where language or understanding was a barrier, the service ensured that people were matched with staff with the appropriate language skills. Some of the information within support files was produced in easy read and/or pictorial format to make it accessible to the individual. General information was produced in easy read format and could be obtained in a range of languages and print sizes so that as many people as possible were able to access the information. For example, the Quality Matters publication, the Adult Social Care policy paper aimed at improving adult social care, had been produced in an easy read format for people who used the service to access easily.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Consent was sought as required for all aspects of support offered, and for the use of photographs and sharing of information. Mental Capacity Assessments were carried out by trained and qualified staff and we saw evidence of capacity assessments, both in-house and undertaken by other professionals where appropriate. We saw documentation of best interest's meetings which staff from Newbarn had attended and participated in the decision-making process.

Is the service caring?

Our findings

We spoke with four people who used the service. One person told us, "My life could be better and could be worse, but if it wasn't for Newbarn I would not have clothes on my back or a key in my pocket". Another person told us, "I like the company and would be very lonely if I didn't have these staff. They give me things to do and get me out of the house". Electronic feedback had been received from someone who used the service. This read, "...Over the past three years I have been with Newbarn I got to say that your staff have been very pleasant towards me throughout and they have all shown me lots of kindness as well it's been a pleasure to work with your staff because they are all lovely and kind and they are always very polite as well towards me and this a pleasure to have sessions with them as well I do really enjoy working with your staff ..." We saw a compliment card that read, "All the staff who I have been involved with go far beyond what is expected of anyone, they are the most caring dedicated people I have ever come across".

One health and social care professional we contacted told us, "I have found that staff at Newbarn operate in a person centred manner with clients and are able to provide a flexible approach to clients when required due to their needs. Staff have appeared caring towards service users and families".

Staff we spoke with showed real empathy and compassion when discussing the people they supported. One staff member told us, "I love my job, it's the best job in the world". Others told us, with pride, of achievements, large and small, made by the people they supported. For example, one staff member told us about a person who had made very small steps to independence, learning to cook simple meals, use the bus alone and do their own shopping. Other staff had achieved a high level of success working closely with another professional agency to monitor and manage concerns raised in regard to risks for people who used the service and the wider community.

Throughout our inspection we witnessed a strong person led culture; staff were highly motivated and offered kind and compassionate care.

The service recognised that the people they supported were drawn from the local community and that their cultural, social and sexual needs would reflect those of the wider community. The service was proactive in seeking opportunities for people to express their identity. As well as providing mandatory training in equality and diversity they went the extra mile to provide training for staff in gender reassignment and sexual orientation.

Information sessions were available for people who used the service from a youth work and peer support coordinator at The Proud Trust, an organisation that helps young people deal with issues of sexuality and gender. The service was proactive in supporting people who used the service with any issues or concerns they may have around their diversity.

The service was exceptional at helping people to express their views. For example, an annual Dignit-Tea session was held with people who used the service when they were enabled to put views forward. They could add their comments to a 'Dignity Tree' displayed on the wall at the office and we saw that changes

were made to practice as appropriate in response to people's comments and views. For example, the weekly group which included people from the wider community and offered a range of activities, had been set up in response to people's request for social activities. Discussions were held with people around dignity and what it meant to individuals.

We saw that during day to day support, staff knocked on people's doors and waited to be invited into their home. Throughout our visit we observed people being treated with respect. The people we visited in their own homes had been asked if they wished to speak with us and their decisions were respected. Those who agreed to speak to us invited us into their homes and were very much in charge of the meeting. They were clear that this was their home and staff demonstrated an awareness of this and ensured each person was happy with how and where the meetings were conducted.

Staff were aware of confidentiality issues, which were discussed at induction when they were required to read and sign the relevant policies. Staff only used initials when discussing people who used the service to ensure people's privacy. Documents were suitably stored in locked cabinets within the office and computer systems were password protected.

Support plans evidenced that the service provided support but also encouraged a high level of independence. Positive risk taking encouraged people to take control of their own lives. A project leader we spoke with told us about a new tenancy in place for people aged 18 to 25 years. This had been set up to help people leaving a care or a family setting to acquire skills and knowledge to be able to begin to live as independently as possible. The people involved were supported with access to college courses, work experience and jobs as well as leisure activities and social interaction.

People who used the service were fully involved with the support planning and review processes. Those who were able and interested had received recruitment and selection training and were part of the recruitment process for new staff, being represented on the interview panel.

People's family members were also involved in all aspects of the service, with the individual's consent. Questionnaires were regularly sent out to family and carers of people who used the service. One person had commented that their views were always taken into account. Individuals were supported to access independent advocates to help ensure their views were fairly and adequately represented, if they required this support.

There were regular, quarterly tenants' meetings for people who used the service, which were well attended. We saw minutes of these meetings where discussions included general issues, complaints, premises, holiday plans and staff.

During our visit we saw staff interacting with people who attended the office. Interactions were friendly, compassionate and respectful and it was clear from the number of people who popped in to the office, that they were comfortable to turn up as and when they wanted and needed to.

We also observed staff in people's tenancies and we saw excellent communication in all contact. Staff offered support and assistance in line with each person's wishes and regularly checked that the person was happy with what they were doing. They gave constant reassurance and encouragement to help ensure people were being as independent as possible.

Another example of the service's caring ethos was that they had set up a fund, via charitable donations and fund raising, to assist people to pay for funerals. This had been implemented as a response to a situation

that had occurred within the service and had been used to help ensure people's dignity and compassion in death. It demonstrated the service's ethos that caring does not end with the person's death and showed the service's commitment to going above and beyond caring expectations.

Is the service responsive?

Our findings

Support plans included a 'This is Me' section which outlined people's likes and dislikes, background, hobbies and family dynamics. People who used the service chose their home and when possible, furnishings and decorations. If people who used the service had a preference for a particular staff member to work with them the service tried to facilitate this.

People who used the service were supported to follow their own spiritual and religious beliefs and cultural practices. They made suggestions about leisure activities and hobbies they would like to pursue and the service endeavoured to facilitate these.

Individual risk assessments for each person clearly identified the particular risks and triggers for each person. These included the risks identified, how they were identified, action to reduce the risk, outcomes and staff signatures. People who used the service were involved in their own risk management plans, where appropriate and positive risk taking was actively encouraged to help enable greater independence in all aspects of people's lives. The risk assessments were reviewed and updated on a six monthly basis or when changes occurred. People were invited to their reviews via letter and also asked which staff they wanted to attend and whether they wanted any member of their family to be there. Independent advocates could attend if this was the individual's choice. We saw minutes of person centred reviews which were included within the care files

There was a range of activities on offer including an activities group run from the local community centre, which offered boxing, bingo, line dancing, music, guitar lessons, healthy eating, arts and crafts. This was open to the wider community and promoted integration between people who used the service and others. There had been a number of trips out as well as sports in the park and a celebration of Eid. A summer fayre was being planned which would be attended by the local community. We saw posters for a drama group and a walking group that people who used the service could participate in and these were popular groups. The service also arranged regular holidays and we saw that people who used the service had been invited to a meeting to discuss the next holiday.

The service sought feedback on a regular basis and we saw some questionnaires where professionals had commented; "I really appreciate the sharing of relevant information and updates re [person's] whereabouts"; "I feel I have a really good working relationship with staff at Newbarn and they have a positive approach to client support".

We also saw thank you cards and compliments received by the service. Comments included; "Thank you for being a great team"; "I would like to mention how delighted we are with the care that Newbarn provide for our [relative] who has mental health problems. With their help and guidance, he is able to live independently in a safe environment.

There was a complaints log and details of the complaints were recorded along with actions taken and further actions to be completed. The records demonstrated the date when each complaint had been

resolved.

Is the service well-led?

Our findings

There was a registered manager in place. 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 had undertaken appropriate training and professional development to equip her for the role. The service promoted a shared leadership model with project leads, team leads, senior support workers and support workers. All lead staff were given funded opportunities to study for social care management qualifications and all staff were encouraged to progress as far as they wanted to and were able within the company.

People who used the service told us they felt well supported by the staffing structure, which allowed them a high level of choice and control in who they were supported by. Staff members said their managers and teammates offered as much support as they required. Staff we spoke with demonstrated a high level of pride in their service and a commitment to continual improvement and development of service delivery. We saw that person-centred, ethical, leadership was role-modelled by all lead staff.

We contacted health and social care professionals who had regular dealings with the service. One professional told us, "I have experienced a well led service and received responses from management in a timely manner both when dealing with service users support packages and received responses from the management regarding new placements". Another professional said, "Overall I have found this to be an excellent service".

There was a strong framework of management responsibility and accountability within the service to monitor performance and risk in order to improve quality. The service had invested in care management software to allow for greater efficiency, increased monitoring of staff and accountability. Lead staff had received training in using this package and it was being trialled and piloted by one staff team. Staff had been issued with tablets and the service were reducing the need for paper within the service.

There was a suitable statement of purpose for Newbarn which was reviewed and updated on an annual basis. This set out the philosophy and aims of the organisation, details of the registered manager and outlined the complaints procedure and safeguarding information. The service's vision was to be inclusive, promote social inclusion and enable vulnerable adults to achieve their full potential. They undertook to uphold people's privacy and rights to be treated with care respect and dignity and to live as independently as possible in their own homes and to ensure they received the highest quality care and support. All staff were aware of the vision and values and committed to them.

The service had achieved the Investors in People award since 2004. This award, which is reviewed every three years, measures commitment to business excellence, providing a high-quality service and investment in staff training and wellbeing and people management. All the staff we spoke with were dedicated, highly

motivated and proud of the work they did.

The service was also a member of the National Landlords Association. They were recognised as a dementia friendly organisation and were a 'mindful employer', having signed the Mindful Employer Charter. This is a voluntary organisation which provides easier access to information to and support for staff who experience stress, anxiety, depression or other mental health conditions.

One to one supervision sessions, practice observation and appraisals were undertaken regularly. Professional supervision was also provided for staff with professional registrations. We saw minutes of regular staff team meetings. Discussions included general issues around people who used the service, new referrals, key worker responsibilities, health and safety, supervisions and records. Practice observations were carried out regularly to help ensure staff skills and knowledge remained current and appropriate.

We were told that there were high levels of constructive engagement with staff and people who used the service. For example, the registered manager chaired a full, joint staff team meeting every two months when information was given about the external environment; changes to commissioning and procurement, details of tenders and policy changes.

When policies were created or reviewed, where possible, a small group of interested staff and social work students met to review policies with research being undertaken by staff in the group who fed back their ideas and good practice examples. This ensured Newbarn maintained high standards of service delivery in accordance with up to the minute best practices

Engagement with stakeholders, professionals, family and people who used the service was regular and constructive. Feedback was sought formally via regular questionnaires and informally on a day to day basis through meaningful conversation with people. One professional we contacted said, "I have a service user who currently presents with serious risks, the manager [name] regularly updates me and involves me in any updated risk assessment or with any information and she or a staff member attends regular meetings to manage this risk. Overall they are a service that I would recommend".

We also saw some examples of feedback sought from family via questionnaires. One person had commented, "Manager contacts me over any significant issues and I have her mobile number to contact her whenever I need to and she always responds appropriately".

Documentation of service user feedback included positive comments regarding people's support, the respect with which they were treated and the achievements they felt they had made with the support of the staff member.

There were a number of audits and checks undertaken at the service. One to one keyworker case reviews were carried out by lead staff. These included monitoring the quality of support plans, risk assessments and health action plans. Medicines were audited regularly and these audits had been improved since the last inspection to help ensure they were fit for purpose.

There was a policy and procedure for managing finances for people who used the service. Staff were required to read and understand the procedure. Regular audits of finances for people who used the service were undertaken and we saw the records were complete and up to date. Throughout the audits and checks we saw a commitment to learning, evolving and changing to help ensure the service continued to deliver support at a high level at all times.

The belief of the service was that good relationships with multi-agency professionals are crucial to providing responsive, timely and appropriate interventions to the people they support. They initiated and hosted multi-agency meetings, which were sometimes held at their offices. They felt that this arrangement worked to cement equality in professional relationships. The service had worked consistently to promote their professional equality.

The registered manager attended local provider forums, where good practice was shared and she chaired the registered managers' network in Rochdale. She was also part of a registered managers' pilot programme, run by Skills for Care, which provided support and guidance for new registered managers for the first year they were in post. During this pilot the registered manager told us she had attended groups and webinars and learnt about effective supervisions, resilience, value based recruitment and action learning sets. She had also set up e mail networks with other registered managers for peer support. The registered manager had offered another organisation training around mental capacity, which was something they were struggling through.

The registered manager told us, "Since starting the pilot I feel I have improved supervisions for staff based on my learning from the supervision webinar, particularly as it increased my awareness of the importance of regular supervision. I enjoyed the resilience topic as I'm learning more and more about how important self care is." The registered manager went on to say, "Although the pilot only started a few months ago, I feel it is massively helping me as a Registered manager to improve the relationships I have with staff so the staff feel more valued and appreciated to therefore feel more equipped to support our tenants at the highest standard."

Other provider forums attended by senior staff at the service included the Mental Health Partnership, Learning Disability Provider Forum, Health and Wellbeing Alliance and Black, Asian, Minority Ethnic (BAME) partnership meetings.

It was clear that the service actively sought, listened to and acted on the views of the people who used the service and staff. This was undertaken with people who used the service on a one to one basis, via events, such as the Digni-Tea session and via other methods, such as people who used the service being encouraged to add their comments to the 'Dignity Tree' on the office wall. The service also used any complaints and concerns to learn lessons. We saw evidence that people's suggestions and comments had been taken on board and things had changed accordingly.

Similarly, staff were encouraged to raise suggestions, concerns and comments in one to one supervisions, support to reflect on practice via professional supervisions, staff meetings and through their participation in policy review and other initiatives.