

Special Needs Care 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

This was an announced inspection, carried out on the 20 and 21 July 2016.

Special Needs Care Limited is a supported living service which is registered to provide personal care for people who live in their own homes within the local community. Support in everyday activities can be provided, which helps people to live as independently as possible.

There was a registered manager in post 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.

We last inspected this location in July 2014 and we found that the registered provider met all the regulations we reviewed.

People told us that they felt safe using the service. The registered provider had a robust process for in place for staff to report any concerns they had and to ensure people were protected from abuse. Staff had been provided with safeguarding adults training and were able to clearly describe what was meant by abuse. Staff told us they would not hesitate to raise any concerns and they felt confident that they would be dealt with appropriately.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

Robust recruitment processes were followed and there were sufficient qualified, skilled and experienced staff on duty to meet people's needs. Staff had enough time to enable them to spend quality time engaging with people.

There were safe systems in place for the management of medicines. Staff received appropriate training in the administration and management of medicines. People were supported to take their medication as prescribed. Staff ensured that there was an accurate record kept of medication administered to people. People's medicines were securely stored in locked cabinets, which was accessed by designated staff.

Staff were well supported through regular supervisions and team meetings. The registered provider ensured that a thorough induction process was undertaken and staff had regular access to appropriate training to support them to be effective in their roles. The registered provider encouraged staff to access higher level qualifications in health and social care as part of their ongoing development.

The registered manager had a good knowledge of what their responsibilities were for ensuring decisions

were made in people's best interests. Staff were trained in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and showed a good understanding of the importance of involving people in decision making and seeking consent in their day to day support.

Staff were caring and they always treated people with kindness and respect. Observations showed that staff were respectful of people's privacy and dignity and encouraged people to maintain their independence. Relationships with family members and friends were encouraged and promoted.

Staff were skilled in recognising and using people's preferred method of communication. People who were not able to communicate verbally were able to make their wishes known to staff through the use of signs, noises and body language. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Creative approaches to communication were used to successfully support people through periods of change and bereavement.

People and their relevant others were involved in the development and review of their care plans. Information was personalised and focused on promoting people's choice, independence and future goals. People were encouraged and supported to actively pursue their hobbies and interests.

The registered provider had a robust policy and procedure and process in place for the management of complaints and concerns. A number of compliments about the service had been received and shared with staff.

There was an opportunity for people and their families to give feedback on the service provided. The registered provider used this information to focus on areas of development and improvement.

The registered provider had robust and effective quality assurance systems in place to audit the service provided. Information gathered was detailed and utilised to address any areas of development and to recognise good practice. Records we saw were regularly completed in line with the registered provider's own timescales.

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 and their families felt safe using the service and staff were aware of their responsibilities to safeguard people.

Risks to people's health, safety and welfare were identified and well managed. Medicines were safely managed.

The registered provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe.

Is the service effective?

Good ●

The service was effective

Staff received good training and supervision to enable them to effectively meet people's assessed health and support needs.

People were always consulted with and consent was sought prior to support being delivered.

People were supported to access relevant health professionals to meet their health needs.

Is the service caring?

Good ●

The service was caring

A positive and creative approach to meeting people's individual communication needs was encouraged by staff.

Staff promoted people's confidence and independence to empower them to live their lives as they wanted.

Staff were kind, caring and supportive towards people. People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good ●

The service was responsive

People received personalised support that was tailored to meet their individual needs.

Support plans were personalised and promoted a positive approach to supporting people. People were actively involved in discussing and updating their care plans.

There was a clear complaints procedure in place. Family members were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led

Staff had a clear understanding of the provider's values and practised them in the delivery of people's support.

The registered provider assured the quality of the service was maintained. Robust and effective quality monitoring systems were in place.

Systems were in place to seek the views of people who lived at the service and their feedback was used to make improvements.

Special Needs Care Limited

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 20 and 21 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people who live in the community and are often out during the day; we needed to be sure that someone would be available at the office. The inspection team consisted of one adult social care inspector.

Before the inspection, the provider 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 the information that the provider had given us and also looked at information provided by the local authority and safeguarding teams. No concerns were raised about the service. We also looked at information we held about the service, including previous notifications and any complaints or safeguarding concerns. A notification is information about important events which the service is required to send us by law.

As part of the inspection we spoke with and spent time with five people who used the service and three family members. We interviewed seven staff, and the registered manager. We also looked at four support plans, five staff files, training information and policies and procedures in relation to the running of the service.

Is the service safe?

Our findings

People told us that they felt safe when they were supported by staff. One person said "They always make sure I am ok. I know where they are if I need them" and another commented "I like my staff; they are always here for me. It's safe here". Family members were positive and said "[My relative] is extremely safe. They are very happy and I pop in at any time and nothing is ever amiss" and "The staff know how to make sure [my relative] is safe from harm. We have complete reassurance that they will prevent any harm occurring as much as they can."

People experienced care in a safe environment. Staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff and the registered manager had received training in safeguarding. Staff knew how to raise concerns and how to apply both the registered provider and local authority policy. One member of staff told us that if they had any concerns they, 'Would raise it with the manager or contact safeguarding or CQC'. Staff were familiar with the registered providers whistle blowing policy. They told us that they would be confident in reporting any concerns they had about the service and that their concerns would be dealt with effectively and in confidence.

A family member told us, "Staff will do their best to encourage [my relative] to do things for themselves. Things that maybe I wouldn't think they should do as a family member. I think that is great though, [my relatives] confidence and independence has grown lots". People were protected from individual risks in a way that was supportive and promoted their independence. Risks associated with support to each individual had been assessed; these were recorded along with actions identified to minimise those risks. Risk management plans considered people's needs in areas such as physical support, personal care and moving and handling. They were personalised and written in sufficient detail to enable staff to protect people from harm. Risk assessments focused on positive risk taking and considered how people could undertake a task safely rather than avoiding the situation. For example, a number of people had risk assessments in place in respect of their ability to make a meal for themselves. Information included what support was required and what people could do independently. This demonstrated that the registered provider understood the importance of, and promoted, independent positive risk taking in people's lives.

Staff were able to explain risks relating to people and the action they would take to help reduce the risks from occurring. There was a process in place for reviewing accidents, incidents and safeguarding concerns. This included the completion of a 'root cause analysis' which looked at what was happening before, during and after any incidents and what could be done differently in the future. This ensured that any changes to practice by staff or to people's support needs were identified. This process provided the opportunity for learning and risk identification by the registered provider. Staff confirmed they were kept informed if any support plans or practices needed to be revised.

Medication was stored securely within locked cabinets in people's own homes and support plans and medication risk assessments clearly identified what assistance people required to take their medication. Staff confirmed that, some people just required prompting with their medication and some people needed a lot more support. People's medical history and any known allergies were clearly recorded in their support

plans. Staff described how they encouraged people to take their medication and what actions they would take if the person refused. Medication administration records (MAR) were maintained appropriately and they detailed the medicines that people were prescribed and instructions for use. One house manager told us, "We check all the medication when it is delivered to the service, make a record of what we have received and complete regular medication stock checks. It's a very thorough process to follow". Records confirmed this. In addition we noted that area managers completed regular audits to make sure everything was accurate. Training records showed that staff had been provided with medication training in line with the registered provider's policy and procedures and they told us they felt suitably skilled to support people and/or administer medication. This showed that the registered provider ensured safe handling of medication was in place.

The registered provider had safe procedures in place for recruiting staff. We viewed recruitment documents for five staff and saw that a range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form, references obtained from applicants previous employers and a Disclosure and Barring Service (DBS) check prior to starting to work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people.

There were enough staff available to meet people's needs. People told us, "I like my staff, I know who they are and someone is always here to help me". Family members told us, "There is always enough staff for [my relative] to keep safe, but also maintain their social life and range of activities that they enjoy. We have never had any problems in this area". Observations during visits and discussions with people confirmed that suitable staffing levels were maintained.

The registered provider confirmed that the landlord completed regular checks to ensure that the premises were safe, these included checks on the fire, electricity and gas systems. There was evidence that fire drills and evacuations were carried out and appropriate emergency measures were in place to ensure safety of people in the event of a fire. Staff were aware of the fire safety procedures and the action they would take if an evacuation was necessary. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency.

Is the service effective?

Our findings

People received good care and support from staff who were well trained in their role. Family members told us that they had great confidence in staff and their ability within their roles. They made comments such as, "The staff are quick to deal with anything of concern; even before we have chance to speak to them about it. They are skilled in their jobs" and "The staff are very proactive. For instance if there is a change in [my relatives] health needs they will contact the GP and arrange for a check-up. They have a good understanding of [my relatives] needs.

Staff were knowledgeable and understood their role and responsibilities. Staff told us, "My induction was really quite in depth and was a mixture of face to face learning and practical learning with other team members. There are always new courses available to access and I am constantly learning new skills". As part of the registered providers training and development plan staff had been registered to complete the Care Certificate. This is an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

A comprehensive programme of training was undertaken by staff and a robust training matrix was used to identify when staff training required updating. Staff were supported to gain new skills and had completed numerous courses which included essential training in areas such as safeguarding, health and safety, infection control, nutrition and hydration and equality and diversity. Staff had access to training that focused on the specific needs of people who used the service such as, understanding learning disabilities, autism awareness, bereavement and loss, challenging behaviour and understanding echolalia. Echolalia is a condition commonly associated with autism and is where people repeat noises and phrases that they hear as part of their method of communication.

Records showed that access to National Vocational Qualifications (NVQs) in Health and social care were supported by the registered provider. Staff told us, "The training we receive is very good. If there is something that we need to know about to help people we let managers know and either training or discussions are set up to help our understanding".

The training manager spoke with us about the importance of ensuring that staff had the skills and knowledge to successfully support people. Records showed how the organisation had heavily invested in their training to make sure staff were skilled, had good knowledge, but were also competent in their day to day work. Information shared, evidenced how training was tailored to meet the needs of individual people supported were required. Support plans we reviewed showed how a bespoke training package for supporting challenging behaviour had been developed. Staff training included a two tier proactive approach to managing distressed behaviours which included the use of diversion tactics and objects of reference. This showed that the registered provider understood the importance of providing appropriate training and development to ensure the needs of people supported were met.

Staff told us they received regular supervision and felt well supported by the management team. Supervisions gave staff the opportunity to discuss their responsibilities and to develop in their role. The

registered manager, quality assurance and compliance manager told us that the frequency of supervisions would increase if there were any areas of concern or they felt extra support was needed. Records confirmed that supervision sessions and annual appraisals were completed in line with the registered provider's own policy.

The Mental Capacity Act (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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff demonstrated a good level of understanding about the Mental Capacity Act, 2005 (MCA) and people's ability to make decisions was robustly assessed in line with the MCA. Staff had been trained in MCA and DoLS and observed practice showed that staff consulted with people and encouraged them to voice or express their opinion through their preferred method of communication. Staff told us, "[Name] doesn't verbally communicate by using words, so we have a picture diary in place that help them to make choices about their day to day life". Staff were heard to obtain a person's permission before undertaking an activity, for example when asking if the inspector could speak with them in their own home.

The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. We saw staff followed these by consulting with relatives and professionals (where appropriate) and documenting decisions taken, including why they were in the person's best interests. Contact details for an independent advocate or an independent mental capacity advocate (IMCA) were accessible to people if they required independent support with any important decisions that may affect their life. This meant that where people were not able to make complex decisions for themselves, decisions were made in people's best interest in line with legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered provider had recognised this and in conjunction with the local authority made appropriate applications to the Court of Protection (CoP). Feedback had been received from the CoP commending the service on the detail they had supplied within each of the applications submitted. The quality and compliance manager told us, "Ensuring that people's rights are protected is of great importance to us as a provider. We work hard to ensure that any application to deprive someone of their liberty is made for the correct reasons. We take pride in our knowledge and practice in this area".

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail within personal support plans. Where people did require further support in these areas, support plans provided clear guidance to staff on how to monitor conditions associated with areas such as diet, epilepsy etc. People's nutritional needs were met. Staff were aware of a person's preferences for food and drink were, if they required food to be of a particular consistency to prevent the risk of choking.

Is the service caring?

Our findings

We received positive feedback from people who used the service and their family members. Comments from people included "I'm quite independent and the staff respect that", "I like the fact that they always listen to me if I'm not having a great day. That's helps a lot" and "[Staff name] is great, they know me well. We have a laugh". Family members told us "It's fantastic. We were very careful about choosing where [our relative] would go to live. We have been so very lucky and the support they get is excellent", "There can be a turnover of staff in care services, but this is always managed well so it doesn't cause any disruption to [our relative] and "The service provides a good level of consistency and continuity. We are very happy with the service provided" and "We have great peace of mind knowing that they have good staff looking after them".

We observed that interactions between staff and people were positive, relaxed and people were treated with dignity and respect. A number of people had limited verbal communication but staff told us that they were able to tell from their behaviour and gestures how they were feeling. They told us, "[Name] has very particular behaviours that are displayed when they are unwell. They will sit on the floor with their head in their hands. We know exactly what we need to do to help at this point, as we know this is a sign of a migraine" and "[Name] is unable to use words so we have developed a dictionary for them to use. It has the words and pictures in place and they put the words together on the Velcro book to let us know what they want. [Name] also uses some Makaton sign language, so we have learnt about that too". Makaton is a form of communication using signs and symbols. During our visit we saw how people used their communication dictionaries for example to request something to drink.

Staff were respectful and knowledgeable of people's preferred communication methods. Staff altered their approach to meet the different needs of people supported. For example, people did not always want to maintain eye contact or have people in their personal space. Support plans identified where the use of certain words when talking with people could lead to distressed behaviours being experienced. Alternative words were clearly outlined for staff to use to minimise and prevent any distress with communication. People displayed positive facial expressions and there was the use of both gestures and individual communication styles when interacting with staff.

The quality and compliance manager described how bespoke bereavement support had been developed within the service. This was approached through the use of 'social stories'. A social story is a short description of a particular event or activity, which includes specific information about what to expect in that situation and why. They told us how they had specifically applied this within the service to support a person in understanding the death of a loved one and helped them to cope with the loss. In addition we noted through the review of support plans people were supported with changes in their life through the use of 'talking albums'. This is a tool that can be used to communicate with people who may have a visual impairment, experience memory loss or require regular sharing of information to help cope with change. Within the service, staff used the talking albums for those people who struggled with change. Staff explained that they helped people to gradually understand, in their own time, what was about to happen, as opposed to experiencing something new that may distress them. This had been proven to help people cope well. This showed that the registered provider gave consideration, care and attention to meeting the differing

communication needs of people supported.

Staff understood the importance of ensuring people's privacy was respected and were confident in describing how they protected people's dignity. They talked about the importance of making sure that people were at the centre of everything that they did and always to reflect about how it may feel to be in their position. Staff described how they would maintain people's dignity by covering them up during personal care or recognising when someone does not like something and responding appropriately. Staff were respectful of people's choices and decisions and recognised when people required some support during our visit. One person we visited was quite a shy person and staff explained that they would feel more comfortable speaking with us if they had someone with them they knew. It was clear that the person supported felt more confident to chat with us having as they described 'their mate' with them.

Staff promoted personal choice and independence at all times by ensuring that people were involved in day to day decisions regarding their care and support. People were encouraged to make decisions relating to everyday activities such as, eating and drinking, choosing what to wear, where they would like to spend their time, who with and for how long. For example, during our visits staff spoke with people about having a drink. Visual choices were offered to people: a box of tea bags, a jar of coffee and some juice were presented and people pointed to what their preferred drink was. People who lived in one house that we visited were very independent, but too much choice was difficult for them to cope with. Staff offered two choices on anything at one time, to help people to remain independent with their decision making. This showed that staff used creative approaches to promoting independence with people.

People were supported and encouraged to maintain relationships with their friends and family. This included supporting trips to see family and arranging visits at different places to see their friends. People told us "I see my best friend at the disco" and "I'm going to craft club, I see my friends there and we have a good time". Family members told us "There is an open door policy for visiting our [family member]. It's great as we can pop in at any time and we are always welcomed by staff" and "[my relative] has a really active social life. The staff have worked hard to make sure this continues and they go to meet up with their friends on a regular basis. I love that".

People who used the service had been provided with information about the service and standards they should expect from the registered provider. Information included details of the registered manager, the registered provider and other key pieces of information such as how to make a complaint, confidentiality and maintaining people's safety and security. People's confidentiality was maintained. Records containing personal details were stored securely in a locked office.

Is the service responsive?

Our findings

People's support needs were discussed with them and/or their relevant family members and a plan of support put in place. They told us, "The staff ask me what I like and don't like. They help me to do stuff for myself too" and "I like to keep busy with my friends. I have lots of clubs and places I go too and staff help me to make sure I get there safe". Family members told us, "The staff are always trying new things and we have regular discussions about how everything is going for our [relative]".

Support plans contained detailed information that was specific and personalised to the individual. This included information about the person's health, medication, likes, dislikes, preferences and future goals in life. Where people had specific health conditions, support plans provided staff with detailed information about how a condition may present itself for that particular person. An example of this, were a person experienced periods of severe anxiety. Support plans identified clearly to staff the known triggers for anxious behaviours, and typical signs and symptoms shown by the person such as pacing, moving objects, palpitations and muscle tension. In addition to this, detailed guidelines on how staff should approach the person during times of anxiety were in place. Actions such as, promote a calm environment, minimise stimulus in the immediate space and talk in a quiet and relaxed manner about some hobbies and interests that the person has, were recorded. Through discussions it was clear that staff had a good understanding of how best to support people during times of distress.

Each person's care and support plan contained the information necessary for health professionals to support that person should they be taken to hospital in an emergency. Staff told us that this information was important as this could be a difficult situation for people to experience. This information helped to ensure that hospital staff was informed about the importance of continuity in approach to support to minimise any distress.

One person told us, "I want to live in my own place. I'm not quite ready yet, but I am learning how to cook for myself, keep everything clean and pay the bills. I think all these things will help me in the future". People told us and observations showed that they were involved as much as possible in decisions made about their care. They told us about their long term goals that they had planned and discussed with their families and staff as part of their reviews. Staff told us that they wanted to provide the care and support people required to achieve their desired outcomes and that a large part of their role was to ensure that people were supported to develop their skills to live more independently in the community. As well as having active hobbies and social lives, people were also encouraged where appropriate to improve their life skills by taking responsibility for tasks such as purchasing food items, laundry, cooking, clearing the table after meals and keeping their rooms tidy. Support plans contained information about people's personal goals in this area. Statements such as, 'I want to be better at cooking, cleaning and preparing my meals more' and 'I want to gain more confidence in my decision making skills' were noted with clear guidance on how staff would help the person to achieve this. Observations indicated that this was taking place. This showed that the registered provider understood and respected the importance of people's independence skills being developed irrelevant of any known health conditions or medical diagnosis.

Reviews of people's care and support needs and plans were completed on a regular basis and evidenced how people and their family members had been involved. Family members told us, "Any changes in how [my relative] needs help is always picked up on. We have complete trust in the staff to make sure the support is in line with [our relatives] needs" and "I am contacted by staff to discuss their support needs. We are involved as much as [our relative] wants us to be. I'm sure there are things we are not told about. I guess that's all part of them growing up". This meant that the care and support provided by staff was up to date and relevant to people's needs.

People maintained a range of individual interests and activities, according to their personal preferences. One person told us, "I'm off to Chester zoo today and then later I'm going to see my friends on my own". Another person told us, "I like sport; I play football and won a trophy. I love wrestling too". The person's own bedroom was decorated with different items relating to their favourite sports and they talked to us about what that meant to them. Staff had a good knowledge of what people liked to do and supported people to make the necessary arrangements in their day to day lives to engage in their hobbies and interests.

People and their family members knew how to make a complaint and raise any concerns about the service. We observed people had copies of the registered provider's 'service user guide' which contained details of the complaints procedure. In addition a copy of the complaints process was also made available in each person's support plan file in a format that suited needs. Family members told us, "We had a few queries when [our relative] first started using the service. We spoke with the staff and they were sorted out very quickly" and "We have never had any reason to formally complain, because if we have any concerns there is always a manager to speak too. Everything is sorted very quickly and we are happy with that process". We reviewed records of any complaints or concerns that the registered provider had received since our last inspection and found that these had been dealt with appropriately.

A number of compliments had also been received by the registered provider. Comments such as, "[My relative] had a wonderful time on their holiday and came back buzzing", "The staff were fantastic and it continues to surprise me how [my relative] continues to grow in maturity with your help and support. Thank you" and "Your service is the best organised service I have come across and you continue to have the best communication with me" were recorded and shared with staff.

Is the service well-led?

Our findings

Family members told us they knew who the registered manager was but also who the management team for the organisation was and that they could contact anybody at the office if they needed anything.

The service had a registered manager in post and she had been there since 2011. Staff were familiar with the management structure of the organisation and their lines of accountability. They told us that the management team were approachable, friendly and always on the end of the phone if they needed support for anything. It was clear from our observations that an open, honest culture was promoted and there was good morale amongst the staff teams. Staff had a clear understanding of the values of the organisation and were able to describe how they included these in their day to day work.

The registered provider has a robust and effective quality assurance process in place and regular quality audits were completed. These addressed areas such as support plans, health and safety, accidents and incidents, environmental issues including the prevention and control of infections and fire systems were covered. The management of medication was also subject to regular audits. Any concerns relating to the effective management of the service were quickly identified and appropriate actions taken to resolve them. The quality assurance manager had reviewed and considered CQC five domains of safe, effective, caring, responsive and well led and how the associated Key lines of Enquiry (KLOES) could be considered in the audit process. This demonstrated a good understanding of the fundamental standards and the requirements of the Health and Social Care Act 2008.

There were robust procedures in place for the internal reporting and investigation of accidents and incidents that occurred at the service. Any accident and incidents that occurred were recorded appropriately and reported through the provider's quality assurance system. The registered manager informed us that each accident or incident record included a detailed description of what had occurred which was then debriefed and analysed with staff. Any actions highlighted as part of the review were clearly outlined with timescales for completion. Records confirmed this. This enabled the service to identify what changes were needed to minimise the risk of reoccurrence. Any changes of practice required by staff were highlighted in staff meetings so staff could understand lessons had to be learnt from incidents.

The registered provider had undertaken an annual quality review of the service which looked at trends and data across a period of twelve months. Areas such as why people had left the service, quality of life experienced and how well the organisation promoted choice and control were analysed and compared to information from the previous year. This showed that the registered provider reflected and utilised information received to make further improvements to the care and support provided to people. An example of this had been where choice and control had been highlighted as an area of improvement. In response to this the registered provider had implemented additional training and development for staff in relation to MCA. We noted that there had been a positive improvement in the feedback for areas such as promoting dignity in care, meeting people's health needs and people feeling safe with staff.

We saw that the registered manager and the registered provider sought the views and opinions of people

who used the service and their representatives. Satisfaction surveys were conducted in 2015 to find out people's opinions about the quality of the service and feedback was positive. The quality assurance manager told us that they were extending the 2016 satisfaction survey out to both health professionals and staff for completion. This approach was agreed to capture a range of feedback to support the development of the organisation not only from the perspective of people supported but from other stakeholders.

The registered provider had effective systems in place to support communication. Records we viewed confirmed that team meetings were held on a regular basis at all levels within the organisation. Areas such as organisational updates, policy and procedures, training opportunities and best practice approach to care and support were discussed and shared with all staff. Staff confirmed that they received regular feedback in these areas to support them with their roles.

Providers are required to inform the Care Quality Commission of important events that happen at a service. The registered manager had informed the CQC of specific events the provider is required, by law, to notify us about and had reported incidents to other agencies when necessary to keep people safe and well.

The registered provider had a comprehensive set of policies and procedures for the service, which staff were familiar with. Records were made available to staff in order to assist them to follow legislation and best practice and ensured that staff had access to up to date information and guidance. A policy folder was available in the staff office for ease of access and they were also made available on-line.