

Affinity Supporting People Limited

# Affinity Supporting People Limited

## Inspection report

11 Cannon Street  
Accrington  
Lancashire  
BB5 1NJ

Tel: 01254304500  
Website: [www.affinitysupport.org](http://www.affinitysupport.org)

Date of inspection visit:  
29 September 2016  
30 September 2016  
03 October 2016

Date of publication:  
14 November 2016

## 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 the 29 and 30 September 2016 at the agency office and was completed by contacting people using the service and staff with telephone interviews on 1 and 2 October 2016. The first day was announced. This was to enable the management team to make themselves available to participate in the inspection.

Affinity Supporting People is a domiciliary care service. The service provides flexible personalised care and support for people with learning disability who require additional support to live independently within the community. The agency's office is located in the centre of Accrington Lancashire.

At the last inspection on the 11 January 2014. The service was found to be meeting the regulations applicable at that time.

At the time of the inspection there was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Feedback we received from people using the service, their families and staff members was very positive, they indicated that staff were caring, supportive and understood people's needs well. Family members told us they had seen positive changes in their relatives who appeared to have grown in confidence, independence and happiness as a result of being supported by the service.

The provider had robust processes in place to maintain a protected and suitable environment for all people using the service and visitors. Risk assessments were established to identify any risks associated with areas such as the storage of medicines, sharps and substances hazardous to health (COSHH).

Suitable training was offered to staff to ensure they were competent in recognising the signs of abuse and could appropriately and confidently respond to any safeguarding concerns and notify the relevant authorities when required.

The service had satisfactory staffing levels to support the operation of the service and provide people with safe and personalised support. Comments from people using the service, their relatives and staff supported this. Staff were expected to access a variety of training which ensured they were skilled and experienced in safely and effectively supporting all people using the service.

Recruitment procedures were thorough and robust. Appropriate steps were taken to verify new employee's character and fitness to work. People using the service and their relatives were very much a part of the recruitment of staff. Staff induction processes contained the correct amount of detail to provide them with the knowledge to carry out their support role effectively and an appropriate level of training was offered to

all staff. This ensured staff were equipped with the correct knowledge to support people effectively. People spoken with and their relatives told us how staff knew their needs well. Staff shared their knowledge with us and demonstrated a good understanding of their role and how to support people based on individual need and in a person centred way.

The provider had appropriate processes in place for the safe administration of medicines this was in line with best practice guidance from the National Institute for Health and Care Excellence. Staff were adequately trained in the administration of medicines and all medicines were stored securely and safely.

People each had their own individual care file containing support plans and risk assessments individual to their own personal need. These documents gave clear information about people's needs, wishes, feelings and health conditions. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provided legal safeguards for people who may be unable to make their own decisions. The management team also demonstrated their knowledge about what process they needed to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

We had positive feedback from people using the service, relatives and staff about the management team. People told us they were happy to approach management with any concerns or questions. People felt the registered manager was very supportive and would act on any issues they may have.

We noted the registered manager had previously won two awards in recognition of his work practice. The registered manager commented these awards recognised his desire to be part of the service delivery and going above and beyond his role as a registered manager.

We found the ethos of the service was very much about enabling people to reach their full potential. We saw over the two days of inspection opportunities were offered to people on a daily basis to develop their confidence and gain qualifications and new life experiences. The staff were very much a part of enabling this to happen.

## 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 told us they felt safe. They were supported by staff that had been safely recruited and had received appropriate induction and training.

Staffing levels were appropriate and enabled the service to meet people's individual needs and allow people to gain ownership in their lives and manage any risks knowledgeably and effectively.

Staff were aware of their duty and responsibility to protect people from abuse and followed a correct procedure if they suspected any abusive or neglectful practice.

### Is the service effective?

Good ●

The service was effective.

People received support that was tailored to meet their needs and promote independence and were supported by staff that were well trained and supervised.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

People were supported well with their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and their privacy and dignity was respected by staff they described as being respectful and who understood their needs.

People's care and support was provided according to their wishes and preferences and they were encouraged to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's support files were centred on their wishes, needs and goals and kept under regular review.

Staff were knowledgeable about people's support needs and preferences and the agency offered a flexible way of working which responded to any changes in a positive way.

People were encouraged to raise concerns and had been equipped with relevant information to do so. Their concerns were dealt with effectively.

**Is the service well-led?**

**Good** ●

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a clear set of values which were promoted by the management team and care staff.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

# Affinity Supporting People 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 was 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 29 and 30 September and 1 and 2 October 2016. We gave the provider 48 hours' notice as this is a small service and we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 18 people receiving care at the service.

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 the plan to make.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we visited two people's houses, spoke with six people who used the service or their main carers. We spoke with three staff members, the registered manager, Human Resources Operations manager and the service operations manager. We looked at the care records of four people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at four staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

# Is the service safe?

## Our findings

All the people we spoke with told us they were pleased with the standard of care the agency provided to them. Comments from relatives included, "The service is brilliant it is really really good I cannot fault it at all. They have worked wonders with [my relative]" and "[My relative] has a fantastic team. They all step out of their way to accommodate anything. I know [my relative] is very safe and well supported." Similarly people who used the service we spoke with indicated they were happy and felt safe in their homes.

The registered manager told us processes were in place which aimed to maintain consistent staffing arrangements. We looked at staff rotas and noted sufficient numbers of staff were employed to deliver safe and effective care to people using the service. Staff we spoke with confirmed this. One staff member said, "I always have time to do my job, people are always out and about with staff. I never feel rushed."

We looked at how the providers recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at four staff files and noted each file had appropriate information in line with current guidance. We saw the required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and DBS (Disclosure and Barring Service) checks. 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.

We noted the service's 'recruitment policy' was written in accordance with the service's 'equal opportunities policy'. This would help ensure a safe and fair recruitment and selection process was followed. The registered manager told us that people who used the service and their family members were very much a part of the recruitment process and would assist the provider with interviews and feedback their comments during the persons induction process.

The Human resources manager (HR) told us that the staffing and sickness rates for the service were very low and that she felt this was a good indicator on how happy the staff team where. She added that she felt, "The stability of the workforce was 'key' to providing a high quality and safe support network for all people using the service."

We noted contractual arrangements were in place for staff, those included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively. The registered manager told us there had been no disciplinary action in the past 12 months. The HR manager commented that service prided its self on maintaining a, "Happy and hardworking workforce."

Family members and people using the service we spoke with considered all staff competent to administer medicines. People confirmed that they received their medicines daily. Training in safe medicines management was provided to all staff and was in date. Update medicines training was provided annually. Staff we spoke with showed a good understanding on how to administer medicines in line with, The

National Institute for Health and Care Excellence, (NICE) guidelines. Medicines audits were completed monthly by the team leaders. These were then sent to the registered manager to review.

Sample copies of medicines administration records (MAR) were seen to ensure they were correctly completed. We found there were no errors or gaps in the MAR records we saw. Specific protocols for the administration of medicines prescribed 'as necessary' and 'variable dose' medicines were in place. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

We looked at how the service protected people from abuse and the risk of abuse. Safeguarding training was in date and safeguarding vulnerable adult's procedures and 'whistle blowing' (reporting poor practice) procedures were in place for staff to refer to. Staff we spoke with were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Comments included, "If I saw any practice I was not happy with or somebody disclosed something to me I would ensure I escalated the concerns through management," and "If I disclosed something and I didn't feel [the registered managers name] was doing anything about it I would contact either the Police, local authority or CQC. I have a file with all the numbers in." Staff told us they had received training and guidance on safeguarding and protecting adults.

Safeguarding logs and incident information was kept in a file for monitoring purposes. This file contained details of the issue, date, follow up actions and the registered manager's signature. This file was kept at the office and archived for data protection purposes. The registered manager told us it was his responsibility to audit the file in order to identify any themes and trends.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person's file contained individual risk assessments. The assessments we looked at reflected risks associated with the person's specific needs and preferences. Areas of risk identified were broken down into, who was at risk, what the risk was, any existing control measures and any further measures which needed to be considered and actioned. Risk assessments covered areas such as accessing the community alone, smoking, relationships and finances. Each risk assessment we saw had been signed and agreed by the person where appropriate. Individual strategies had been developed to guide staff on how to manage and respond to identified risks.

Risk assessments were reviewed when appropriate and updated with any necessary additional information. Support staff we spoke with had a good understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported. They demonstrated a good understanding around encouraging people to live their lives the way they chose, but they recognised this should be done in a safe way. Positive risk taking was a key factor in the service. The registered manager told us he prided himself on working with people to ensure the risk assessments were robust enough. He stated, "We don't give up on people. It's about exhausting every avenue and allowing people to make informed choices about risk and working with that. We will exhaust every avenue before we say we can no longer manage the person."

'House files' were in place which review areas of risk individual to each house, sharps, 'Control of Substances Hazardous to Health' (COSHH), recyclable waste, medicines cabinets and legionella were some of the areas which were covered. These were broken down into areas such as, existing control measures, monitoring, and any other control measures to be implemented. All risk assessments we saw were regularly reviewed and in date.

The provider had a Business Continuity Plan. This was updated as necessary. It outlined the provider's aims to provide a framework for an organisational response to any disruptive events such as adverse weather



conditions. It planned to maintain critical services to people in the event of any such disruption. It provided details and internal and external contacts for people who are able to assist such as the health protection unit, utility companies, police, directors and managers.

# Is the service effective?

## Our findings

People we spoke with indicated the service they received from Affinity Supporting People was effective. People told us that their staff teams were consistent and expressed their satisfaction with every aspect of the service. One person said, "The staff are nice to me. They listen to me and look after me. I have the same people look after me." Relatives expressed their satisfaction with the way their relatives were supported. Comments included, "We are very lucky to have [our relative] there. It is definitely the best service around here"; "The support is brilliant. [My relative] can become very challenging at times and has very complex health needs, but all of this is managed very well" and "It's a very consistent team I bet the house has only had one staff member change in the last three years."

The service recognised the differing needs of people who used its service and worked with assistive technology wherever required to ensure the person was able to understand, make and communicate their thoughts, feelings and wishes wherever possible. For instance, people who were none verbal were supported to communicate through means of I Pads; this meant the person could communicate through software programmes which would voice any words they typed. Emails could also be sent to family members, friend and staff by the person. Other aids such as pictorial cards were used to enable people to be more independent when weekly food shopping and planning their meals.

The service offered an appropriate amount of training which was relevant to the people using the service. Training topics covered aspects such as the safe handling of medicines, fire rescue, record keeping, physical intervention and food safety. Staff we spoke with confirmed that they received an appropriate amount of training and that they were up to date. We saw evidence of this in staff training records. Staff told us the service supported them to attain recognised qualifications in health and social care. One staff member said that they had just started their National Vocational Qualification (NVQ) level three in Health and Social Care. This is a nationally recognised diploma for anyone working within the care environment who wishes to develop in their role. Another staff member told us, "The service has helped me to achieve NVQ's and additional qualifications."

Staff induction was also thorough and robust. Support staff told us they felt this equipped them for their role. One staff member said, "The induction was good. It equipped me with the skills I needed to do the job. I had a good weeks training then working alongside other staff before I was assessed competent to do the job alone." The induction consisted of policy reading, training and 1-1 shadowing. The registered manager told us that all new staff were required to complete the Care Certificate as part of their induction. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. They are the new minimum standards that should be covered as part of induction training of new care workers.

Staff told us they received supervision and appraisal in line with current procedural guidelines. We saw records of supervisions held and noted plans were in place to schedule supervision meetings. Staff spoken with told us they received regular one to one sessions and on-going support from the management team. This had provided care staff with the opportunity to discuss their responsibilities and the care of people who used the service. Staff told us they felt supervision, "Gives me an opportunity to vent," and "I can speak

about anything and I am always listened too.

Handover meetings are done before each shift. Staff informed this was verbal and additional information would be documented in the communication book. Staff spoken with told us this was a good method. We did not see any evidence to state things were being missed and people we spoke with and their families supported this way of handing information over.

We saw evidence that people were supported to maintain good health by the service. Support staff were always on hand to assist with arranging health appointments. People's care plans contained important information about their medical histories and any health care needs. This meant that support staff were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. We saw some good examples of the service working in partnership with community health care professionals to ensure people received the care they required.

We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional risk assessments were used when required. This helped to ensure any risks relating to poor nutrition or hydration were identified and addressed. 'Food hygiene' was part of the service's training programme, which helped to ensure support staff had the knowledge and skills to prepare food safely. People were encouraged to eat healthy and were very much a part of the preparation and meal planning. Staff told us that people would agree on a weekly basis the meal plan, however this could change on the day if needed.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had systems in place to protect people's rights. We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the time of our inspection there were no concerns about the capacity of any person who used the service to consent to their care. The service manager was able to describe action he would take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future.

# Is the service caring?

## Our findings

People indicated they were treated with kindness, compassion and respect. Family members also felt relatives were supported in a caring and empathetic way. Comments included, "They are a fantastic team and as for the care [my relative] receives is concerned they treat him fantastically. They all have so much time and patience," " [My relative] has come on in leaps and bounds, from the day they first moved in to how they are now, all I can say is 'Wow' and that is because of the patience, care and support he has received from the staff team. I cannot fault them."

The registered manager spoke very highly of the care the staff team showed to people. He gave an example of when the staff had gone above and beyond the call of duty for a person who had passed away. The staff team ensured this person had a respectful and appropriate funeral by paying for and arranging funeral flowers, church programmes, buffet and arranging the wake.

People using the service and their families indicated that staff respected their rights to privacy and dignity. People told us support staff entered their home as had been agreed and that staff were respectful of their personal property. Staff gave examples about how to maintain a person's privacy by knocking and waiting for a response before entering a bedroom and ensuring the door was closed before supporting with any personal care. The provider had a 'code of conduct' of practice that staff were expected to follow. This would ensure staff were adhering to best practice guidance.

The registered manager told us the service respected the diverse needs of the people it supported and the ethos of the service was very much to promote people as individuals and ensure life opportunities and requirements were offered at every opportunity. The registered manager added that people who used the service, their families and staff were very involved in a, 'relationship and sexuality panel' which was facilitated by Lancashire County Council. This ensures awareness with such topics was raised and understood.

All people we spoke with including relatives, felt that staff listened to them and explained things in a way which they could understand. At the time of inspection no person was using advocacy services. However, one family member we spoke with told us how they felt the staff work as an advocate role for her family member. They informed us, "[staff member's name] is great, and they work as an advocate for [My relative]. I feel they really get his point over and make his voice heard especially in meetings with other health professionals."

People had been given a handbook detailing essential information such as what standards to expect from the service and what the service expected from the person, along with complaints procedures and information about seeking help when making a complaint. The service also provided a statement of purpose and a service user guide was also included which provided guidance and information on the standard of care the service provided.

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction covered

principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded

Staff spoke respectfully about the people they supported. They demonstrated a good understanding of their role and how to support people with a person centred approach. They gave examples of how they provided support and promoted people's independence and choice.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of thanks from people and their families.

## Is the service responsive?

### Our findings

People made positive comments about the way staff responded to their needs and preferences. People indicated that staff listened to their requests and always available to spend time supporting them with any skills they may require on a daily basis. People's relatives also expressed satisfaction with how their family members were responded to by staff. Comments included, "Staff are very responsive to [my relatives] needs. They are like a second family" and "It took [my relative] a while to settle in, but now we can really see the benefits. They have more confidence and independence and have a really strong bond with all the staff, in particular his key worker."

We noted the provider had robust processes in place to ensure thorough evaluations of each person's needs were assessed before the service began to support them. Pre assessments were signed by the person when possible. They contained information about the person's needs, wishes and requirements such as support needed with daily living chores, accessing the community and dietary needs. In addition to this the assessment included detailed personal history, hobbies and interests.

Support files contained care plans which had been created based on people's individual needs and requirements. They were agreed where possible by the person or a family member, this helped to enable the development of the care planning process and support the delivery of care. Support plans covered areas such as choice and control, health and well-being, everyday tasks, managing money, leisure and work. Each care plan detailed what the person could undertake independently and what support was required in areas of assistance. Essential contact details were recorded as routine such as health professionals, GP and next of kin. We were able to determine that support files were reviewed regularly by management, the person themselves and family member where appropriate. Comments from people supported this.

Staff had a good knowledge of the people's needs and could clearly explain how they provided support that was important to each person. Staff were readily able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

Daily reports provided evidence to show people had received care and support in line with their support plan. We viewed sample records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being.

People were encouraged to pursue activities outside of their home and we noted some people attended college programmes. Holidays were frequently taken and each person was local authority funded for one to one time each week with a staff member to pursue any activities of their choice. Over the two days of inspection we visited two people's houses; however, one house had nobody home as people were out at college and pursuing other activities.

The provider had policies and procedures in place for dealing with complaints and concerns. There documents gave clear guidance to staff on how to make a complaint and what to expect including relevant

time scales. Service user guides also contained an easy read version of the policy and these were kept in people's bedroom for easy access. The registered manager told us the service had received only one complaint in the past 12 months. We looked at how this complaint had been handled and noted this was in line with the provider's procedural guidance. Comments we received from people using the service and their families confirmed that complaints, concerns and queries were dealt with professionally and all felt able to approach the registered manager with any issues they may have.

The registered manager held a file which contained compliments cards, letters and emails. We looked at a sample number of these and noted positive comments complimenting staff and the service for its high standard of care and the kindness of staff and how they supported and offered opportunities to their family members. One person wrote, "Thank you to everyone for all your help and continued support with [my relative]."

## Is the service well-led?

### Our findings

People using the service, family members and staff all considered the service to be well led. People told us they were very happy with how the service was being managed. One family member said, "[Registered manager's name] is fantastic. He is always there to answer any queries and support us with anything we require" and "What can I say. The service is fantastically run. Staff we spoke with were very positive about working for the service. One staff member said, "I love everything about it. My role, the support we get, everything is very good." Another staff member told us how they had worked for the service for some time and how they considered everybody to be like an extended family. They felt that the service was the best they had ever worked for explained how the staff team pull together and do this because they are happy and want to support the service. They stated, "The most important thing is putting people first and I know all staff pull together to ensure this always happens."

There was a registered manager in post at the time of the inspection. The registered manager had overall responsibility for the service. It was the registered manager's role to provide oversight and manage the day to day operation of the service. The registered manager told us, "As a manager I will get out there and do the odd shift. I believe that being out there and experiencing it from a staff member's point of view helps me identify if any changes are needed."

The provider had a range of policies and procedures to equip staff with clear and relevant information about current legislation and good practice guidelines. These policies were under regular review and updated when necessary to ensure they reflected any required changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

Staff we spoke with were aware of their roles and responsibilities and what was expected of them. They displayed comprehensive knowledge around caring and supporting a person in a safe and effective way. Staff indicated that they had received appropriate training to assist them in effectively caring and supporting people who used the service. This was corroborated with the comments we received from people using the service and their relatives/visitors during the inspection.

The provider ensured effective governance audit systems were in place covering areas such as, medicines and support planning. These were done monthly. General house audit was carried out every six months. These looked at policies and procedures, risk assessments, certification of appliances and accident, incidents or near misses. All audits were designed to ensure all aspects of the service were meeting the required standards. The registered manager added audits are constantly being monitored to ensure things are working effectively.

The registered manager told us the service used an additional range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback through quality assurance questionnaires, residents meetings and ensuring time was allocated to speak with people when requested. Quality questionnaires asked questions such as, do people feel their personal belongings are safe, can



people relax when they want to, do people feel treated as an equal, and do people feel able to talk to somebody if they are worried. We looked at 18 questionnaires received and each of these expressed the person's satisfaction with all areas. One person wrote, "I am really happy. I do lots more activities than I used to. There are lots going on."

Employee engagement surveys were also given to staff members. 32 out of 36 had been received back. Staff were asked questions such as, do I know what is expected of me at work, do I have the materials to do my job safely and effectively, is my development encouraged and do I receive recognition and praise. Each survey expressed that staff were happy with most aspects of their job. One staff member wrote, "My team leader and managers all have very caring natures and I can approach them all without any issues. They all go that extra mile to help me if needed." We saw a few comments which talked about the services computer system freezing and people asking for training on computer knowledge. These comment had been noted by the provider.

Frequent staff meetings were held. These meetings were used to discuss any issues and feedback any complaints and compliments. Good and bad practice was also noted and discussed in full. We noted that ideas from staff were listened to and actioned if appropriate. Staff confirmed these happened at regular intervals and found them a useful arena to share ideas and concerns.

The registered manager told us that the provider was constantly trying to improve on ways to reward staff for their hard work. He commented, "It is very hard to reward staff for the good work they do due to finances. However we look at other ways we can do this such as offering fresh fruit, pedometers, and free health checks. We also nominate people to become champions in fields such as, health and well-being and diversity."

We noted the registered manager had previously won awards at the National Care Awards. This was for registered manager of the year and a joint award for 'special needs' manager. We spoke with the registered manager about this achievement and he added the awards were earned by being part of the delivery of service and not just doing the manager's job.

The service holds an, 'Investors in People's' award .The Investors in People status is a sign of a great employer, an outperforming place to work and a clear commitment to sustainability. The HR manager told us that the Investors in People assessor had recently visited the provider and she proudly announced that she had been informed the provider had just secured gold status.

Throughout the inspection we found the registered manager to be very honest and very approachable and all documents we requested to see were easily accessible and provided to us without delay. We noted that the ethos of the service was very much to enable people to develop and achieve personal goals and to maintain as much independence as possible. We were confident that the staff and management were working very hard to maintain this. The registered manager told us that he saw himself as a leader of a team and tried his upmost to empower staff and people using the service to reach their full potential in life. He added, "I try my best to develop the service to support what people want to do no matter how extravagant. We never say never, we just look at realistic ways of achieving it." This belief was definitely evidenced and reflected in the good practice examples we saw throughout the inspection.