St Anne's Community Services

Gateshead Supported Living Service 1 and 2

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

Gateshead Supported Living 1 and 2 provides personal care and social support to people living in their own homes. At the time of our inspection there were 29 people using the service across eight households which were staffed by support workers 24 hours a day.

This inspection took place on 4 October 2017 and was announced. We spoke with people, relatives and staff in the following days and concluded the inspection on 9 October 2017. We previously inspected this service in March 2015 and overall we rated the service as good. At that time, we identified the service required improvement to be completely effective and recommended that the provider reviewed the guidance for consent to care and treatment in the Mental Capacity Act (MCA) 2005. At this inspection we found the service remained 'Good' and met all of the fundamental standards we inspected against.

Two established registered managers were in post and this has not changed since our last inspection. 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 found staff understood the principals of the MCA and their responsibilities when they assessed people's capacity. Decisions that were made in people's best interests had been appropriately taken with other professionals and relatives involved. Detailed care records were maintained which described why an assessment had been carried out and what action had been agreed.

People spoke very highly of the staff who supported them to live at home. They told us they felt safe and comfortable with the support workers and they received a good service. Policies and procedures were in place to safeguard people from harm and the staff we spoke with understood their responsibilities. Records were kept about concerns of a safeguarding nature and timely investigations had taken place.

Detailed risk assessments were in place to protect people from any risks they may encounter in their daily lives. Accidents and incidents were appropriately reported to the office staff and these had been recorded and monitored.

Recruitment checks continued to be carried out to ensure that staff were suitable to work with vulnerable people and there were sufficient numbers of staff deployed to meet people's needs. A robust induction process was in place and staff training was up to date. Records confirmed that suitable training was available to ensure staff were knowledgeable and skilled.

Staff confirmed they received regular supervision and appraisal and team meetings were held within each household. Staff felt there were enough of them employed to manage each household with consistent support workers.

People's nutritional needs were met and they were supported to access healthcare services as required. Medicines were managed safely and in line with best practice.

Care records showed people were involved in their care and support. People were supported to have choice and control of their lives and staff supported them to be as independent as possible. Staff sought people's consent before carrying out any care or support.

We observed a lot of positive interactions between staff and people who lived at the services where privacy and dignity was promoted and protected. The staff we spoke with displayed caring attitudes. All of the people we spoke with said they were treated with dignity and respect and that staff were nice and friendly towards them and their families. The relatives we spoke with confirmed this.

Comprehensive person-centred care plans were in place to support staff to provide an exceptionally personalised service. Records demonstrated that regular reviews were carried out of the support people received. Staff supported people to enjoy a range of meaningful activities and to pursue education and work. Without exception staff strived to ensure people lived their lives to the fullest and achieved their maximum potential. We found this had an extremely positive impact on people's health, well-being and quality of life.

No complaints had been received by the service since our last inspection. The provider actively encouraged people to share their opinion of the service. Lots of positive feedback had been received and this was shared with the staff.

The registered managers proactively monitored the quality of the services; they maintained manual and electronic records which related to all aspects of the service such as safeguarding, complaints, accidents and incidents. The registered managers and deputy managers carried out spot checks on support workers and they regularly spoke with people and their relatives to gather feedback. Action plans were developed to address any areas which required improvement.

Staff spoke highly of the registered managers. They told us they felt valued and enjoyed their work.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remained safe.

People told us they felt safe living at home with the support from staff. Safeguarding concerns, incidents and accidents were investigated and reported in a timely manner.

Individual needs had been thoroughly risk assessed with preventative measures put in place.

The staff recruitment process was robust and staffing levels were appropriate.

Medicines were well managed.

Is the service effective?

Good

The service was effective.

Training was available in a variety of topics to meet people's needs. Staff were supported through supervision, appraisal and team meetings. Regular competency checks took place.

People's consent to care and treatment was sought in relation to their care and support. People and their relatives were involved in care planning and decision making.

People were supported to eat and drink to ensure their well-being. General healthcare needs were met and the service involved other health professionals as necessary.

Is the service caring?

Good

The service remained caring.

People and relatives told us that staff were caring and friendly. Staff understood people's needs and responded well to these.

People told us they were treated with dignity and respect. They also told us staff respected their home, their family and their belongings.

People and relatives were involved in decisions about care and support and people were given choice and control over their lives. Staff encouraged independence and individuality.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People and relatives told us the service was extremely responsive and met their needs. People thoroughly enjoyed a range of individual and 'household' activities which promoted inclusion and socialisation. Care records were very person-centred and assessments were regularly reviewed.

People told us they had a regular team of support workers who endeavoured to provide continuity. Support was flexible and easily adapted to meet people's changing needs.

A complaints policy was in place and people were aware of how to complain. People and relatives felt comfortable raising issues with any of the staff.

Is the service well-led?

Good

The service remained well-led.

The provider had a clear vision for the service and the registered managers clearly communicated this to the staff team. Staff told us they were supported and valued in their role and morale was good.

The registered managers held comprehensive records which showed they monitored the quality and safety of the service. Audits took place to ensure staff undertook their role competently. Feedback was sought from people and their relatives to ensure satisfaction.

The management team had a variety of experience and different skills to ensure the smooth running of the service. The atmosphere in the office was positive and staff worked well together.

Gateshead Supported Living Service 1 and 2

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 4 October 2017 and was announced. We concluded the inspection on 9 October 2017. We gave 24 hours' notice of the inspection because we needed to be sure staff would be available to access records kept in the office. The inspection team consisted of two adult social care inspectors.

Prior to the inspection we reviewed all of the information we held about Gateshead Supported Living 1 and 2 including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We liaised with local authority contract monitoring teams and adult safeguarding teams to obtain their feedback about the service. We also contacted various external healthcare professionals to gather their opinion of the service.

As part of the inspection we visited two households and spoke with five people with their prior permission. We also spoke with three people's relatives, two support workers, two deputy managers and both registered managers to gather their views about the service. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at four people's care records in depth and reviewing others, three staff files which included recruitment and training records, the quality assurance system and records relating to the quality and safety of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at home with the support from the staff. One person said, "I am very happy to live here." Relatives told us, "[Person's name] is safe and being looked after", "Very happy, safe and well looked after" and "If I had to go into a home, I would want to go into that one."

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if they suspected anyone was at risk of harm or abuse. Staff training in safeguarding vulnerable people was up to date and regularly refreshed. There were eight incidents of a safeguarding matter recorded across the services which were reported, investigated and resolved in a timely manner.

Risk assessments were in place to reduce the risks which people may have faced in their daily lives, such as falls, malnutrition, choking and scalding. This meant these risks were controlled and action was taken to help keep people safe. Accidents and incidents continued to be monitored and analysed. The registered managers took prompt action to minimise the likelihood of repeat occurrence.

Medicines continued to be managed safely and hygienically. There was a robust system in place for the administration of medicines including controlled drugs (those medicines liable to misuse). Medicines were stored and disposed of safely and securely which was in line with best practice guidance. We observed medicines being administered in line with the provider's medicine policy and procedures. Medicine administration records were completed accurately and were up to date. Any gaps in the records were investigated and explained on a medicine audit.

The registered managers maintained an effective staff recruitment process. Staff records demonstrated the appropriate pre-employment checks had been undertaken. This meant the registered managers assured themselves that applicants were of good character and suitable to work with vulnerable people. People were encouraged and supported to participate in the recruitment process by playing an active role in interviewing prospective employees. People had developed their own interview questions to ask applicants.

There were sufficient levels of staff on duty during our inspection and we checked the regular staffing levels over the last few weeks. The registered managers monitored staffing requirements and reviewed this if people's needs changed. We saw that support workers were relaxed and had time to provide social and emotional support. One member of staff told us, "There is enough staff to care for the residents but sometimes we have to use two bank staff to cover holidays or sickness."

Although the provider was not the landlord, each of the households were well maintained and staff kept a record of repairs and safety issues which they supported people to report onto the relevant housing association. Staff assisted people to regularly test smoke alarms, check firefighting equipment and monitor water temperatures. At one service, staff supported a person to make regular night time checks on window and door locks and they kept their own file to record these. Staff maintained logs of other health and safety checks and ensured generic premises risk assessments were completed and reviewed. Each person had a personal emergency evacuation plan in place. These plans provided details for staff about how much

support a person may need if they had to leave the premises in an emergency. For example, verbal prompts or physical interventions such as the use of moving and handling equipment. This information could also be used to assist the emergency services in any rescue attempts.

Staff followed infection control guidance in accordance with the company policy and we observed best practice in both of the households we visited. Staff wore disposable aprons and protective gloves when assisting with personal care and domestic duties.

Good

Is the service effective?

Our findings

At our last inspection in March 2015, we identified that care records were not always consistent with regards to how people's capacity to consent to care and treatment had been assessed and how best interest decisions were made. The records did not always demonstrate that the principals of the Mental Capacity Act 2005 (MCA) had been followed. At this inspection we found significant improvements had been made with the documentation of mental capacity assessments and best interest decision making.

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. We observed that the service fully assessed people's capacity upon referral and used local authority assessments to support this. Decisions that were made in people's best interests were recorded, including who had been involved in making the decision. Examples of best interest decision making were documented, these included a decision for a person to receive the flu jab, a decision about people contributing financially to a household car and making arrangements for a person's 60th birthday party. All of these decisions were thoroughly documented on a 'Record of Meeting' form and included input from the person themselves where possible, healthcare professionals and relatives. This demonstrated that principals of the Act were applied because a multidisciplinary decision had been made and the person was able to be involved in the decision as much as possible.

A registered manager told us that some people who used the service were subjected to restrictions under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA) legislation either because it was not safe for them to go out alone or because they required support to manage their health needs and finances. The Court of Protection advocates on behalf of people who are deemed to lack mental capacity and makes decisions on their behalf.

People told us that their support workers always gained their consent before carrying out any tasks. They told us staff would knock on their bedroom door before entering and ask their permission to complete tasks. Care plans showed that where possible people had been involved in and consented to their care and treatment. Relatives told us, "There is a really good relationship with staff, we are always involved with anything", "Staff are caring and supportive, they let us know what is going on" and, "[Staff] ring me every time [person's name] is poorly, if medication changes or anything at all."

Support was provided by staff who were knowledgeable and skilled. A registered manager told us and records confirmed that new staff continued to complete a thorough induction. The service had introduced the 'Care Certificate' for any new staff who did not have previous experience or qualifications in health and social care. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective, compassionate care.

There was a range of training courses which the provider deemed mandatory, which included, safe handling

of medicines, moving and handling, infection control, food hygiene and mental capacity awareness. All staff training was up to date and regular competency checks were carried out. Additional training has been delivered to staff to meet individual needs such as dysphagia awareness, dementia in Downs Syndrome and positive behaviour support. Staff received support from the registered managers and deputy managers through supervision, observation of practice and an annual appraisal to help them understand their roles and responsibilities. People we spoke with confirmed that managers had visited their home to check everything was OK. This meant that people received a service from staff who were suitably trained and competent in their role.

We observed and listened to the office staff making and receiving telephone calls. Communication was good and we witnessed support workers being informed and kept up to date with actions taken or changes to people's care packages. Support workers felt communication with their line managers was good and told us they felt supported in their role.

People's care records contained a communication dictionary and we saw in one record that staff had taken photos of a person making 'signs' with their hands which they associated with certain words such as, medicine, bath, disco and staff names. This meant that all staff could see the photos and be able to understand and communicate with the person effectively. This showed staff had facilitated the most suitable means of communication and encouraged the person to engage in communication even though they could not speak.

Support workers ensured people had plenty to eat and drink. Those who were at risk of malnutrition, dehydration or had any specific dietary requirements had a 'Dietary Health' support plan and a choking risk assessment if necessary as part of their care record. Staff monitored food and fluid intake for those people who were at higher risk. We saw involvement from dieticians and speech and language therapists was sought and staff followed their advice and guidance to support people's individual needs.

We were told of an example where one person was supported by staff to follow a healthy diet plan. The person was considerably overweight when they moved into the service and their GP had referred them to Slimming World because of the serious health implications. Staff supported the person to attend classes and follow the plan. The person lost over 5 stone in weight and were now able to do more activities and be a lot less breathless on exercise. Tests had proven they were much healthier. Staff continued to support this person with healthy options to maintain a healthy lifestyle. This showed that staff monitored nutrition and hydration needs and provided sufficient support to manage a balanced diet. This person proudly showed us their Slimming World certificates on display in their bedroom.

Staff supported people to maintain their general wellbeing and ensured changing needs were met. Daily records showed support workers reported issues and concerns to the management regarding people's healthcare needs. In addition, we saw care records showed when a GP or district nurse had been contacted on someone's behalf. They also showed that staff had involved and referred people to other external healthcare professionals, such as an occupational therapist or the behavioural support team.

Staff had supported people to engage in an oral health promotion and we saw photographs of people participating in a training session where they practiced their teeth cleaning skills on a giant set of false teeth. This led to one staff member becoming an oral health champion to promote good oral hygiene across all of the services. Female service users had been supported with breast screening appointments and we saw staff had acquired easy read leaflets regarding breast care to enable people to understand and carry out their own routine examinations.

The households we visited had been adapted to suit the needs of the people who lived there. Support workers helped people to maintain their equipment and ensured it was safe to use. We saw that staff were knowledgeable about what equipment was available to make people's lives easier and they supported people to request adaptations such as walk-in showers, grab rails and bath lifts. People invited us to look at their bedrooms. We saw they were large and individually decorated and styled to reflect the things people liked. One person collected models, watches and clocks and had them prominently on display. There were visual prompts around the home such as a milk symbol on the fridge and cutlery pictures on kitchen drawers. A registered manager told us there was a sensory garden currently being built which included lights and wind chimes. This showed that the staff supported people to make their home personal to them.

Good

Is the service caring?

Our findings

Comments from people and relatives about the staff and the support they received was overwhelmingly positive. People told us they were happy with where they lived and all of the staff who supported them. They told us staff were nice and kind. One person said, "I love [support worker's name]."

Relatives comments included, "We couldn't be happier with the staff", "[The staff] are so attentive and nice", "Staff have been amazing and really tried hard and worked hard with [person's name]", "Fantastic group of people, "Wonderful set of girls" and "[Person's name] loves all the girls and they are so well looked after. I would recommend it to anyone."

People and relatives felt the staff spoke to them with respect. They told us that staff respected their home and their belongings. A relative told us, "Staff are friendly towards us as well."

Staff described to us how they would maintain a person's dignity and respect their privacy. We also saw evidence in people's care records that staff had researched online various health conditions in order to better understand a person's needs. This showed that staff had developed positive, caring relationships with the people who used the service and their relatives.

Staff we spoke with believed people were happy with the service. They told us they had no concerns about people's safety and wellbeing and felt they had an effective team of considerate support workers who delivered a consistently good service to people. People and relatives comments reflected this.

We observed lots of positive interactions between support workers and people. Interactions were attentive and sociable and all staff displayed professionalism during our visits. We saw support workers offer reassurance and encouragement to people. The management team also displayed a caring attitude. The provider's mission statement was to 'provide quality support, care and housing services, promoting dignity, independence, opportunity and inclusion'. Through our observations, we considered the service was achieving this.

Care plans were devised to ensure people's needs were met in a way which reflected their individuality and identity. We saw that staff had attended equality and diversity training which had reminded them to promote individuality and ensure people's personal preferences, wishes and choices were respected. We also saw that several staff across the services has requested LGBT (Lesbian, Gay, Bisexual and Transgender) awareness training and this had been sourced by the provider and offered to all staff. We observed people had been given choices about the delivery of their care package such as the choice of male or female support workers.

People's care plans had been created in an 'easy read' format to ensure each person could understand their own care plan. Where ability allowed, people had signed their care planning documentation themselves or a relative had signed it on their behalf. People and relatives told us they had been involved in devising the plans and had been asked for information to contribute to the plan to enable support workers to fully

understand their wishes and preferences. People had been given a 'service user's guide' which contained information about the provider; what to expect from the service, what assistance could be offered, basic policies and procedures and contact details. Other information which would benefit people, such as the local safeguarding team, advocacy and CQC contact details were also made available. The 'service user' guide and other documents were also produced in an easy read format.

The registered managers were aware of how to refer a person to an independent advocate if people needed this level of support. Most people had family who acted on their behalf formally with legal arrangements' in place such as relatives acting as a lasting power of attorney for finances and health matters. A registered manager told us they would ask for proof of this arrangement before relatives made decisions on peoples' behalf. One person we visited regularly used an independent advocate to support them to make decisions. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

Sensitive information was kept confidential. We observed records containing people's personal details were kept in locked filing cabinets and computerised systems in the office were password protected. Staff confirmed that they were aware of the need to keep information about people secure.

The service had on occasion supported people at the end of their life. A registered manager told us, "We have supported and continue to support clients who require end of life care. This is something that we do particularly well, supporting people to remain in their home if they choose to with the support and intervention of relevant professionals, working together to develop personalised, coordinated care." We were given an example of a person who required end of life care being supported to enjoy a holiday. Staff had sourced accommodation and transport that met the person's needs and preferences. The registered manager told us, "Going on holiday was something they particularly enjoyed and looked forward to and it was important that this was something that continued despite their ill health."

We noted that where appropriate, people's care plans contained information about advanced decisions and preferences around emergency treatment. Staff had supported people with funeral planning which had been carried out in their best interests with family and other professionals involved. In other care plans we saw people had declined to share these preferences but staff told us this would be reassessed at each review.

Outstanding ☆

Is the service responsive?

Our findings

A relative told us, [The service] has been amazing for [person's name] and really done very, very well for them."

A registered manager gave us many examples of when the service has been exceptionally responsive to people's individual needs and where staff had been flexible and gone above and beyond to support people to fulfil their dreams and aspirations and to live as full a life as possible. For example, one person was supported by staff to go bowling every week. This had enabled them to practice bowling with the Special Olympics Team. This person was invited to attend the Special Olympics in 2017 where they took part in a bowling competition and were awarded several medals and had been formally recognised for their efforts.

One person was supported to purchase an IPad to SKYPE a relative who found it extremely difficult to visit. The person was initially supported to set up and activate SKYPE and due to the continued support from staff they are now able to contact their relative independently whenever they choose. They communicated using Makaton. Makaton is a language programme using signs and symbols to help people to communicate. The registered manager told us, "[Person's name] has found this to be a very liberating experience." Another person was supported to SKYPE their relatives who lived far away. The registered manager said, "They were always encouraged to keep in contact by telephone but both parties were delighted at being able to see each other during contact. Staff would support [person's name] to SKYPE their family at least once a week and on special occasions. On Christmas day their family delighted in watching them open their presents through SKYPE."

Staff supported people to live together with their housemates but also to lead individual lives. People in one household told us if the weather is nice on a Saturday, they liked to visit the coast together but they also expressed their enjoyment of a vast amount of individual activities. The households were embedded into the local community and we saw that support workers involved people in building links with other services, such as community centres, places of worship and restaurants.

People chose how they wanted to spend their time; some stayed at home, some attended college, some were in employment or they did voluntary work and pursued hobbies such as going to the cinema, going bowling and playing musical instruments. In one of the households we visited, two people attended seated yoga, a tea dance at a local community centre and a weekly disco together. They also visited their Mothers who both lived in the same care home.

The service encouraged people to take holidays and one person was visiting the Italian Riviera with two support workers. Staff had supported many people to book, pay for and go on their chosen holidays, which had included, a coach tour of Austria and a trip on the Glacier Express, travelling on the Flying Scotsman, coach trips to the Yorkshire Dales, Cadbury's World, a theatre trip to London and a holiday to Scotland which included a show and sightseeing. One person told us, "I have just been on holiday to Haggerston Castle with [friends name], they live at [another of the services households]."

One person told us they didn't like to stay away from home and preferred day trips. They said they were looking forward to a day trip to York. Another person told us they went to the local chapel all day on a Monday to help make food for the pensioner's lunch and they enjoyed this. They told us, "I like helping with the food and talking to the customers. Sometimes my mum attends the lunch club and we have a nice catch up. I have made mince and dumplings, pork chops, strawberry cheesecake and rice pudding. This week I made rice pudding and it was lovely."

Several people who used the services carried out voluntary work in a charity shop where they were supported to learn new skills such as serving on the till, delivering newspapers, stacking shelves, cleaning and going for supplies. One person told us, "I love serving on the till and talking to people."

The support workers had an excellent understanding of people's preferences and where they would enjoy going and this was corroborated by what people and relatives told us and by the amount of photos that had been taken. Care plans were full of photographs of people enjoying activities and people had some photos proudly displayed around their home. One relative said, "They laugh all the time; anyone who's unhappy doesn't laugh."

Some people had an activity care plan devised by staff which contained 'daily activity opportunities'. This was a timetable based on their interests and hobbies in order to give their day structure and routine. People and relatives had been asked what they were interested in and staff had proactively encouraged and facilitated activities by conducting research into local amenities and accompanied people as necessary. For example, support workers would suggest activities to one person but if they said no then staff respected that decision. This person sometimes liked to just play ball games and tidy the balls away. Staff told us this helped to keep the person included in the daily activities. We saw in care records that people enjoyed a wide variety of structured, meaningful activities and hobbies which included attending a day centre, going to football matches, having meals out and spending time with their family. In one household, all of the people had guitars and staff facilitated weekly music sessions with a visitor who came to teach them how to play. At our visit, they all got out their guitars and with great pride gave us a rendition of what they had learned.

The management team carried out an initial assessment of people's needs following a referral to the service. Most people were referred to the service by local authority social services teams. Care needs assessments were extremely person-centred and included information about people's lifestyle, past history, preferences, hobbies and interests. Regular reviews of the care packages were undertaken with people and their keyworkers.

Care and support plans comprehensively described people's individual needs and their goals and included what action staff should take to meet these needs and goals. They were all typed up in an easy-read format with emojis and pictures to help people understand what was written. We saw very detailed information which provided specific guidance to staff. For example, in one record we reviewed, information was documented about the certain behaviours a person displayed and what strategies staff could try to de-escalate an unsafe situation. We saw in daily records that staff thoroughly documented information to describe their involvement in any de-escalation techniques.

We saw in care records that people's needs had changed and the service had been able to respond immediately with additional support. Equally, services had been decreased for people who had regained some independence. A relative told us, "You have no idea the things they do for that girl." Staff told us and records confirmed that information about changes in people's needs was communicated effectively between the management and the support workers in order to ensure peoples care records reflected the current situation. All of the paperwork we reviewed matched with the description that people and staff gave

us of the service being delivered.

People told us they had never had cause to complain, but they knew how to complain if it was necessary and they felt comfortable to do so. Some relatives had made complaints and they had been responded to by the registered managers. There was a complaints policy and procedure in place and it had been made available in an easy read format for people in their 'service user guide' and the 'statement of purpose'. The registered managers maintained a complaints register to track any complaints and monitor trends. The register included a brief description, an outcome and any follow up action including how any lessons learned were shared with staff. The provider actively encouraged people to give them feedback and had produced a leaflet called "Tell us what you think". This included headings of "We want to know" and "What we will do". This showed the provider continued to operate an effective system to respond to any complaints raised.

Seven compliments had been received by the service which demonstrated people, relatives and external health and social care professionals appreciated the great service they had received. We concluded that the proactive work being carried out at the service was positively impacting on people's health, well-being and quality of life.

Good

Is the service well-led?

Our findings

At the time of our inspection there were two established registered managers in post. They had managed this service for many years. Our records showed they had been formally re-registered with the Care Quality Commission in December 2013. The registered managers were aware of their responsibilities and had submitted notifications as and when required. One registered manager was present during the inspection at the office and assisted us by liaising with people who used the service and staff. They were knowledgeable about people and were able to tell us about individual's needs. We met the other registered manager during one of our visits to a household.

At our last inspection in March 2015, we recommended that the provider reviewed the guidance for consent to care and treatment in the Mental Capacity Act (MCA) 2005. At this inspection, we found the provider and registered managers had taken proactive steps to ensure the service was more effective.

The registered managers were supported by a team of deputy managers and support workers. The provider also had a clear management structure of regional and operational staff. The staff we spoke with were a mixture of new and longer term employees. A relative told us, "Staff are a good team and have been there for a while". Staff made comments about, "good morale", "good support" and "good staff". They told us they enjoyed their job and they "worked as a team." All of the staff we spoke with were positive about the service and each other. One staff member said, "I love to come to work."

The care records we reviewed accurately reflected the service which was currently being delivered. All known risks had been identified, assessed and mitigated against. People's records had been reviewed recently and the service had been responsive to people's changing needs. All records were accurate, complete and legible. Up to date policies and procedures were in place with were supported by best practice guidance.

We saw the service used a range of quality monitoring tools. Deputy managers and support workers conducted daily and weekly checks on aspects of the service such as medicines, finances and health and safety, which demonstrated staff at all levels took responsibility for quality monitoring. We found there was a culture of striving for best practice and maintaining good records amongst the whole team. The registered managers made monthly home visits to carry out a full audit of medicine records, personal finances, quality of care and the safety of the premises. The registered managers reviewed and updated care records and they audited daily notes and other records to ensure they were of a high standard. Spot checks were carried out by the registered managers at each of the households which covered staffing issues, personal finances, medicines and other household safety checks.

An electronic quality assurance system was embedded in the service and used effectively. We were able to review aspects of the system which the registered managers maintained on a monthly basis. They reported on all aspects of the service including safeguarding issues, accidents, incidents, complaints and staffing. The registered managers collated the information from each household to gather an overall picture of the service's performance. This was then relayed to the senior management team and provider for general

oversight.

A representative from the provider's quality and safety team visited the service periodically to complete an internal audit. This audit monitored the overall governance of the service and measured key performance indicators such as safeguarding incidents, complaints, staff training, finances, medicines, activities, health and safety and infection control. We saw that an action plan had been drafted following the last audit and improvements were made to the service. For example, the provider representative had recommended that the registered managers update people's personal emergency evacuation plans (PEEP's) to include daytime and night time arrangements. They had also suggested documenting the location of the nearest hotel on PEEP's in order to provide people with a place of warmth, safety and appropriate access in a timely manner. We saw these actions had been completed by the registered managers.

Staff meetings took place at each household and we saw minutes which confirmed that staff had an opportunity to raise any issues or concerns with the deputy managers or registered managers. The registered managers used these meetings to cascade any information about the service to the staff. We reviewed staff meeting minutes which covered issues involving the people they cared for, staffing issues, organisational information, progress against team objectives and feedback from people and their relatives.

People who used the service and their relatives told us they had been given opportunities to be involved with the running of the service and had provided feedback about their service through household meetings. One relative told us, "They inform us, invite us and we're happy to go." Some people had completed an annual satisfaction survey, whilst others had provided feedback via leaflets or when prompted over the telephone. Comments on the surveys for 2016 were tremendously positive. They included, "We trust St. Annes", "We are happy with the support" and, "[Person's name] feels safe."

The service produced a monthly 'Link Up' Newsletter which was primarily produced by people who used the service. Good news stories were shared with photographs and there was information in the latest edition about how people could become part of the interviewing panel for new staff. The registered manager also used the newsletter to share news about the provider and their other services throughout the region. This demonstrated the registered managers encouraged open communication and created different methods of communication which was accessible for everyone involved with the service.

Information was on display in the office to inform staff and visitors of advice and guidance which may benefit them. Posters which described the provider's whistleblowing policy and local safeguarding information were displayed which showed staff were encouraged to question practices and challenge each other in a confidential manner. We checked whether the provider had displayed their latest CQC performance rating, which they had, along with a copy of their last CQC report. This showed transparency and compliance with registration regulations.

One registered manager told us how they and the other registered manager developed themselves and kept abreast of current guidance and legislation and attended provider forums and workshops held in the region. They told us this had enabled them to maintain a good working relationship with the local authorities whom they contracted with and helped to foster links with other providers and external stakeholders.

The service has achieved accreditation with a variety of external organisations such as 'Investor in People', 'Mindful Employer', 'Positive about Disabled People' and 'Stonewall Diversity Champions'. This demonstrated that the provider continually strived for excellence within their industry and invested in the people they cared for and the staff whom they employed.