Liberty Support Services Limited

SevaSupport-Oldham Learning Disability Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Sevasupport - Oldham is a community based service which provides supported living to people in their own homes. At the time of the inspection they provided care and support 24 hours a day to 33 people living in their own homes across 11 properties in Oldham. The service had a small outreach service in Oldham and was developing a similar service in Manchester. These services involved specialised calls of one hour or more to provide support such as socialisation and inclusion, access to the community or assistance to attend appointments.

This was the first inspection of the service since it registered in October 2015. It took place on the 4 October 2016 and was announced.

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) to carry on a regulated activity since October 2015. 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.

One of the people we visited could not communicate verbally but indicated to us that they were happy. The other person we visited told us they were happy and safe being supported by the staff in their own home. The registered manager and the staff we met had a thorough understanding of safeguarding procedures. They were fully aware of their responsibilities with regards to protecting people from harm or improper treatment. Historic incidents of a safeguarding nature had been dealt with appropriately. Policies and procedures were in place to ensure the service was operated well.

The registered manager employed enough staff to ensure the service was run safely and effectively. There were no current vacancies for permanent staff. The registered manager had a rolling recruitment programme to build up a bank of staff to cover services in the event of staff absence. There was a robust recruitment process in place and we confirmed this process was followed through by examining staff records. We saw staff rotas were planned in advance and people received a consistent and reliable service.

Care records known as 'Essential Support Guides' were very person-centred. Individual care needs were assessed and the risks people faced in their daily lives were regularly reviewed and updated. Explanations of how to reduce risk and avoid incidents were in place to support the staff in the likelihood of an event occurring.

Accidents and incidents were recorded, investigated, reviewed and monitored by the service managers and overseen by the registered manager. The registered manager was aware of her responsibility to report certain incidents to external bodies, such as the local authority and CQC as necessary.

Medicines were safely managed and staff demonstrated that they followed best practice guidance. People

were encouraged and supported to self-medicate whenever possible. Medicines were administered safely, timely and hygienically. Medicine Administration Records (MARs) were used to record any assistance given. We saw these were well maintained, accurate and up to date.

The provider had a thorough induction process in place and staff confirmed they had completed the induction and had shadowed more experience workers. Training in topics deemed mandatory by the provider had been undertaken. For example in safeguarding, safe handling of medicines, infection control, first aid and food hygiene. Specific training in dementia care and autism awareness had also been resourced for staff who worked with people with these needs. Formal staff supervision sessions, including a probationary period review had taken place as well as annual appraisals and regular informal discussions. The service managers were in daily contact with the staff through telephone, email and visits to the supported living properties. Periodic staff meetings were held with the staff at each supported living property and monthly service managers meetings took place in the office. The staff we spoke with told us they felt supported and valued at work by the management team.

The registered manager and staff displayed a thorough understanding of the Mental Capacity Act 2005 (MCA) and their own responsibilities within its principles; staff had been given training, people's mental capacity had been considered and assessed and we saw examples of people being supported to make decisions in their best interests with relevant others involved in the process.

Staff supported people to maintain a well-balanced and where possible, healthy diet. People were supported to shop for and prepare their own meals depending on their abilities. Others were provided with choices and assisted to plan menus for the week ahead. Nutrition and hydration intake were recorded and monitored by staff if necessary. Staff had been made aware of allergies and food intolerances. We saw evidence that staff involved external health and social care professionals as required to provide specialist input into people's care.

The staff we spoke with displayed friendly, kind and caring characteristics. They spoke with affection and passion about people they supported and they knew them very well. The information they told us tallied with the information we read in the 'Essential Support Plan'. Staff described to us how they respected people's privacy and maintained their dignity with actions such as closing the curtains during personal care and always knocking on a door and waiting to be invited in. Notes that were documented on a daily basis by care staff and service managers reflected the caring and respectful values we observed.

There had been three complaints made about the service in 2016. We reviewed the provider's complaints policy and saw the registered manager had followed the procedures. Complaints were investigated and responded to in a timely manner. Where necessary a meeting had been held with the complainant in order to give a full explanation of what happened and ensure a satisfactory solution was reached. The people we visited indicated they had nothing to complain about. The complaints procedure had been shared with the people who used the service and their relatives.

Monthly satisfaction surveys were used to gather the views of people and their relatives about the service they received.

All of the records we examined were well maintained, accurate and up to date. Records containing sensitive information were stored securely. Regular audits and 'spot checks' of the service were carried out by the service managers and the registered manager. Provider audits were carried out by representatives from the provider organisation. This demonstrated the registered provider and the registered manager had oversight of the service and monitored its safety and quality.

There was a positive culture within the service and strong leadership was evident. The registered manager attended regional meetings with managers from other services within the provider organisation. She also chaired a local network meeting for registered managers from other providers in the Oldham area and she worked in partnership with the local authority and outside agencies to develop and share best practice throughout the care industry.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safeguarding concerns, incidents and accidents were investigated and reported to the relevant external agencies.

Risk assessments were in place and individual needs had been thoroughly assessed.

Staff recruitment was robust and potential employees were appropriately vetted before starting work.

People indicated they were happy and safe living at home with help from their care workers and medicines were managed in a safe and timely manner.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable and suitably qualified and were supported by the registered manager through supervision, annual appraisal and team meetings. Training was available in a variety of topics to help staff meet people's needs.

Consent to care and support was sought in relation to people's needs.

People were supported to eat and drink to ensure their health and well-being. People's general healthcare needs were met and other health professionals were involved when appropriate.

Is the service caring?

Good

The service was caring.

We observed staff were kind and caring with friendly attitudes.

Staff demonstrated they maintained people's privacy and dignity, respected them and treated people as an individual.

People and relatives were involved in care planning and were

offered choices and given control over their own lives. Staff encouraged independence.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and people's needs were assessed and regularly reviewed.

The service demonstrated reliability and consistency.

A complaints policy was in place and people were aware of how to complain. The registered manager dealt with any issues quickly and effectively.

Is the service well-led?

Good

The service was well-led.

The staff team worked well together. Staff had a variety of skills, knowledge and experience to ensure the smooth running of the service.

Audits and checks of the service were in place to monitor the quality and safety of the service.

Feedback was sought from people and their relatives to ensure satisfaction of the service.

SevaSupport-Oldham Learning Disability Service

Detailed findings

Background to this inspection

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

This inspection took place on 4 October 2016 and was announced. We gave the provider short notice of the inspection to ensure there would be someone available at the office to access the records. The inspection was conducted by one adult social care inspector.

Prior to the inspection we reviewed all of the information we held about Sevasupport - Oldham, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are sent 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.

On this occasion, we asked for a Provider Information Return (PIR) prior to the inspection. The PIR 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. All of this information informed our planning of the inspection. Additionally, we contacted local authority staff to obtain their feedback about the service.

During the inspection, we spoke with the registered manager, a service manager, two team leaders and two care workers. With prior arrangement, we visited two people living in their own homes who were being supported 24 hours a day by care staff. We also reviewed a range of care records and the records kept regarding the management of the service. This included looking at two people's care records, five staff files and other records relating to the safety and quality of the service.

Good

Is the service safe?

Our findings

We asked the people we visited at home if they felt safe and if they were happy with the support they received from the staff. They indicated to us that they were. We saw people appeared relaxed and comfortable in the presence of the staff and the atmosphere in their home was warm and friendly.

Staff displayed an understanding of safeguarding vulnerable adults and how to protect people from harm and improper treatment. All of the staff we spoke with had no concerns about the people they supported and they were all able to tell us what they would do if they suspected abuse. Policies and procedures were in place to support the staff to carry out their duties responsibly and provided guidance on how to raise a concern. Incidents of a safeguarding nature were recorded, investigated and monitored. Certain incidents that met with threshold guidance were referred to the local authority and if necessary the Care Quality Commission. The threshold was determined by the local authority and based on the severity of the incident. We examined these records and found them to be well maintained and detailed. Staff told us they had regular safeguarding awareness training and the training records confirmed this.

Care records were kept in people's own homes and we were able to review two during our visits. We saw the service had assessed risks associated with individual care needs. This included risks involving accessing the community, finances, behaviours, dietary requirements and medicines. The risk assessments contained details regarding the hazards, the likelihood of an occurrence, any existing measures in place and any further risk reduction actions which staff could take. We saw that the existing measures and risk reduction methods had very detailed instructions for the staff to follow in the event of an incident to help reduce risks to people in their everyday lives. We saw evidence that these were understood by staff, reviewed regularly and monitored by the registered manager. This meant the possibility of repeat occurrences was reduced.

Staff told us they were confident with the emergency procedures in place and demonstrated an understanding of what was required of them in the event of an emergency. Care records detailed each person's ability to safely leave their home in an emergency and the actions which were required by staff.

Although the properties in which people lived where not the responsibility of the provider we saw that regular safety checks were carried out around the home. Staff encouraged people to test their smoke alarms and carbon monoxide detectors and they supported people to report any safety issues or repairs to the landlord and recorded the details in the person's care records.

Due to the nature of the illnesses and conditions people were diagnosed with, there was naturally a number of near misses, incidents and minor accidents. The staff were very good at reporting, recording and investigating these events. We reviewed three records which detailed circumstances leading up to an event, possible factors which added to or caused the event and the actions and strategies tried and taken out by staff. For example, coping and calming strategies, breakaway techniques, physical intervention or (as a last resort) the use of prescribed medicine. This also showed that staff had the ability to deal with any incidents arising in an appropriate manner using the least invasive actions possible.

The staff we spoke with confirmed that they felt there was enough staff employed by the service to manage the care and support needs of the people who lived in each supported living property. The registered manager told us the service was fully staffed at present and they were building up a bank of staff to cover absences of permanent workers. Staff told us their teams were reliable and consistent and they covered for each other when necessary. They also told us the service managers always tried to get cover from staff who were familiar with people when regular staff took annual leave or were poorly. We saw staff rotas were planned in advance. In some of the properties a list of staff was on display so people knew who would be supporting them each day. This meant the registered manager was ensuring staffing levels were appropriate, that people knew who to expect to minimise their anxieties and disruption to the service was reduced.

We examined five staff personnel files and found there had been a robust recruitment process followed. The registered manager had interviewed potential employees, obtained two references and carried out a check with the Disclosure and Barring Service (DBS). DBS checks ensure staff have not been subject to any actions that would bar them from working with vulnerable people. Employers use these checks to help them make safer recruitment decisions. Files contained evidence of an application process, a company induction, shadowing of experienced staff and on-going training. This demonstrated that the registered manager was safely recruiting staff with a variety of skills, knowledge and experience and they were of suitable character to meet the needs of vulnerable people. The staff we spoke with confirmed that the registered manager had obtained the necessary checks prior to their employment.

We saw evidence that the registered manager had followed the company disciplinary policy and procedures when staff had fallen short of expectations. Investigations were thorough and appropriate action had been taken. This showed that the registered manager continued to ensure staff were suitable to work within the service.

Wherever possible, staff supported people to take their own medicines. Staff told us they received training in the safe handling of medicines and had routine checks carried out on their competence by an assessor from the local pharmacy. We discussed with the staff about ordering medicines on time, secure storage and returning medicine to the pharmacy for disposal. The staff displayed a solid understanding of safely managing medicines.

We examined records kept in people's homes, including medicine records. They included instructions for staff and the person's consent for medical treatment. The records contained a care plan and risk assessment for the person relating to their medical history and needs. The medicine administration records (MARs) were well maintained and completed to date. There was evidence that medicine which was only needed as and when required, such as for pain relief or for reducing anxiety was recorded and monitored correctly.

Good

Is the service effective?

Our findings

The people we spoke with weren't able to communicate their views about staff training and the effectiveness of the service, however we spoke in depth with the registered manager and staff about this and we examined care, staff and management records.

All new staff had undertaken a company induction; staff with little previous experience in care work had been asked to complete the 'Care Certificate'. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. The provider ensured all staff completed training which they deemed mandatory, such as safeguarding vulnerable adults, moving and handling of people, safe handling of medicines, infection control, health and safety, equality and inclusion and personal care. Staff had an opportunity to enhance their skills with training on specialist techniques such as the use of MAPA (Management of Actual or Potential Aggression). The registered manager told us, "We have PBS (Positive Behavioural Support) and PBM (Positive Behaviour management) trained staff who work with people with a high rate of incidents."

Training was carried out using a variety of methods such as structured internal sessions, distance learning and access to external training sessions delivered by the local authority. We saw the registered manager kept a training matrix to record staff training and she was able to monitor when staff needed refreshed. Staff files contained evidence of an induction, attendance to training and refresher awareness sessions and records of competency checks. This demonstrated that the registered manager ensured staff had the competence, knowledge, skills and experience to undertake their role.

The staff we spoke with told us the registered manager and service managers were supportive of their needs. One care worker said, "They are really supportive." Another said, "They are really helpful and we have a supportive team." Probationary review meetings and supervision sessions were held regularly and an annual appraisal took place. Supervision sessions included discussions about the care workers interaction with individuals and their care needs, objectives, goals and actions were all recorded. It was also an opportunity for staff to discuss any issues or concerns they had, request specific training and explore any further developmental needs.

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.

The registered manager and the staff we met displayed an understanding of the Mental Capacity Act (MCA) 2005 and were working within its principals. We saw evidence in people's care files that the service considered people's preferences regarding their care and support. Staff told us that they encouraged people who lacked capacity to make small decisions but more complex decisions were decided in the person's best

interests with their family and a social worker.

We saw evidence in staff files that staff had received training about the Mental Capacity Act. Capacity assessments had been carried out for all people who used the support living service. The registered manager told us one application had been approved by the Court of Protection to restrict someone's freedom for their own safety. Staff told us they were aware that some people's finances were managed through the Court of Protection. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at that time because they may lack capacity to do so. This meant appropriate action had been taken by the registered manager to ensure legal processes were followed in relation to the MCA.

We saw evidence that the staff sought people's consent wherever possible when deciding on and providing appropriate care and treatment. In the care records we reviewed, we saw the service gave people the opportunity to read and sign to agree consent to the staff providing assistance. The service provided this information in pictorial format to help some people understand the information they had been given.

Care Workers supported people to shop for, prepare and cook their own meals whenever their individual ability allowed it. Other people were given choices from meals prepared by staff based on the person's likes and preferences. One care worker told us, "We cook the food here; (person) helps themselves to what they can. On a Sunday we do a meal planner together and we structure the shopping around that." Care workers were knowledgeable about people's dietary needs and told us about specific requirements such as, allergies, intolerances and diabetic needs. We saw evidence in staff files that training was completed in food hygiene. We also saw evidence in policies and procedures that staff would follow dietician instructions to record food and fluid intake and that where necessary, people's weights would be monitored if necessary.

Staff told us they contacted healthcare professionals directly from people's homes as and when necessary and recorded correspondence, home visits and appointments in the care records. We saw records of involvement from healthcare professionals such as, a dentist, an optician and a chiropodist in order to meet one person's general healthcare needs. This meant that the service supported people to maintain good health and they had access to other services when needed.

Although the provider was not the landlord, staff had supported people to acquire aids and adaptations to their properties as necessary. The homes we visited were personalised, pleasantly presented and staff supported people with domestic chores and assisted them with soft furnishings and décor which met with their own tastes.

Good

Is the service caring?

Our findings

We asked the people we visited at home if they liked the staff who supported them to live at home. They indicated to us that they did. We observed people to be happy and comfortable in the presence of staff.

We reviewed compliments received by the service which included, "The care provided has been of an intimate level with utmost respect and dignity." Relatives commented on the services "Reliability, professionalism and care shown." One relative wrote, "With your support, not only has (person) engaged well with staff, they have blossomed and are positively looking forward to the future."

All the staff we met displayed caring and compassionate attitudes during the inspection and we talked with them at length about the type of service they felt they delivered. They made comments such as, "People are safe", "It's a good service", "Everyone loves their job and that makes us relaxed and easy going" and "We are like a little family." All of the staff we spoke with told us they enjoyed their jobs.

During our home visits, we observed lots of positive interactions between people and staff. The staff were friendly, respectful and professional at all times. The staff knew people really well; we observed they enjoyed a good relationship with the people they supported. People and their relatives had been involved in the care planning process. Staff had gathered detailed personal information about people's likes and dislikes, their past history, interests, hobbies and preferences.

It was apparent to us that people trusted their care workers as they looked to them for reassurance and praise during our visits. We heard and observed staff offering people choice when supporting with tasks. For example, one care worker asked a person if they were hungry and asked them to think about what they might like to eat and drink. On another occasion we heard a care worker ask a person if they wanted music on the radio. Staff were aware of the importance of confidentiality as they discreetly spoke with us about sensitive issues. People's personal data and confidential records were stored securely in the supported living properties and in the provider's main office.

We reviewed a 'Service User Guide' and an up to date 'Statement of Purpose' which the provider had produced and shared with people who used the service. They were produced in varied formats such as pictorial and written to ensure everyone had an opportunity to understand the information. These documents contained information about the company's values and the limitations of service. They explained what the 'service user' can expect from the company and how the service would be delivered. They provided information on quality assurance, complaints and useful contacts. Some of the company's policies were also included for people's information such as staff conduct, health and safety and confidentiality.

Discussions with the registered manager and staff revealed that people who used the service did not have any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that people who used the service were discriminated against and no one told us anything to contradict this.

We saw in records that staff had received training in equality and diversity, privacy and dignity. They told us that they encouraged people to be as independent as they could be and to do as many tasks as they could for themselves. One care worker said, "We do all the usual things like, close blinds, knock on doors before entering the room and use a towel to cover intimate areas. Its basic stuff." This showed the staff had an awareness of equality and diversity and they protected people's rights.

We asked the registered manager about people's use of formal advocacy services. The registered manager confirmed that nobody who currently used the service had a formal advocate involved in their care and support. The service promoted the use of advocates when necessary and referred people to a local community service or the local authority. She told us, most people had family who acted on their behalf informally or staff would support if appropriate. 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.

Good

Is the service responsive?

Our findings

The registered manager told us, "Some of our systems are really good. The Essential Support Guide is a really good tool for staff." 'Essential Support Guides' were devised by the provider for care workers to refer to in order to holistically support a person. The 'Essential Support Guides' were personalised and had pictorial sections to enable people to access their own records and understand them. They were separated into sections such as religious and cultural needs, eating and drinking, abilities, personal care and communication. The care records were person-centred and also included information about people's health and medical conditions.

People had been involved in contributing to information recorded in the 'My Past' and 'My typical morning (afternoon/evening)' sections. Other personalised information included, 'What makes me happy', 'What people like about me' and 'How I want to be supported'. Care workers were asked to complete personal profiles in order to ensure the service managers could match care workers with people appropriately.

A detailed 'Routine' section described people's preferences, habits, likes and dislikes. They contained very thorough instructions for staff to follow in order to make the routine as smooth as possible and ensure people's personal choices and needs were met.

Staff had formulated care plans around care needs which included, behaviour that may challenge, emotional needs, communication needs, continence needs, skin integrity and night time regime. All of these plans identified individual needs, a goal or aim, interventions required and an outcome to be achieved. These records were kept in people's homes so staff had access to the most up to date information. 'Grab files' were retained by service managers for on-call purposes in case they needed access to emergency information or basic details.

The records we saw were up to date and had been reviewed recently. The care workers and team leaders had signed them to acknowledge they had read them and understood what was required of them. Any actions from service reviews were recorded and overseen by a service manager. One action read, "SALT (Speech and Language Therapy) referral required." We saw in more recent care records that a SALT therapist had been involved in the person's care.

Staff told us they involved people in decisions about their care and support by promoting autonomy. People were encouraged to select their own clothes, choose their meals and make decisions about daily activities. This meant people were receiving care which reflected their individuality and identity.

People chose how to spend their time; they stayed at home, they attended college, were in employment or did voluntary work and pursued hobbies such as bowling, going to the park and going out for coffee or lunch. Some people had activity care plans devised by staff based on their interests and hobbies. People and relatives had been asked what they were interested in and care workers encouraged and facilitated activities by conducting research into local amenities and accompanying people as necessary. We saw in care records that people enjoyed a wide variety of meaningful activities and hobbies. A team leader told us,

"Access to activities has made such as improvement to (person's) behaviour. We recently went to Blackpool Illuminations – a year ago we couldn't have done that."

The service had received three complaints during 2016 and we saw these had all been resolved with no further investigation required. The provider had a thorough complaints procedure which we saw had been followed. Complaints were logged, investigations were carried out, outcomes and resolutions were recorded and the registered manager had documented a closure evaluation. Copies of the original complaint and any materials collected during the investigation were stored within the records. We saw the registered manager had met with one complainant to resolve the issue raised. This showed the registered manager operated an effective system to respond to any complaints raised.

The service provided people with formal information about the complaints policy and procedure within their 'Service User Guide' and also asked for regular feedback by sending people a monthly satisfaction survey. The survey asked two questions; "Have you been completely satisfied with your service this month?" and "Did you have any problems with your support this month?" This information was also available in an easy read format with pictures to illustrate levels of satisfaction. We reviewed some returned responses. Comments included, "Staff are good, (name of care worker) is dead [very] good", "They [care staff] make me smile" and "I'm happy with things up to now."

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. Our records showed she had been formally registered with the Care Quality Commission (CQC) since October 2015 although she had managed the service at their previous registered location since October 2014. The registered manager was aware of her responsibilities and had submitted statutory notifications to us as and when required. The registered manager was present during the inspection and assisted us by liaising with people who used the service and staff. The registered manager was well established in her role, very knowledgeable about the people who used the service and was able to tell us about people's individual needs.

The registered manager was supported by a team of service managers, an administration manager, care team leaders and care workers. All of the staff we spoke with told us they enjoyed coming to work. They told us, "I'm happy [working here]" and "I really like it." Staff told us they felt the management team were supportive and approachable; they believed their views mattered and they were listened to and valued.

Staff demonstrated an understanding of their role and responsibilities. They were able to tell us what these were. The registered manager told us, "All staff have an in-depth knowledge of services and how we want them to be run." During our home visits, we noted the culture amongst staff was very person-centred and they empowered people to be independent.

We reviewed incidents, accidents and safeguarding concerns and saw that the registered manager thoroughly investigated these and shared learning outcomes with the office staff through regular meetings. We reviewed the minutes from service manager meetings and saw that staff were given the opportunity to discuss the outcomes from these events, share best practice and understand where improvements could be made. Care team leaders held monthly meetings within each supported living property with the care workers. Minutes from the meetings were recorded and signed by staff.

The registered manager met with her colleagues from other areas to share and discuss best practice. We saw evidence in meeting minutes that staff had discussed learning from errors in other areas and looked at themes and improvements from safeguarding alerts.

Care team leaders submitted weekly reports to the service managers and the registered manager. These reports included a summary of individual goals achieved by people, staff issues, accidents, incidents and safeguarding concerns (if any), on-call reports, training data, meeting minutes, complaints, compliments and staff support sessions. This demonstrated that service was being monitored at all levels and information was cascaded upwards to the senior management team.

The registered manager or a service manager made monthly home visits to carry out an audit of medicine records, personal finances, fire safety equipment, standards of care and safety of the premises. The service managers reviewed and updated care records and audited daily notes and other records to ensure they were of a high standard. Weekly spot checks were carried out by the service managers at each supported living property which covered staffing issues, personal finances, medicines and other household safety

checks.

The registered manager oversaw all of the audits. She also carried out a quarterly quality service audit at each property. This involved observing practice, checking on planned activities, auditing paperwork, medicines and finances. General housekeeping, maintenance and health and safety checks were also carried out. We saw in one quarterly audit remedial actions for improvement included, carrying out a fire drill, holding a team meeting, and organising portable appliance testing (PAT). This meant the registered manager had oversight of the service. The registered manager told us she was developing a 'Quality Group' which would involve people and relatives. They planned to hold quarterly meetings to discuss the quality of the service. She said, "Relatives inform our practice so it's important to include them."

The provider also had oversight of the service. On a weekly basis the registered manager collated all of the information collected about the service and sent it to the senior management team. Overall we found robust audit procedures in place across the service which both the registered manager and the provider were fully involved in to monitor the quality and safety of the care people received.

The registered manager worked in partnership with the local authority and other external agencies. She chaired a monthly meeting for registered managers from other providers in the Oldham area to network and make new contacts in order to develop and share best practice throughout the care industry.

The service was accredited by The National Autistic Society (NAS) which is a national accreditation given to providers who are committed to understanding autism and setting high standards for quality assurance. The service had an Investors in People award to recognise its commitment to people management and the registered manager had recently encouraged all staff to sign up to the Social Care Commitment (SCC). The SCC is a Department of Health initiative, set up to encourage social care staff to promise to provide people who need care with high quality services.

The service facilitated and produced a monthly newsletter which was 'service user' led. One person who used the service edited the newsletter and shared their experiences with others. We saw they had written articles about day trips and places they had visited with the staff. Information was shared about organised, upcoming events and activities people could get involved with. This meant people were empowered to be involved with the service.

Staff organised a monthly party at a local social club and the provider funded a disco and buffet. This was an opportunity for people, relatives and staff to get together informally and encouraged socialisation and inclusion. At the party, awards were given out to people and staff in recognition of achievements they had made. Staff were also recognised more formally by the registered manager; we saw staff names had been forwarded to the provider's chief executive for a letter of thanks and a gift voucher as an expression of gratitude for "going the extra mile."

There was an open, transparent and positive culture within the service and strong leadership was evident. The registered manger told us, "We work really closely with everyone. Our great strength is our relationship with all stakeholders."