Mrs Lavinia Dawn Bellis & Mr Andrew William Bellis

Mrs Lavinia Dawn Bellis & Mr Andrew William Bellis - 1 Arkwright Suite

Inspection report

1 Arkwright Suite, Coppull Business Park
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Chorley
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Tel: 01257795778

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07 March 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The office premises of Mrs Lavinia Dawn Bellis & Mr Andrew William Bellis - 1 Arkwright Suite are located in Coppull on the outskirts of Chorley town centre with easy access by public transport. At the time of this inspection there were 27 support staff appointed. Personal care and help with domestic tasks was being provided for 11 people within the community, to allow them to remain in their own homes for as long as possible. The premises have several offices suitable for training, meetings and interviewing purposes. Mrs Lavinia Dawn Bellis & Mr Andrew William Bellis - 1 Arkwright Suite is owned by Mrs Lavinia Dawn Bellis & Mr Andrew William Bellis and is regulated by the Care Quality Commission [CQC].

The last inspection of the service took place on 24 September 2014, when it was found to be compliant with all outcome areas assessed at that time.

A visit to the agency office was conducted on 07 March 2016 by two Adult Social Care inspectors from the Care Quality Commission. The registered manager was given short notice of our planned inspection. This was so that someone would be available to provide the information we needed to see.

One of the owners of the agency is also the registered manager, who was on duty when we visited the office premises. 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 and associated regulations about how the service is run.

Records showed the staff team were well trained and those we spoke with provided us with some good examples of modules they had completed. Regular supervision records and annual appraisals were retained on staff personnel files.

Staff were confident in reporting any concerns about a person's safety and were aware of safeguarding procedures. Recruitment practices were robust, which helped to ensure only suitable people were appointed to work with this vulnerable client group.

The planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to show people, who used the service, or their relatives, when relevant had been involved in making decisions about the way care and support was being delivered.

Structured reviews of people's needs were conducted, with any changes in circumstances being recorded. However, reviews were completed as often as circumstances dictated. Areas of risk had been identified within the care planning process and assessments had been conducted within a risk management framework, which outlined strategies implemented to help to protect people from harm.

People were supported to maintain their independence and their dignity was consistently respected. People

said staff were kind and caring towards them and their privacy was always promoted.

In general, staff spoken with told us they felt well supported by the management of the agency and were confident to approach any member of the management team with any concerns, should the need arise.

Medications were, in general being well managed. Policies and procedures were in place, which were to be updated. Medication Administration Records were being completed appropriately and people told us they received their medicines on time and in a safe manner.

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

This service was safe.

At the time of this inspection we looked at a wide range of records and we found that relevant checks had been conducted before staff were allowed to work in the community. This helped to ensure that only suitable people were employed to work with this vulnerable client group.

A range of risk assessments had been conducted and accidents had been recorded appropriately. Medicines were, in general being managed well.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who used the service were protected by the emergency plans, which would be implemented if necessary.

Is the service effective?

Good

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work for the agency, followed by a range of mandatory training modules, regular supervision and annual appraisals.

Consent had not been formally received from people before care and support was provided. However, the registered manager told us that this would be done without delay and he has since confirmed that consent form have been implemented.

Is the service caring?

Good

This service was caring.

Evidence was available to show people had been supported to plan their own care. Those who used the service felt that staff were kind and caring.

People were respected, with their privacy and dignity being

consistently promoted. They were supported to remain as independent as possible and to maintain a good quality of life.

Is the service responsive?

Good

This service was responsive.

An assessment of needs was done before a package of care was arranged. Plans of care, in general reflected people's assessed needs and how these were to be best met. Reviews of people's needs were conducted, as often as circumstances dictated, with any changes in needs being recorded well.

The plans of care were well written and person centred. People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Is the service well-led?

Good

This service was well-led.

Staff spoken with felt well supported and those we spoke with were complimentary about the way in which the agency was managed. Records showed that a culture of openness and transparency had been adopted by the agency.

Well organised systems were in place for assessing and monitoring the quality of service provided, which included feedback from those who used the service.

The agency worked in partnership with other organisations and an important aspect of the service was the ethos of sharing relevant information with those who needed to know.

Mrs Lavinia Dawn Bellis & Mr Andrew William Bellis - 1 Arkwright Suite

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. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This inspection was carried out on 07 March 2016 by two Adult Social Care inspectors from the Care Quality Commission [CQC] and an expert by experience. An expert by experience spoke with some people who used the service by telephone. An expert by experience is a person who has experience of the type of service being inspected. This expert had family experience of domiciliary care services.

Prior to this inspection we looked at all the information we held about this service, including notifications informing us of significant events, such as serious incidents, reportable accidents, notifiable diseases, deaths and safeguarding concerns.

The registered manager had completed a Provider Information Return (PIR), within the timeframes requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two service users by telephone, as well as two relatives and we visited six homes in the community, where we spoke with seven people who used the service. We also viewed the care records, whilst we were at the homes of those we visited, plus the care records held at the agency office of the other four people who used the service. We spoke with four members of staff during our inspection, as well as the registered manager and deputy.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe using the agency. People told us they were happy with their support workers and confident that they could approach them with any problems. However, one person we spoke with stated that they were sometimes reluctant to approach staff with problems. When we enquired why this was they responded by saying, "It's not in my nature to ask for help but they [the staff] always do if I ask." Another commented, "They [the staff] really helped me a couple of days ago with something, but I've been told not to think about it so I don't get upset." People told us that they got on well with staff and other service users.

Both family members we spoke with felt their relatives were safe and well cared for whilst using the services of this agency. One of them pointed out that at no time was her loved one mistreated by the care workers, who she felt were very efficient. Both relatives stated that the manager had a 'hands on' approach to the care provided and regularly visited people in their own homes. One relative told us, "When [name removed] was ill the manager [name removed] came himself to ensure he was OK and arranged extra care for a while."

We were told by the registered manager that there were five team leaders who worked in the community to oversee the performance of support workers within a small group. All staff we spoke with confirmed they had completed training in safeguarding adults and were confident in reporting any concerns they had about the safety of those who used the service. Records we saw supported this information, as being accurate. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about the welfare of someone who used the services.

A detailed policy in relation to safeguarding vulnerable adults and whistle blowing was available at the agency office. This informed staff members about the procedure they needed to follow in the event of an actual or potentially abusive situation. Staff members we spoke with were fully aware of this important policy and they confirmed that they would use the whistle blowing policy if needed to protect those in their care. A system was in place to record any safeguarding referrals which had been passed to the local authority and the Care Quality Commission. This enabled the registered manager to monitor the frequency and details of any concerning information and to address any issues promptly. However, none had been reported since the last inspection. Records we saw showed that safeguarding vulnerable adults was part of the mandatory training programme, which was updated every two years.

A variety of assessments had been conducted, within a risk management framework, so that people were protected from harm. These had been reviewed regularly and covered the current risk, as well as the prevention and control measures implemented to reduce identified risks. Risk assessments had also been conducted in relation to any potential environmental hazards

We noted that the policies and procedures of the service covered disciplinary matters and we spoke with staff members about the recruitment procedures adopted by the agency. During our visit to the agency office we looked at the personnel records of four people who were employed by the service. We found that details about new employees had been obtained, such as application forms, recognised types of

identification, health declarations, which covered specific pastimes and hobbies, so that people who used the service could be matched with support workers with similar interests. Disclosure and Barring Service [DBS] checks had also been obtained before people started to work for the agency. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, or have been deemed 'unfit' to work with vulnerable people, so they could make a decision about employing or not employing the individual. This helped to ensure that staff members were fit to work with this vulnerable client group. However, we noted that there were written references missing from three of the personnel records we examined. One staff member's file did not have any references available and another two only had one retained on the individuals' records, one of which was dated after the commencement of employment. Therefore, confirmation of suitable work performance and character recommendation had not been sufficiently explored.

Thorough interview processes had been followed, which were recorded and evidence was available to demonstrate that those who used the service had been fully involved in the recruitment of new employees. Application forms demonstrated that the provider encompassed the rehabilitation of offenders act in to the recruitment process. This helped to ensure that any convictions or cautions received could be explored further, before an employment decision was made. We saw evidence that the disciplinary policies and procedures were being followed in day to day practice.

New employees were appointed on a three month probationary period, during which time they were assessed and closely monitored, to ensure they were attaining the standards expected of them. This allowed managers to evaluate individual work performance. A thorough assessment was conducted on completion of the probationary period. This covered areas, such as attitude and commitment to work, job knowledge, quality of work performance, initiative and motivation, teamwork, time keeping, communication, flexibility and appearance.

Accidents and incidents were documented accurately and records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner. A business continuity management plan was in place, which covered action that needed to be taken in events, such as power failure, flood, gas leak or denial of access to premises. We were told by the registered manager that seven support workers were currently in the process of progressing through a diploma in health and safety, in order to increase their knowledge and awareness of such matters. We noted that Personal Emergency Evacuation Plans (PEEPS) were in place on each person's care file. These would be easily accessed by emergency services, such as the fire and rescue service and they outlined how individuals were to be evacuated from their homes, should the need arise.

The homes we visited were found to be clean and hygienic. A good infection control policy was in place, which was in line with multi-disciplinary guidelines and which covered areas, such as effective hand washing, management of clinical waste, Personal Protective Equipment [PPE], cleaning of bodily fluid and food hygiene. Records showed that staff received training in this area. This helped to ensure the staff team were aware of good infection control practices.

We did not see any medication being administered during the course of our inspection, but we did look at the Medication Administration Records [MARs]. We did not see any signatures omitted on the MARs, which showed medication had been administered appropriately. We counted the balance of medications in the houses we visited and found that these coincided with the records we saw. However, the MAR charts for one person did not have a running total and consequently we were unable to confirm the balance of medication we saw was the correct amount. We discussed this with the support worker and the registered manager, who confirmed this would be, introduced immediately, which it was. People we spoke with told us they

received their medicines on time.

We were told that regular medication reviews were undertaken, which helped to ensure the staff responsible for managing medications remained competent. However, there did appear to be some confusion related to what support constituted administration of medication and what could be described as assisting with medication. After a discussion with the registered manager, we were told the medication policy would be updated to reflect the agreed difference.

We checked the finances of four people, whose money was managed by the provider, because they were deemed not to have capacity to manage their own money. We found that people's financial interests were appropriately safeguarded and the balances of money coincided with the records kept. Receipts of any expenditure were retained and any transactions were appropriately signed.

Good

Is the service effective?

Our findings

People we spoke with told us their support workers knew them well and reported being happy living in their own homes. We were told people were able to eat when they wanted. One person told us he made his own meals in the communal kitchen saying, "I cook my own meals" and another reported, "I'm very independent and go out on my own, but my support worker comes with me if I go to the Doctors."

Both relatives stated that they believed the care packages promoted independence. One commented, "They [the staff] have not given up on [name removed], despite his condition. They try to keep him independent by helping him make his own meals and don't just make them for him." Another stated, "[Name removed] is deaf, blind and communication is difficult. They [the staff] go out of their way to ensure she is not isolated. They use and continue to develop a combination of Makaton, sign language and pictures, which suit her specific needs." She commented, "The manager and the team provide the best individually centred care [name removed] has ever received."

Both relatives reported good access to medical and dental care and stated that such issues were discussed as part of the care planning. One family member told us, "We meet at least every twelve months to discuss care planning. Doctors and dentists visits are part of the care plan we discuss."

At the time of this inspection there were 11 people who used the service. People we spoke with and their relatives told us they thought the support staff were well trained and competent. People said they were most satisfied with the care and support they received from this agency.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We noted that minutes of a best interest meeting had been retained on one person's care records, which involved the person who used the service, a health care professional and an Independent Mental Capacity Advocate [IMCA]. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about health care options. However, we did not see any consent forms signed in relation to care and treatment, despite one person receiving some invasive treatment. We raised this with the registered manager who told us this shortfall would be addressed without delay and has since confirmed that consent forms are now in place for care and treatment, the taking of photographs, sharing of information, finances, medications and care planning.

The provider might like to note that families may be consulted about the proposed care and support, and their views taken into account, but this is not the same as consent. They do not have automatic legal authority to provide permission for the proposed care or treatment. Only people who have a Lasting Power of Attorney [LPA], or have been appointed by the Court of Protection as a deputy, have legal authority to give

consent on behalf of a person who lacks capacity to do so.

People we spoke with told us their health care needs were being met. Records showed that external professionals were involved in the care and support of those who used the service, so that people received the health care and treatment they required. Support workers had a good understanding of their roles and responsibilities.

New starters were issued with a range of relevant information before they started work, which helped them to do the job expected of them. This included documents, such as job descriptions relevant to their roles, terms and conditions of employment and important policies and procedures of the agency. An employee handbook was also issued to new starters, which covered important aspects of the service, such as health and safety, discipline and grievance, codes of conduct, whistle-blowing, privacy and dignity, equal opportunities, infection control and the Mental Capacity Act [MCA].

We saw induction records on each staff member's personnel file, which we looked at. Each member of staff had an individual training and development record. Mandatory training modules for all members of staff included areas such as, challenging behaviour, medication awareness, fire safety, health and safety, moving and handling, safeguarding vulnerable adults, infection control, first aid and basic food hygiene. All staff members received regular refresher courses for mandatory training modules, so that they were kept up to date with any changes in legislation and current good practice guidelines.

The staff training matrix and certificates of achievement on staff personnel records showed that a good percentage of staff had completed each mandatory course. In addition, extra training was provided in accordance with the needs of those who used the service. For example, dementia awareness, autistic spectrum disorder, diabetes and epilepsy were areas of training some staff members had completed, in order to help them to provide the care and support which individuals required. Records showed that during their induction period, staff were expected to complete 'shadowing' shifts with an experienced support worker before they could work alone. However, there was flexibility to extend the induction period, should it be felt necessary and this was decided on an individual basis. This helped to ensure that new staff gained the confidence and skills they needed to provide the care and support, which people required.

Staff members we spoke with told us the information and initial training provided was sufficient for them to be able to do the job expected of them. They also told us that they had regular supervision meetings and annual appraisals with their line managers and were observed doing the job at frequent intervals. Records we saw confirmed this information as being accurate. One member of staff said, "I have supervisions every three months and an annual appraisal." One member of staff was able to give us some good example of training she had completed.

Staff training was on-going and mainly 'face-to-face', which staff preferred. One member of staff told us that he had received 'autism training', which he said was of great benefit in helping him do his job properly. Another staff member told us they had achieved a level 3 Diploma in Health and Social care.
Staff members we spoke with told us they were offered 'plenty of training'. They gave us a range of good examples of training modules they had completed, such as health and safety, infection control, safeguarding adults, first aid at work and moving and handling. Certificates of training were retained in staff personnel files and these confirmed the information provided by staff was accurate.

Staff spoken with had a good understanding and knowledge of people's individual care needs and were able to discuss these in detail. This helped to demonstrate that those who used the service received the care and support they required. Staff training linked well in to regular supervision sessions and annual appraisals,

which covered areas, such as personal development, qualities and skills and a summary of the previous years' work performance.

Good

Is the service caring?

Our findings

People were very complimentary about the care staff, particularly their regular care workers. They told us they felt well supported and would tell a support worker if they felt ill or in pain, but could not recall having to do so. Comments we received from those who used the service included, "The carers always take their time with me and do everything I need before they go"; "All the carers are very kind with me. I look forward to them coming"; "I'm very independent. I go to college on my own on the bus"; "I go out on my own mostly, but my support worker went shopping with me yesterday"; "I have meetings with the manager about my care" and "I have meetings with the staff and my parents about my care. People said they felt as though staff listened to them, but were not able to give any specific comments about changes which had been made as a result of their comments.

Both family members we spoke with were extremely positive about the care and support provided for their loved ones. One relative told us, "I'm involved and consulted when they talk about care planning, but the manager will take [Name removed] aside and talk privately about some things. I think that is very good. It's important [name removed] feels in control and independent." Another said, "I have no concerns about the care at all. [Name removed] has never been better looked after and cared for."

Visits from healthcare professionals had been recorded in the daily notes, which showed that people had annual health checks conducted by the community health services. Health action plans and hospital passports were also seen. This helped to ensure that people's health care needs were being appropriately met and that sufficient information was readily available to be passed on to other relevant organisations, such as the ambulance service or hospital staff. One member of staff told us, "If I noticed any changes in a person`s health, I would ring a doctor and then contact the office."

Policies and procedures incorporated the importance of confidentiality, privacy and dignity and providing people with equal opportunities. Other areas covered in the information available were autonomy, independency and advocacy. An advocate is an independent person, who will act on someone's behalf and support them in the decision making process, should they wish to access this service.

We looked at the care records of all those who used the service and found they or their relatives had been given the opportunity to decide how care was to be provided. This helped to ensure people were supported in a way they wanted to be. People we spoke with told us they were involved in planning their own care, or that of their relative. They confirmed that a copy of their care plan was retained at their house. The plans of care we saw outlined the importance of respecting people's privacy and dignity and promoting their independence as far as possible.

People we spoke with told us their privacy and dignity was consistently respected and their independence was promoted by a kind and caring staff team. We saw support workers to be caring, kind and respectful and they responded to people in a well-mannered and patient way.

Support workers we spoke with were knowledgeable about people's care and support needs and

approached individuals in a dignified manner, ensuring their privacy was respected.

Good

Is the service responsive?

Our findings

People we spoke with told us they were involved in planning their own care and support. When asked about activities or hobbies, one person gave us some good examples of her interests and told us which films and TV programmes she enjoyed watching. We asked about restrictions on activities, to which she told us that there were no restrictions, and added, "The best thing about here is the freedom. I can to do what I want." People we spoke with told us that the manager visited them regularly and if they had any complaints then they would raise these with him, but no-one had any complaints about the service provided.

Both family members spoke at length about the activities their relatives took part in. They listed a number of activities and community visits they were aware of. One commented, "They [the staff] helped him make his own Christmas cards, which he sent out to friends. They work hard to make sure he is not isolated at home." We were told about holidays people were supported to go on and trips out to the town for meals and to the Pub. One stated, "Despite her communication challenges they [the staff] are supporting her to go to Florida on holiday. I can't praise them enough for what they do. They make sure she has her hair curled in a special way. It's only a little thing but it's so important to her."

One relative we spoke with told us that the management of the agency always dealt with any concerns quickly. This person had previously spoken to the manager about the approach of a care worker. The manager had dealt with the issue immediately and changed the care worker.

We examined the care records of all those who used the service. These files were retained within the houses of people, as well as at the agency office. They were found to be well organised, making information easy to find. We looked at the care records of all those who used the service. We also chatted with most of them and two relatives, when we discussed the quality of care people received. People told us they were happy with the care and support delivered by the staff team.

Detailed needs assessments had been conducted before a package of care was arranged. This helped to ensure the staff team were confident they could provide the care and support required by each person who used the service.

We found the plans of care to be well written, person centred documents, which provided a holistic approach to care and support being delivered. They included people's family history, social needs, likes and dislikes and medical conditions. They had been developed from the information obtained before a package of care was arranged and also from other people involved in providing support for the individual, such as other professionals, family members and the individuals themselves.

The plans of care had been reviewed and any changes in need had generally been recorded well. A record was made of each visit, so that all staff attending the individual were aware of any relevant information. This helped the staff team to provide continuity of care. People who used the service and their relatives told us they had enough information about their care plans and that they were involved in the care planning process, as much as they wanted to be.

Information was readily available for people in relation to the use of local advocacy services. An advocate is an independent person who will provide people with support through any decision making processes, should they chose to use this service.

A 'pen picture' of each individual had been generated, which included individual likes, dislikes and wishes. These documents covered areas, such as methods of communication, people's background, health and personal care needs and preferred activities. A lifestyle plan had been designed by those who used the service and their significant others, which included their family, team leaders, social workers and the registered manager. These covered areas, such as, 'What people like and admire about me'; 'What is important to me now'; 'What is important to me in the future' and 'How best to support me'. People's interests, their goals in life and what they would like to do had been incorporated well.

Records showed that people who used the service had been supported to meet their aspirations and goals. For example, one person visited London and went to see a show. Another individual was supported to go on holiday to Spain.

Service users told us of various social events they attended which included days at Lancashire College, bowling, sports centres and cinema visits. The care files we saw showed that people had active social lives and were involved in many community activities, such as swimming, walking, visits to the park and family, attendance at clubs and the cinema. Some enjoyed going on shopping sprees, to the bowling alley or out for meals. We were told that a group of people were going on holiday to Florida a few days after our inspection and another individual had chosen to go on holiday to Spain later in the year. One member of staff told us, "[Name removed] loves art and painting. These are all his paintings on the wall. We are trying to get him into college."

People we spoke with told us they would know how to make a complaint, should the need arise. A complaints procedure was available at the agency office. The procedure told its readers about specific time frames for investigating and responding to complaints received. A system was in place for any complaints to be recorded and addressed in the most appropriate way. This enabled the registered manager to assess and monitor the frequency of concerns raised and to identify any recurring patterns. There had not been any complaints received since our last inspection. However, contact details for key personnel were available in service users' homes, should they need to contact them for any reason, including if they wished to make a complaint. One person said, "I have the phone number in my book for the office, so I could ring them if I needed to."

An extract from a compliment letter read, 'Just to say thank you for all your input with (name removed). It means a lot. It was yourselves that enabled (name removed) to be able to live on her own and to live semi-independently. Thanks so very much.'

Good

Is the service well-led?

Our findings

One person who used the service told us, "The staff are very accommodating and helpful. They send a rota out every week, so I know who is coming. I like that." Another said, "I know the managers and they come out at different times and do checks. They are very good." And a third said, "The managers are very nice. The manager comes out every week to see me and I talk to him then. I like all the carers that come here and I speak to all of them. They have been coming for a while."

Both relatives we spoke with stated that they believed the organisation was well-led and both referred to the manager by name. They appeared to have a good relationship with the management team. They told us that they would have no problem in raising any issues and had confidence in the management to address any concerns raised.

The registered manager was on duty at the time of our inspection. Positive feedback was received about his management style from everyone we spoke with. Evidence was available to show that he visited those who used the service each week. This allowed him to gather people's views about the quality of service they were receiving. He took this opportunity to check records and to observe staff at work. Progress reports were completed each month by the team leaders. These informed the registered manager of any important and relevant information in relation to those who used the service, with action plans being developed, so that any areas found in need of improvement could be appropriately addressed in a timely manner. We spoke with four staff members during our inspection, who told us that they were happy working for the agency. They said they felt well supported by the management. Staff spoke well of the management team and told us they would be happy to speak with one of the managers if they had a complaint.

We requested to see a variety of records, which were produced quickly. A wide range of policies and procedures were in place at the agency office, which the registered manager told us were currently being updated and would provide staff with clear information about current legislation and good practice guidelines.

The agency had been accredited with an external quality award, which demonstrated that periodic assessments were conducted by an independent professional organisation. A range of internal audits were regularly conducted, such as medication management, finances, health and safety, fire awareness, equipment and accidents. This helped to ensure that an effective system was in place to continually assess and monitor the quality of service provided.

The company had signed up to the initiative of 'Driving up quality code', which has a particular focus on those who challenge a service, who have mainly ling standing and complex support needs, but it can be applied to people who have a learning disability, including those with an autistic spectrum disorder.

We saw that annual surveys for those who used the service had been conducted. These had been produced in picture format with 'smiley' or 'sulky' faces. This provided everyone with the same opportunities of expressing their opinion about the quality of service provided. Most results we saw from the surveys were

positive. We suggested that an overview of responses be generated in an easy read format, so that people could easily access the information they needed.

We noted that minutes of meetings with service users and staff, either individually or in small groups were retained on relevant individual files, so that a record of any discussions could be accessed, as was needed. This allowed relevant information to be disseminated and encouraged people to discuss any topical issues on a one to one basis or within small open forums. Care workers told us that supervisions, appraisals and spot checks occurred frequently. Records we saw supported this information.

One member of staff told us, "[Name removed] loves going out, but we always go with her. She would not be safe on her own." Another commented, "I would ring the office if I had any concerns about anyone I support. The managers are great to talk to."