

# Infinity Services (UK) Limited

## Scotts Road

### Inspection report

79A Scotts Road  
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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

We undertook an announced inspection of Scott's Road on 16 November 2016. We gave the provider 24 hours' notice because the location was a small supported living service and we wanted to make sure that the manager and staff would be available to assist with the inspection. The service was registered with the Care Quality Commission (CQC) on 19 August 2015 and had not been inspected before.

Scott's Road is part of Infinity Services, and is a seven bedded unit, designed over two floors. Scott's Road provides supported living for seven adults with a learning disability and/or mental health needs. The management team is based at the service. The provider is also registered to provide supported living for five adults with mental health needs who live at a nearby location (Shrubbery Road). Each person living at both locations had a tenancy agreement with a landlord to rent their individual bedrooms and share the common areas of the house such as the kitchen, bathrooms, lounge and dining areas. Most of the bedrooms at Shrubbery Road were ensuite so people did not need to share bathrooms with other tenants.

The service is required to have a registered manager and there was a registered manager in post at the time of our 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. They were supported by a compliance manager, a team leader and a team of support workers led by a senior support worker.

People told us they felt safe and we saw that there were systems and processes in place to protect people from the risk of harm whilst giving them the chance to take positive risks. There were enough staff on duty to meet people's needs and there were contingency plans in the event of staff absence to ensure people's safety.

Staff had received training in safeguarding adults and this was updated regularly. There was a safeguarding policy and procedure in place. There had not been any safeguarding issues at the service since they had registered.

Effective systems were in place to ensure the safe management of people's prescribed medicines and staff had received training in the administration of medicines.

The provider had systems in place to monitor the quality of the service and ensured that areas for improvements were identified and addressed.

Staff had undertaken training in the Mental Capacity Act (MCA) 2005 and were aware of its principles. We were told and saw that people were given choices and the opportunities to make decisions, and records were signed by people to indicate that consent was obtained.

People's nutritional needs were being met. Staff supported people to shop for their food and cook their own meals if they wished to.

Staff received effective training, supervision and appraisal. The registered manager sought guidance and support from other healthcare professionals and kept themselves informed of important developments within the social care sector in order to cascade information to staff, thus ensuring that the staff team was well informed and trained to deliver effective support to people.

Staff were caring and treated people with dignity and respect and in a way that took account of their diversity, values and human rights. Care plans were in place and people had their needs assessed. Care records contained detailed information and reflected the needs and wishes of the individual so staff had the information they required to meet people's needs.

People, relatives, staff and stakeholders told us the registered manager, management team and staff were supportive and professional. The management team said they encouraged an open and transparent culture within the service. The service supported people to raise concerns and used feedback to make improvements where needed.

There were regular meetings for staff, managers and people using the service which encouraged openness and the sharing of information.

## 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.

Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff had received training in the safeguarding of adults and this was updated regularly. There was a safeguarding policy and procedure in place. Staff knew how to recognise abuse and protect people from harm and were aware of the whistleblowing policy.

There were enough staff available to provide timely support and meet people's needs.

Checks were carried out during the recruitment process to ensure only suitable staff were being employed.

Effective systems were in place to ensure the safe management of people's prescribed medicines and staff had received training in the administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to deliver care and support to people, and were suitably supervised and appraised by their line manager.

People had consented to their care and support and this was evident in their care records. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005). Nobody using the service was being deprived of their liberty.

People were protected from the risks of inadequate nutrition and dehydration. People were supported and encouraged to shop for their food and cook their meals if they wished to.

### Is the service caring?

Good ●

The service was caring.

Feedback from people and relatives was positive about both staff and the management team. Staff were seen to interact with people in a caring and respectful way and everyone told us they felt cared for by the care staff. Healthcare and social care professionals confirmed that people using the service were being well cared for.

Care and support plans contained people's background and their likes and dislikes. People were supported with their individual needs in a way that valued their diversity, values and human rights.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported to undertake activities of their choice. These included organised outings and attending day centres.

People's individual needs were identified and met when their care and support was being assessed, planned and delivered.

People and relatives said they were involved in planning and reviewing their care.

People were encouraged to express any concerns and complaints were investigated and responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

A range of audits were undertaken regularly, and these were effective when issues had been identified.

At the time of our inspection, the provider employed a registered manager.

People, relatives and stakeholders found the management team to be approachable, supportive and professional.

There were regular meetings for staff, managers and people using the service which encouraged openness and the sharing of information.

# Scotts Road

## 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 16 November 2016 and was announced. We gave the provider 24 hours' notice because the service was a small supported living service and we wanted to make sure someone would be available to assist us with the inspection.

The inspection was carried out by one inspector and an expert-by-experience carried out telephone interviews with people using the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of caring for someone with a learning disability.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted and obtained feedback from two healthcare professionals and three social care professionals.

During the inspection, we observed support being delivered to people to help us understand people's experiences of using the service. We also looked at records, including four people's care plans, four staff records, medicine administration records for all the people using the service and records relating to the management of the service. We met briefly with three people who used the service, although most people were going out or had chosen to spend time in their rooms. We spoke with the registered manager, the compliance manager, a team leader and two support workers.

After the inspection we spoke by telephone with eight people who used Scott's Road and Shrubbery Road locations, and eight relatives.

# Is the service safe?

## Our findings

All the people we spoke with indicated they felt safe living at both the Scott's Road and Shrubbery Road locations and trusted the staff who supported them. Their comments included, "I do trust them. I feel safe here, and there are always staff around to support me. They treat me well and everything is fine.", "I love it here. It's changed my life completely. I feel safe and happy, and I talk to staff if I'm worried.", "I feel very safe, and I have a key to my room. Nothing's ever gone missing. The staff are here to support me if I need it" and "I like it here. It's the best home I've been in. It's nice and quiet. I don't get concerned anymore, because the staff are so helpful." Relatives echoed this. Their comments included, "If I can say it in one word: excellent! My [family member] feels safe and cared for. There are no negatives at all. The manager is wonderful, and all the staff are always there for her.", "I'm very happy with it. My [family member] is much more relaxed now, because she feels safe and less isolated than the place before. She is relaxed in the environment, and this really shows" and "I cannot fault them. They always step up to the mark, and I know that [family member] is safe and supported to look after himself."

People told us they received their medicines as prescribed. One person said, "They're helpful you know. They help me taking my medication. Most of the time I can manage. They always write it up in the book when they've done it." This showed that the person was being supported to be as independent as possible whilst staff were being mindful of keeping them safe by reminding them when they needed to take their medicines. A relative told us, "Yes, I have no concerns about medicines. [Family member] has to have his medication at the right time to keep him well. It's very important, and the manager and team know this. They give it at the right level of importance in my mind. It's been good from the beginning."

Some people were able to manage their own medicines, and those who needed support had their medicines stored securely in a safe in the duty office which was kept locked when senior staff were not present. Medicines administration records (MAR) charts were supplied by the pharmacy. Each included the person's photograph, date of birth and allergy status and were kept in the duty office. We viewed a range of MAR charts for the whole of November 2016. These were completed appropriately and there were no gaps in staff signatures.

There was a policy and procedure in place for the management of medicines and staff were aware of these. There was also a PRN (when required) medicines protocol in place and separate PRN administration records. Most medicines were supplied in blister packs, although some were supplied in boxes. The staff kept a record of the amount of boxed tablets they received and counted and recorded the amount left after each administration. We checked a random sample of these and saw that the amount in each box corresponded to the amount recorded. This indicated that people received their medicines appropriately and as prescribed.

There were 'medication information sheets' for each of the prescribed medicines. These included a photograph of the medicine, instructions about dosage, frequency and time, the purpose of the medicine and its possible side effects.

People confirmed they would know who to contact if they had any concerns. One person told us they would speak with the manager. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. The service had a safeguarding policy and procedure in place and staff had access to these. Staff told us they were familiar with and had access to the whistleblowing policy. This indicated that people were protected from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. The provider kept a log of all safeguarding alerts including details of the concern, who was involved and the outcome of investigations.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. These included risks to general health, mobility and personal safety, mental health and the person's ability to complete tasks related to everyday living such as personal hygiene, nutrition and communication. Each assessment identified the risk indicator, history and current situation and an action plan to minimise the risk. This included where someone with a physical disability was at risk of not being able to evacuate the building in the event of a fire. We saw that the service had put systems in place to mitigate the risk, such as a detailed Personal Emergency Evacuation Plan (PEEP).

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed. A member of staff told us, "The managers are always willing to help us. If it's night time or when they are not around, we know they are only a phone call away. That's so reassuring. I was nervous when I started this job, but I am not anymore."

Incidents and accidents were recorded and analysed by the registered manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. This included where a person had fallen whilst out of the service. Records showed that an urgent GP appointment had been arranged and close observations of the person were carried out.

The provider had a health and safety policy in place, and staff told us they were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers and also window restrictors.

The provider had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. There was a policy and procedure in place and this was available in an easy read format. There were regular fire drills and weekly fire alarm tests, and staff were aware of the fire procedure. Records showed that staff received regular training in fire safety.

People's records contained individual fire risk assessments and personal emergency evacuation plans (PEEPS). These included a summary of people's impairments and abilities, and appropriate action to be taken in the event of fire. This was signed by the assessor and the person using the service.



People and relatives told us they were happy with the staffing levels, and we saw that there were enough staff on duty on the day of our inspection. People told us they felt supported by dedicated staff and there were suitable arrangements in place to cover in the event of staff sickness. One person told us, "Staff turn up at the right times. I can call if I need more help, and they just arrive. They are good like that." The registered manager told us they only required the use of agency staff when they had an event such as a party and extra staff were needed. We viewed the staff rota for four weeks and saw that all shifts were covered appropriately.

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check was completed.

# Is the service effective?

## Our findings

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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 checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. This included medicines, finances, use of photographs, sharing information and safety. We were told that every person using the service had capacity and we saw no evidence that people were being deprived of their liberty. This indicated that care and support was being delivered according to the principles of the MCA.

Staff were knowledgeable about the principles of the MCA and were able to tell us what they would do if they noticed that a person lacked the capacity to make decisions about their care and support. They told us they encouraged people to remain as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout the day of our inspection.

People were supported by staff who had the appropriate skills and experience. People's comments included, "I have every confidence in them. They know what they are doing. I think they are all well trained. They know how to encourage me to get up in the mornings, get me to talk about things, and they offer advice when I feel down" and "Yes I'd say they're well trained. They do handovers. If someone is going on holiday or leaving, and a new one starting, they have shadowing for quite a few days so they're trained up." Relatives echoed this and told us they had full confidence in the staff supporting their family member. One relative said, "The manager is very skilled. She's softly spoken, but very good at her job, and just seems to understand all the people living there, even with their different needs."

All staff we spoke with were subject to an induction process that started with a three day orientation programme. This included an introduction to people using the service, tour of the building, the importance of person centred care, code of practice, policies and procedures, care plans and risk assessments. At the end of each day, the inductor and inductee completed and signed a reflection, which was followed by a completion statement at the end of the three days. When the member of staff was 'signed off', they were supported to complete the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. One staff member told us, "I got a really good induction when I started" and another said, "[Manager] was always observing me and helping me. When you start, you are nervous. With [manager] you don't feel like that."

In addition, staff received training the provider had identified as mandatory. This included health and safety, infection control and food hygiene, safeguarding and MCA. They also undertook training specific to the needs of the people who used the service which included equality and diversity, epilepsy, challenging behaviour and person centred care. Most staff had obtained a nationally recognised qualification in care, and the provider told us that all newly recruited staff undertook the Care Certificate qualification. Records showed that staff training was up to date and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver the care to the expected standard.

During the inspection we spoke with members of staff and looked at files to assess how they were supported within their roles. Staff told us and we saw evidence that they received regular supervision from their line manager. One staff member told us, "We get a lot of supervision. It's helpful. When I started, I was confused by all the forms we needed to complete. I brought this up in my supervision. [Manager] really helped me understand why and how we record the forms. Now I am confident." Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs. This indicated that people who used the service were being cared for by staff who were suitably supervised and appraised.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, as an important aspect of their daily life. People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans. People were supported to shop for their food and cook their own meals if they wanted to. Each person stored their food in their own allocated cupboards. One person told us that a member of staff was good at giving them the support to cook meals for themselves and listened to what type of food they liked. They said, "I do feel listened to. We do our own cooking but it helps, because she is a good cook too. It's nice to have some homemade food." Other comments included, "We can choose where we do our food shopping, and it's nice to be independent with my meals. But if I need help, I can ask" and "I mostly shop local, but I do go to Tesco every now and then. We can eat whenever we like here. There's no rules, and no out of bounds kitchens. They remind me it's my home." We saw that people were able to join in weekly baking sessions and discussions about healthy living.

People told us the service was responsive to their health needs. One person said, "They come to support me with hospital appointments. In the time I've been using them, never any complaints." Another told us, "My health has been difficult. I was in hospital for a long time, but the staff know all about that, so they keep an eye and they are always there." Relatives confirmed that staff supported people with their health needs and kept them informed of outcomes of appointments. One relative said, "[Family member] needs to have regular injections, and follow up blood tests which they don't like, so this has proven difficult at times. Staff were brilliant, absolutely bent over backwards to help and get a solution to this." One healthcare professional who visited the service regularly said, "I am very happy with the service and I have never had any concerns." The care plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed. This showed that the service was meeting people's health needs effectively.

## Is the service caring?

### Our findings

People and relatives were complimentary about the care and support they received and said that staff treated them with consideration and respect. Comments included, "They are kind and they give me privacy when I want it. They always knock on the door.", "The manager is very good to me.", "They do really care for [family member]. I know he is happy. It's always a worry because he is very vulnerable, but I have no concerns at all.", "The staff are really nice and helpful. I go to a day centre and I do art and dominoes.", "It's brilliant here. I can talk to the staff if something goes wrong. I'm busy. I have a voluntary job and I go to college" and "I have nothing but praise for the staff, and [manager] is absolutely wonderful. They are all very kind and caring."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. Their comments included, "We are doing our best to support our clients. I hope they are happy with us.", "The service users are lovely. We are like a family, like cousins, brothers. We sit in the garden having tea" and "We make sure people have a good life and receive good care."

People's cultural and spiritual needs were respected. We were told and records confirmed that staff asked people who used the service if they required anything in particular with regards to their faith and cultural beliefs. This included a person who liked to attend church occasionally and who enjoyed both British and African food. People were able to choose the gender of the staff supporting them. We saw a comment in a person's care record which said, "I do not mind if I have a male or female staff support me."

We saw staff approached and addressed people in a kind, caring and respectful way. Staff we spoke with were aware of the needs of each person who lived at the service and we saw that the culture of the service was based on providing care that met each person's unique needs. For example, some people were keen to be active and involved in the local community, whilst others preferred staying in the house. We saw that staff respected people's wishes whilst gently encouraging people at home to take part in activities and increase their confidence. One staff member told us, "[Person] would benefit from going to work. He is capable but does not have the confidence. We discuss this and try to encourage him. It is difficult but we chat and keep trying. He is more confident so who knows."

We saw that care plans contained relevant and detailed information to identify what the care needs were for each person and how to meet them. The information was concise, relevant and person-specific, and had been signed by people who used the service.

Staff recorded people's daily care in 'My daily log book'. These records included information about the person's daily routine, activities, the person's wellbeing, personal care, food intake and any events or appointments. There was a written summary by the morning and the evening staff. We saw that these records were written in a clear and respectful way and included details of people's wellbeing and social interactions, such as, "Had a little chat with staff."

We saw a number of compliments received which indicated that people and their relatives were happy with the care at Scott's Road and Shrubbery Road. Comments included, "I have full confidence in the staff in this home and would highly recommend it to others.", "I am very happy where [family member] is living. Clean, tidy, gets help with meals etc. I can visit anytime which is really good.", "I am very happy with the house and staff are very friendly.", "Very friendly staff and good care.", "Very pleased with the excellent care.", "Excellent.", "Good home and everything is alright.", "The staff are good" and "The home seems very well run and welcoming."

## Is the service responsive?

### Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing their needs. People told us that they were consulted before they moved in and they had felt listened to. Their comments included, "A manager came round to my old place and they really listened to me. They came again I think." People were referred from the local authority and the provider had obtained relevant information from them. This included background information which helped the service to understand each person and their individual needs. The healthcare and social care professionals we contacted said that the staff team provided a service which met people's individual needs and they had no concerns.

The care plans were comprehensive and contained detailed information of the care needs of each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. People we spoke with told us they were involved in making decisions and in the care planning process and had access to their care plans. We saw in the records that we viewed these had been signed by people, which meant that they had understood and agreed what had been recorded.

People were allocated a keyworker. A keyworker is an allocated member of staff who has particular responsibilities for one person or a small group of people. Keyworkers completed a monthly summary of the people they supported. These identified areas that worked well and other that needed improvement. For example, where a person using the service was reluctant to maintain their personal hygiene, we saw that they had met with their keyworker and had identified and agreed to a plan to improve this.

Staff told us they encouraged and supported people to undertake activities of interest to them. People told us that their days were suited to the pace of life they had chosen to adopt. Their comments included, "I like going to church, for a walk and to the shops. The staff always know I like to do this, and I never miss church" and "They have helped me to do more. Now I do yoga and music as well, and I like that." A relative told us, "My [family member] works at a supermarket. He does 16 hours a week and really enjoys it. Sometimes the trains are unreliable so I think he worries about being late but the staff will support him if he worries about things" and another said, "A small group of residents recently went to the coast for a holiday, and that was a great success." A record was kept of all the activities people took part in. These included creative writing, card games, dominoes, watching football matches on TV, healthy living and light exercises, cookery sessions, movie nights and bible discussions. The service also organised regular events such as barbecues and parties where relatives and friends were invited. Most of the people who used the service were able to go out by themselves. One person was attending a day centre and another was attending an activity centre. One person was in paid employment whilst another was a voluntary worker. Care plans contained information about people's preferred activities. One person was said to enjoy going bowling. We saw that this activity was organised on the day of our inspection.

The service had a complaints procedure in place and this was available to people who used the service, including in an easy read format. A record was kept of complaints received. Each record included the nature

of the complaint, action taken and the outcome. There were very few complaints. However, where complaints had been received, we saw that they had been investigated and the complainants responded to in line with the complaints procedure. People told us they knew who to complain to if they had a concern and felt confident about raising any issues. Their comments included, "Yes, I'd know how to complain. But I doubt I would get that far. I just need to mention something and [manager] looks into it. What I like is that she always gets back in touch about it as well. The communication is very good" and "I am entirely pleased with them, but I would be comfortable complaining if I had to."

## Is the service well-led?

### Our findings

The management team carried out regular audits. It was clear from the evidence gathered during our inspection that the audits were thorough and identified issues. Audits included accidents and incidents, complaints, compliments, safeguarding and health and safety. The provider also conducted six monthly quality audits of the service. These included audits of support plans, meetings, consent to care and treatment, service user involvement, meeting nutritional needs, complaints and suitability of management. Where issues were identified, an action plan was completed with timescale, date of completion and signature of the manager. For example, where a new member of staff had not had their probation meeting, this was identified and addressed.

The provider consisted of two directors who had over nine years' experience in operational management in areas including sheltered housing, domiciliary care, supported living and mental health. At the time of our inspection, there was a registered manager in post who had over six years' experience in social care and held an Advanced Diploma in Health and Social Care. They attended regular meetings organised by the local authority and kept abreast of development within the social care sector by attending provider forums and conferences.

People and their relatives were complimentary about the registered manager and the senior team and told us they thought the service was well run and organised. Their comments included, "Yes, I'd say it is well led. They deal with things straight away, they listen to me and I know I can ring the manager if I have any worries.", "Their managers are good. They do things well. If I ring the office they help me with any problems.", "It's well led. The manager is interested in all her staff and that shows through. You lead by example.", "Places with managers as good as there are very hard to find. They are just so willing, and they are genuine as well" and "The manager is a good man. I like him." Staff echoed this and told us, "The organisation is very very good" and "The managers are very good. They treat us very well and are very helpful." A social care professional told us they were very impressed with the management team and said, "I would have no hesitation in placing other clients with this provider."

Staff informed us they had regular meetings and records confirmed this. The items discussed included people's care needs, health and safety, safeguarding, staffing and environmental issues. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Regular management meetings also took place and included discussions about people using the service, recruitment, audits and supervisions.

The service organised regular meetings for people who used the service. Issues discussed included activities, care and any suggestions and information about the service. One person told us, "We have monthly meetings, and we can say what we think." We saw the minutes of a meeting which showed that people were fully involved in planning and their suggestions taken seriously.

People were consulted about the care they received through quality assurance questionnaires. We viewed a range of recent questionnaires received which indicated that people were happy with the service. Some of



the comments we saw included, "Happy with everything" and "Excellent! A++." Where people had difficulties reading and completing the form, they were issued with a pictorial version of the questionnaire.

Visitors, relatives and friends were also consulted and issued with quality assurance questionnaires. Relatives told us, "They definitely ask us for feedback regularly. They listen to me, and I talk to [manager] all the time.", "I always give feedback and so far it's all good" and "They definitely ask us for feedback pretty regularly." Their written comments reflected that they were happy with the service. These included, "All working fine at present. My son is happy and staff are very helpful" and "Everything is fine." Staff had completed surveys which also indicated they were happy working for the service.

The provider had a Mission Statement which contained the company's ethos and values. These included that everyone using the service 'Must be valued as an individual and treated with dignity and respect', 'Has a voice', 'Has the right to privacy' and 'Should receive high quality, safe and excellent service by empowered trained staff'. Our observations and the feedback obtained from people, relatives and staff indicated that the service worked hard to achieve their Mission Statement.